

Action Log for the **Public** Board of Directors' Meeting

Action Key	Green: Completed	Sky Blue: Update to be provided at meeting	Amber: In progress, not due	Red: Not completed, action due
Action Log Reference	Action (including the title of the paper that generated the action)	Person who will complete the action	Meeting to be brought back to / Date to be completed by	Update report - comments
1. 10/03/22 - 1	<p><u>Recent Board Service Visits</u></p> <p>The Director of Nursing, Professions & Care Standards to discuss with the Director of Corporate Affairs how actions arising during Go See visits would be tracked and where they should be reported.</p>	Phil Hubbard/ Gilbert George	May 2022	<p><u>UPDATE August 2022</u></p> <p>A review of the Go See process is underway with new proposals coming to the Board in December.</p>
2. 14/07/22 - 1	<p><u>Chief Executive's Report</u></p> <p>A discussion to be held outside the Board meeting regarding setting up a Transformation Committee.</p>	Gilbert George /Linda Patterson/ Therese Patten	Sep 2022	<p>A first meeting of the Innovation and Improvement Group was held on 11 October 2022, and further monthly meetings are in the process of being arranged.</p> <p>It is proposed that this action be closed.</p>
3. 08/09/22 - 1	<p><u>Learning from Your Stories – Staff Story</u></p> <p>The Executive Management Team to spend time considering how the iCare programme could be mainstreamed and embedded into the Trust.</p>	EMT	November 2022	

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<p>4. 08/09/22 - 2</p>	<p><u>NHS England Emergency Preparedness, Resilience and Response Assessment and Declaration</u></p> <p>The Chief Operating Officer to update the Board in October regarding when the Trust anticipated being fully compliant.</p>		<p>Chief Operating Officer</p>	<p>October 2022</p>	<p>Update Nov 2022:</p> <ul style="list-style-type: none"> BDCFT assessed as PARTIALLY compliant (78%), with 43 of the 55 standards fully completed and the remaining 12 partially done. None where we have nothing at all in place. Work plan already in place to address gaps and achieve substantial compliance by end of January 2023. Our self-assessment is very much in line with other community and mental health provider organisations across the Yorkshire & Humber region who are rated as at same compliance levels. <p>It is proposed that this action be closed.</p>

Actions closed at the last meeting

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12/05/22 - 4	<p><u>Learning from your Stories: Helen's Story</u></p> <p>It was agreed that a report on the gaps in the PACS Ombudsman standards would be brought to a future Board meeting.</p>	Phil Hubbard	Sep 2022	<p>July Update: A monthly Board update report has been developed, with an appendix to the first report produced in response to the board request. There is still some development to do in relation to the learning captured, a fortnightly assurance panel is being established and the biannual group is being refreshed to focus on experience and improvement.</p> <p>Gaps between our provision and PHSO standards will be part of those developments, with oversight in the assurance panel and progress updated in the monthly report.</p> <p>It is proposed that this action be closed as an action plan is now in place.</p>
14/07/22 – 2	<p><u>Board Assurance Framework and Supporting Organisational Risk Register</u></p>	Phil Hubbard/ Bev Fearnley	Sep 2022	<p>The template for producing the report has been amended. It is proposed that this action be closed.</p>

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	The summary of the risk title for risks over 15 to be reviewed in order to be more informative for Public Board			
14/07/22 - 3	<p><u>Safer Staffing Bi-Annual Report</u></p> <p>Consideration to be given as to whether the Model Roster should be reported in to the Quality and Safety Committee for additional scrutiny.</p>	<p>Phil Hubbard/ Bev Fearnley/ Carole Panteli/ Alison McGregor</p>	Sep 2022	<p>On QSC agenda for September 2022.</p> <p>It is proposed that this action be closed.</p>