

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.<br>10/03/22       | <p><u>Recent Board Service Visits</u></p> <p>The Director of Nursing, Professions &amp; Care Standards to discuss with the Trust Board Secretary how actions arising during Go See visits would be tracked and where they should be reported.</p> | Phil Hubbard/<br>Fran Stead                | 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> <p>A Go See Action Log has been created, which will be presented to the Executive Management Team meeting. <b>It is proposed that this action be closed.</b></p> |
| 2.<br>08/09/22       | <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   | <p>December update: Options appraisal being drafted which will be presented to EMT for consideration and agreement of how the iCare model could be embedded within the Trust.</p> <p><b>It is proposed that this action be closed.</b></p>  |
| 3.<br>10/11/22       | <u>Chair's Report</u>   | Corporate Governance                       | December 2022   | <b>Completed.</b>   |

| 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 |
|                      | Responsibility for Emergency Preparedness, Resilience and Response (EPRR) needed to be added to the Board Skills Matrix.  |  |                                     |   |                          |
| 4.<br>10/11/22       | <u>Winter Planning</u><br>The Trust Board Secretary to bring the Board Business Continuity proposal back to a future Board meeting with some examples of how it would work in practice. |  | Fran Stead                          | December 2022   | Completed.               |

**Actions closed at the last meeting**

| 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  |
|----------------------|--|---|---|---|
| 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>   | <p><b>Gilbert George /Linda Patterson/ Therese Patten</b></p> | <p>Sep 2022</p>   | <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.<br/><b>It is proposed that this action be closed.</b></p>  |
| 08/09/22 - 2         | <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><b>Chief Operating Officer</b></p>                         | <p>October 2022</p>                                     | <p>Update Nov 2022:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Our self-assessment is very much in line with other community and mental health provider organisations across the Yorkshire &amp; Humber region who are rated as at same compliance levels.</li> </ul> <p><b>It is proposed that this action be closed.</b></p> |