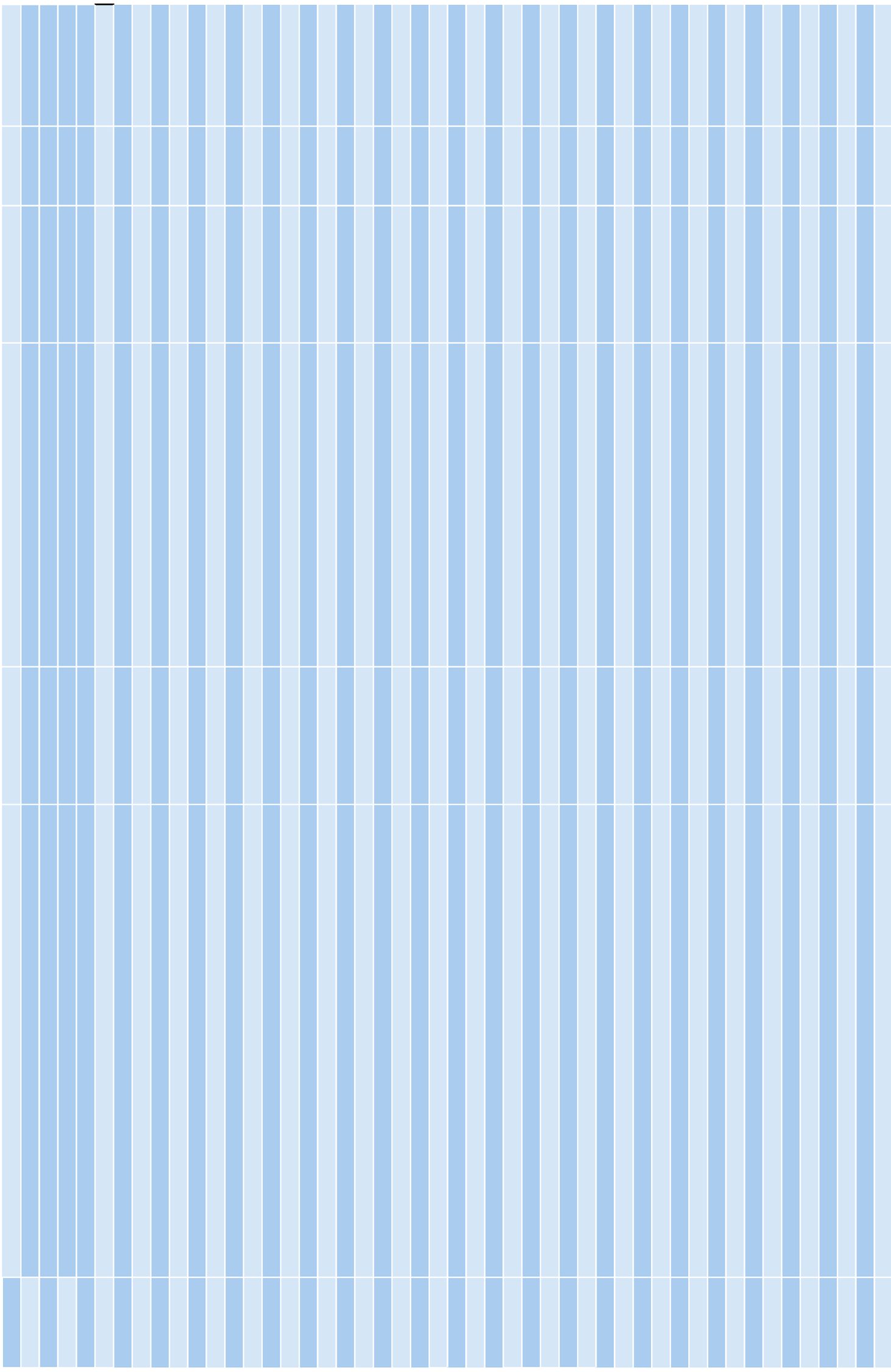
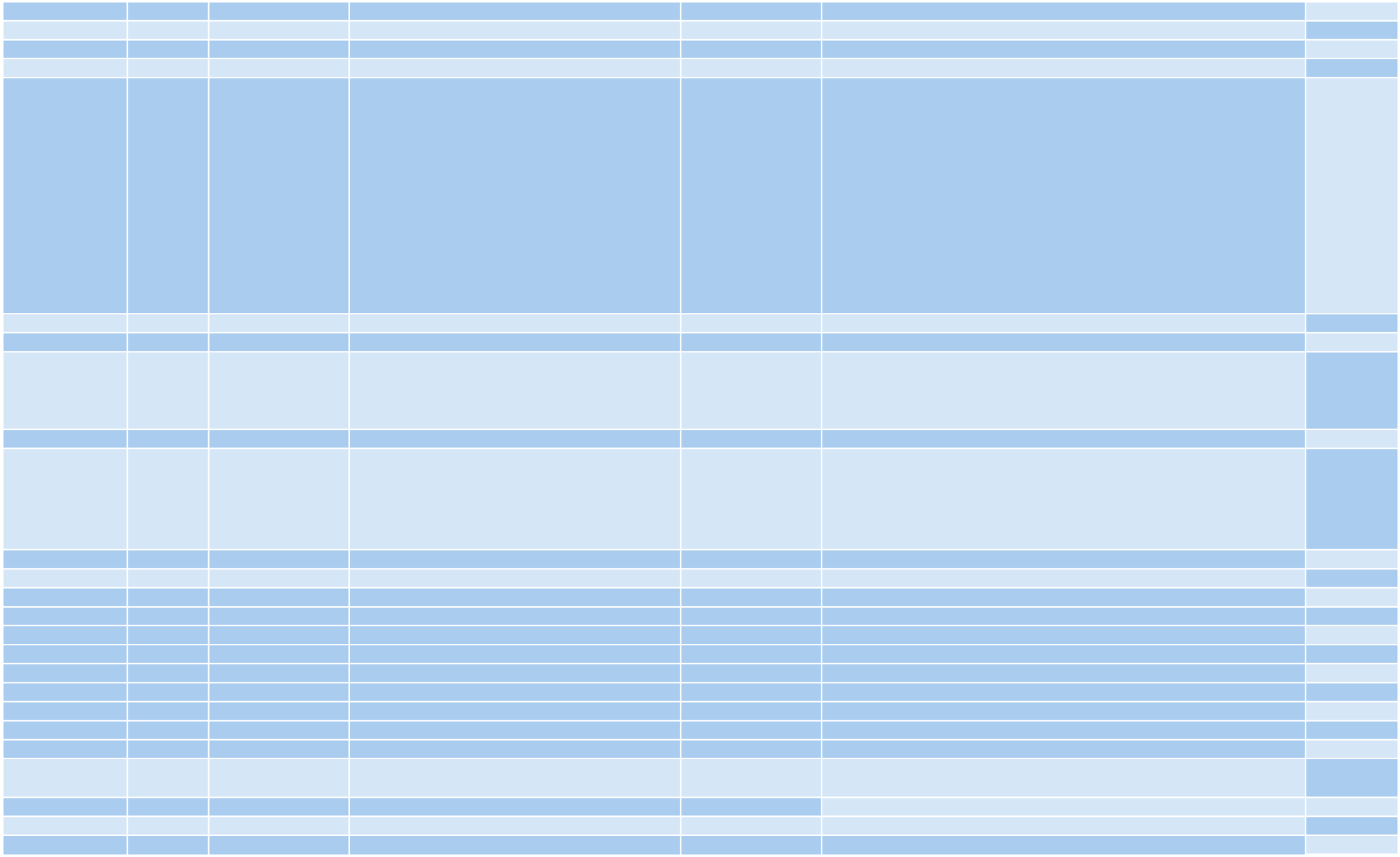
ACTION LOG - PUBLIC

DARK GREEN	Completed and closed at BoD meeting
LIGHT GREEN	Complete / recommended to be closed at next BoD meeting
AMBER	Incomplete but within due date for delivery / Not due
RED	Not completed within date for delivery

Meeting Date	Minute Ref No.	Agenda Item Heading/Topic	Action to be taken	Responsible Officer	Update	RAG RATING
26/03/2020	2020/48	Quality Improvement Plan	Create a plan for capturing CQC actions, HSE, CCG, Royal Colleges and any other issues, to provide consolidated Executive oversight, and act as an effective assurance mechanism to the Q&S Committee and Board of Directors.	Director of Nursing	**30/09/20 -** The outcomes of any external visit, review or accreditation process will be held by the relevant clinical service/Care Group where the ongoing delivery of any subsequent action plan will be through their internal governance frameworks with regular progress reporting through the Quality Operational Committee or appropriate corporate governance forum.	Recommend close
26/03/2020	2020/51	Board Assurance Framework (BAF)	Review of the BAF to be conducted, in line with the Operational Plan and the new Clinical Strategy	Interim Director of Governance	**29/09/20** - New BAF to be reviewed at the BoD Development Session in November 2020.	
