Board of Directors - Part I
Action Checklist
Following: 04 September 2025 Meeting
Reporting to: 06 November 2025 Meeting

Ref	BoD mtg	Agenda No.	Issue	Responsible Director/Owner	Action Taken	To Agenda/ Action Date
08/25	**09 Jan 25**	**8**	**Any Other Business – Combined Quality Report** Mortality Data – Report on Gender-based Review	IS	Scheduled for the November 2025 Quality and Risk Committee meeting and the December 2025 Part 2 Board meeting	~~05/25~~ ~~09/25~~ ~~11/25~~ 12/25
18/25	**01 May 25**	**3.i**	**Quality and Risk Committee (Q&R) Chair's Report** To provide a report on the CT backlog issue, including lessons learned, corrective steps which need to be implemented, and the mitigations instituted to avoid a recurrence of the situation.	HMc	To be ready for the December 2025 Performance Committee and the January 2026 Part 1 Trust Board meeting.	~~10/25~~ ~~11/25~~ 01/26
19/25	**05 June 25**	**2.ii**	**25/26 Workforce Strategy Workplan** To develop a summary of the Workforce Strategy which would show the position of the 2024/25 Workplan and the deliverables in the 2025/26 Workplan.	OM	To be reviewed at the November 2025 Workforce Committee, and an update on the review provided to the December 2025 Trust Board.	~~10/25~~ 12/25
24/25	**03 July 25**	**1.iv**	**Board Assurance Framework (BAF)** EM/LS to include the refreshed BAF in the Internal Audit Workplan for 2026/27	EM/LS		12/25
26/25	**03 July 25**	**3.iii**	**End of Life Care Annual Report 2024/25** MS to check with Dr Grove if the Trust had a handle on the experience of different types of patients in terms of the inequalities associated with the process of dying and	MS	This will be reviewed as part of improvement work relating to gaining feedback from relatives. Will be noted at the next End of Life Care Steering Group meeting in October 2025.	~~09/25~~ 11/25

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			access to palliative care.		MS noted that Palliative and supportive care has had success at combating one of the major inequalities in palliative care which is a lack of support for patients dying with non-malignant disease and that's most of our patients. We can't always get them local palliative care support though, which can be a frustration. In terms of other demographics, there are inconsistencies in how we collect information on sexuality, immigration status, ethnicity and religion It is hoped that a new EPR will help with this. **Propose to Close.**	
27/25	**03 July 25**	**4.i**	**Performance Committee Chair's Report** In respect of CIP data relevant to patient experience, HMc to check with CC and provide the relevant data to her.	HMc	This will be provided at the Performance Committee meeting in August 2025. In respect of the 52-week wait data HMc to check with CC and provide the relevant data to her.	09/25
29/25	**04/09/2025**	**3.i**	**Q&R Committee Chair's Report** AR to bring back to the Board input from digital strategy that helps inform the Trust's strategy	AR		01/26
30/25	**04/09/2025**	**3.i**	**Q&R Committee Chair's Report** MS would bring back to the Board the action plans for mitigating the SSI risk	MS	To be discussed at Part II board 11/25, **propose to close**	11/25

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31/25	**04/09/2025**	**4.i**	**Performance Committee Chair's report** HMc to produce data for the 31 and 62-day pathways in a way similar to that for the 52-week breaches for the cancer waiting list	HMc		12/25
35/25	**04/09/2025**	**2.i**	**Medical Revalidation Annual Report** Workforce Committee to consider what information was available on the quality of appraisals.	AF/OM		12/25