

Board of Directors (Public) Action Log

Log No	Meeting	Report/ Agenda title	Minute Ref	Agenda item and Action	Lead Officer(s)	Timescale/ Deadline	Comment/ Feedback from Lead Officer(s)	Open/ Close
76	21/05/2024	Well-led Action Plan Update and Impact Report	STH/61/24	Ros Roughton requested that the proposed review of completed actions consider the sufficiency of the arrangements for reporting of patient experience to the Board. Sandi agreed to ensure that the third level assurance sought provided an assessment in relation to this.	SC	28/01/2025	21/1/25 - An update on the work on Patient Engagement will be brought to the Board by the Chief Nurse in March 2025 and quarterly thereafter, which will consider the work being undertaken as described in the Quality Strategy against the following headings: Consult, Engage, Co-design/Co-production and inform. This additional assurance will help inform if any third level assurance is required. This will be considered during review of the Board Assurance Framework (Deep dives and Board review). Recommend for closure. 19/11/24 - Additional update - Approach to also be considered alongside The Insightful Provider Board publication from NHS England (published 12 November 2024). 11/11/24 - During discussions in October 2024 the Board agreed that consideration of qualitative patient and staff experience reporting to the Board, starting with planned discussions between the lead executives and the external reviewers. Deadline extended to enable these discussions to take place. 17/9/24 - Due to the number of priority items on the September agenda this update has been transferred to the next meeting. Matter remains under consideration.	Recommend for closure
80	23/07/2024	Board of Directors' Terms of Reference and Workplan	STH/86/24	Ros Roughton suggested considering whether a specific item on patient experience was needed which would test against the CQC domains to be more visible. Sandi agreed to action.	SC	28/01/2025	21/1/25 - Addressed in response to action 76 therefore recommended for closure. 11/11/24 - The action for the terms of reference is dependent on the outcomes of the discussions linked to action 76. Deadline therefore extended. 17/9/24 - Due to the number of priority items on the September agenda this update has been transferred to the next meeting. Matter remains under consideration.	Recommend for closure
81	24/09/2024	Integrated Performance Report: Patient Centred Services	STH/107/24	The next target was to eliminate 52 week waits by the end of March 2025. Michael described the work and analysis with specialties to bring down 52 week waits. The detail of this analysis with directorates would be brought back in due course.	MH	28/01/2025	15/01/2025 - MH to provide a verbal update at the January meeting. 13/11/2024 - Date extended to January 2025. 27/10/24 - Planning session with ODs scheduled for 30/10/24. Outcomes to be discussed at December Finance and Performance Committee.	Open
83	26/11/2024	Maternity Matters	STH/127/24	Shiella requested clarification in relation to the outcomes of the complaint referenced in the report. Chris agreed that this was something that could be included in future reports.	CM	28/01/2025	16/12/24 - Information on the outcome of complaints will be included in the Quarter 3 Maternity and Neonatal Safety report, which will be discussed at the Board of Directors meeting in March.	Recommend for closure
84	26/11/2024	Clinical Update: QUIT Programme	STH/128/24	There was discussion around the outcomes for staff who had accessed support from the programme. Mark Gwilliam agreed to link with Joe Le Sage to review and consider Occupational Health data and agreed to report this through the Board Committee structure.	MG	28/01/2025	13/1/25 - Mark Gwilliam and Joe Le Sage due to meet on the 23 January to review Occupational Health data. Information from this meeting will be provided to 10 February People Committee. Recommend closure.	Recommend for closure

Log No	Meeting	Report/ Agenda title	Minute Ref	Agenda item and Action	Lead Officer(s)	Timescale/ Deadline	Comment/ Feedback from Lead Officer(s)	Open/ Close
85	26/11/2024	Review of the Risk Appetite Statement	STH/144/24	In response to a comment made by Annette, Sandi agreed to consider what could be done to support the Board to routinely consider risk appetite during its discussions.	SC	28/01/2025	21/1/25 - Two Board of Directors development sessions have been held with a focus on Risk Appetite and Risk Tolerance. This has informed the development of the recently approved Risk Appetite Statement. The Board Assurance Framework had been updated to identify if Strategic Risks are within risk appetite and the Corporate Risk Register Report has been refreshed to ensure that risks reported to the Board align with the agreed Risk Appetite. This approach will be reviewed in six months time. To support this work Internal Audit will be approached to request that a further question is added into the annual Board survey (2025/26) relating to the Trust's implementation and effectiveness of risk appetite.	Recommend for closure