

Agenda item 1.iii

**Board of Directors - Part I
Action Checklist
Following: 07 April 2022 Meeting
Reporting to: 05 May 2022 Meeting**

Ref	BoD mtg	Agenda No.	Issue	Responsible Director	Action Taken	To Agenda/ Action Date
303	07 Apr 22	4.i	DWOD Report WRES data to be circulated to the Board once available.	OM	Our trust WRES report has not yet been received. We do not have a confirmed date of when it will arrive.	TBC
302	07 Apr 22	1.vi	Patient Story MS to feedback to the critical care team about the ward level support and handover for patients with delirium.	MS	This will form a part of discharge criteria on discharge from critical care. COMPLETE	-
301	07 Apr 22	1.v	CEO Update Local system analysis of WRES data to be provided.		Summary circulated to NEDs ahead of the Board meeting. COMPLETE	-
300	07 Apr 22	1.iii	Action Checklist EDs requested to confirm the schedule for actions that are 'TBC'.		Updates included in checklist. COMPLETE	May 22
295a	03 Feb 22	4.i	DWOD Report Board session on V&B to be set up.	OM/AJ	F2F sessions are now running on site and directors are invited to join one of the main sessions with our staff rather than a separate Board session. COMPLETE	-
295	03 Feb 22	4.i	DWOD Report KPI for turnover to be reviewed against benchmark for DGHs. Further KPI measures for the CCL programme to be considered.	OM	This will be considered as part of the 22/23 review of KPIs. The first PIPR of the new year will come to the June Board meeting. CLOSED	June 22
290	2 Dec 21	2.b	PIPR Trust to resolve collection of demographic information for virtual	IS/EM	Reviewed with Clinical Administration. The actions required to resolve this either require a change in practice to require clinical staff to update patient	-

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			clinics as they did not have admin support to collect this data.		demographics data (including ethnicity) or require a move onto a platform that can support the clinics (such as Attend Anywhere) so that patients can log in directly with an admin member of staff before being passed through to the clinical teams. Options for resolution will be worked up and an update provided to committee once developed. CLOSED.	
287	2 Dec 21	1.v	CEO's Report Executive to review of risk appetite and target risk ratings to ensure consistency of assessment and this would be brought back to the Board	EDs/AJ	Board workshop held on 3 March as planned and risk appetite statements developed. On May Board agenda for approval. COMPLETE	May 22
273	2 Sept 21	1.vi	Patient Story Request for metrics to demonstrate the impact of the cardiac rehab service compared to other services.	MS/IS	Update now confirmed for June 2022 meeting.	June 22
270	1 Jul 21	3.ii	Q&R Committee Chair's Report Revision to mortality reporting to be included in PIPR	IS/TG	To be included in the PIPR for the new year May 2022	May 22
259	4 Feb 20	3.i	Q&R Committee Chair's Reports Board development requested to address consider BAF/ principal risks in the context of immediate and strategic risks and how risks are informed by the Trust's five-year strategy.	MB/AJ	The Board workshop considered principal risks and reviewed against the Trust Strategic Objectives. Summary included BAF report in April 22. Risk Appetite statements in relation to Strategic Objectives developed and on agenda for May Board for approval. COMPLETE	May 22