26/03/2020	2020/52	Waiting List Initiatives [WLI] Review of Policy	Review the Waiting List Initiatives [WLI] policy and previous reviews.	Acting Workforce Director	**28/09/20** - WLI policy to be signed off in November 2020 by the JNC and the actions from the audit are scheduled for completion by the 31/03/21.	
26/03/2020	2020/52	Internal Audit Progress Reports	Consider resource allocation to complete outstanding Internal Audit Progress Reports.	Director of Finance	**30/07/20** - ARAC are aware this is an issue which now forms part of the standard ARAC process. Weekly progress updates are provided at the Executive Team meeting to ensure outstanding audit actions are closed. To be reviewed at the next ARAC meeting.	Recommend close
26/03/2020	2020/52.1	Risk Appetite Statement	Develop revised version of the Trust's Risk Appetite Statement (Audit & Risk Assurance Report)	Interim Director of Governance	**29/09/20** - to be reviewed at the Board of Directors' Development Session in November 2020.	
26/03/2020	2020/56	SECC Wi-Fi Signal Booster (Board Reflection -	Trust to commission survey of Wi-Fi at SECC as first step to development plan to improve coverage of Wi-Fi in meeting rooms used for	Interim Director of Finance	**27/09/20** - additional access points have been installed in SECC seminar rooms 1 & 2. WiFi has been tested and improvements noted.	Recommend close
30/07/2020	2020/58	Adult Safeguarding Action Children & Maternity Report	DN to review the safeguarding action plan and report to the Board of Directors at the next meeting.	Director of Nursing	**30/09/20 -** The Safeguarding Committee continues to monitor compliance against the actions from the external safeguarding adults review is reported to the Quality and Safety Assurance Committee on a quarterly basis. Training in relation to Safeguarding including level 2, 3, MCA/DoLS and PREVENT are monitored monthly via the Safeguarding Committee, a trajectory for improvement is in place and the Care Group target is 90% by the end of March 2021. Performance is reviewed at Performance review meetings.	Recommend close
30/07/2020	2020/60	Annual Audit Letter	IDF to confirm the basis for the reference in the letter.	Interim Director of Finance	**21/08/20** - discussed with KPMG audit partner at Audit Risk and Assurance Committee and assurance provided on rationale for wording included in 19/20 Annual Audit letter.	Recommend close
30/07/2020	2020/61	Ethical decision for elective activity	**MD** to initiate work on ethical decisions by the Ethics Committee for elective activity.	Medical Director	**01/10/20** - Update to be provided at BoD meeting on 08/10/20