

Agenda item 1.iii

**Board of Directors - Part I  
Action Checklist  
Following: 03 November 2022 Meeting  
Reporting to: 01 December 2022 Meeting**

Ref	BoD mtg	Agenda No.	Issue	Responsible Director	Action Taken	To Agenda/ Action Date
335	3 Nov 22	6.i	<b>Board Forward Plan</b> Review of Board forward agenda for February 2023	EM/AJ		12/22
334	3 Nov 22	4.iv	<b>FTSU Guardian's Report</b> Request for admin support to FTSU guardian to be reviewed.	OM	Discussed with Deputy Dir of Workforce and OD who will scope with FTSUG what support is needed and how this can be provided by the Workforce Directorate.	-
333	3 Nov 22	4.ii	<b>GMC Survey Results</b> Provision for our Junior Doctors mess facilities to be referred to the Workforce Committee for review.	OM/IS/AS	For report back to the Board in six months.	05/23
332	3 Nov 22	3.iv	<b>EPRR Core Standards</b> Submission to be annotated to reflect the limited partner engagement in the exercise Sheldon and plan for further exercises.	AB	This update is intended to provide formal notification of annotation of item 3.iv EPRR core standards report, reviewed at trust board on 03 November 2022, to reflect the limited partner engagement in exercise Sheldon and plan for further exercises to be delivered with system partner engagement in 2023.  This annotation was noted in the Cambridge and Peterborough ICB peer review feedback. COMPLETE	-
331	3 Nov 22	3.iii	<b>Audit Committee Chair's Report</b> Request to consider how performance can be improved and whether a inclusion of Col declaration in annual appraisal process would be helpful.	OM/AJ	Inclusion in appraisal documentation is not recommended. A compliance report has been taken through EDs to improve compliance and this will be reviewed regularly.  The report would not get to a 100% compliance as review of outstanding declarations identified staff who have joined in month and their declaration would not be overdue in the initial month of appointment.	

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330	3 Nov 22	3.ii	<b>Combined Quality Report</b> Clinical detail on inquest reported in September be provided to the Chair.	MS	Information shared with JW	-
329	3 Nov 22	2.b	<b>PIPR</b> EDs to review ICB reporting to ensure this triangulated with other system reporting.	OM/EDs	DWOD had raised the discrepancies in the data being presented in different ICS forums with ICB Chief People Officer.	
328	3 Nov 22	2.b	<b>PIPR</b> POU filters reporting: to be separated out to reflect filter compliance and reporting of respiratory assessment.	MS	Completed - PIPR changed to reflect this	-
327	3 Nov 22	2.b	<b>PIPR</b> VTE reporting: To consider if we can include incidence of Thrombosis in RPH patients alongside the reporting of VTE risk assessments.	MS	Will include this when reporting in spotlight or key performance challenges	TBC
326	3 Nov 22	1.iii	<b>Matters arising</b> The external report on Surgical Site Infections to be circulated to JW and MB	MS	Report shared.	12/22
324	6 Oct 22	3.ii	<b>Combined Quality Report</b> To consider a narrative report on patients experience of care.	MS	This is to be picked up in our visibility round and will be reported back through PIPR Caring to the February Board.	02/22
320	6 Oct 22	1.iii	<b>Matters Arising</b> Progress against the WRES action plan to be regularly reported to the Board.	OM	Reporting is in place through Q&R and is planned through the new Workforce Committee. Updates will be included in Board reports from the DWOD.	02/23
318	7 Jul 22	6	<b>Research &amp; Development</b> Update on R&D working practices and delays in governance processes.	IS		TBC
317	7 Jul 22	3.i	<b>Q&amp;R Committee Chair's Report</b> Governance and accountability framework escalation framework. Use of SPC run charts in reporting to Board.	TG/All EDs	<b>Oct 2022:</b> NHSE Intensive Support Team have been invited to provide Board development session on 'Making Data Count.'	12/22
314	7 July 22	2.b	<b>PIPR</b> Benchmark report on hospital optimisation to be reviewed through Performance.	EM/MB	Output of Meridian report now aligned to Theatre's recovery reporting. CLOSED	-
270	1 Jul 21 1 Sep 22	3.ii	<b>Q&amp;R Committee Chair's Report</b> Revision to mortality reporting to be included in PIPR. Request for data to be distilled into a format that could be plotted.	IS/TG	The Society for Cardiothoracic Surgery provides analysis of surgical outcomes, and it is proposed that this data will be included in PIPR on a six-monthly basis. <a href="#">Royal Papworth Hospital   SCTS</a>	-