

Public Board of Directors OPEN Action Log For receipt at the May 2024 Board

Public	Date of BOD	Minute Ref	Item	Action	Update	Lead	Target Date (RAG)
Open actions from previous board meetings in 2023/24 [closed actions are available in the 2023/24 actions archive]							
Action 39	27 Mar 2024	Item 2	Learning and Reflections from the experience story	It was recognised that the service user had not had a positive experience when in the SHSC inpatient services and it was agreed further detail on this would be provided to the Board in a post meeting update. Consideration will be given as to how best to support those providing their stories to the Board given the planned move to in person meetings from April 2024.	The case study, following the Board story was shared with Board members on 3 April 2024 with agreement from the service user. Action closed	SMi/AW	May 2024
Action 40	27 Mar 2024	Item 2	Learning and Reflections from the experience story	The need to receive assurance around SHSC's relationship with the new provider of alcohol and drug misuse service in Sheffield was noted. This was also an issue raised at the Council of Governors. It was agreed an update would be received at Quality Assurance Committee (QAC).	This has been reflected on the QAC forward plan for receipt in June 2024. Action closed.	SMi	May 2024
Action 41	27 Mar 2024	Item 9	Board Committee Activity Reports	Mental Health Legislation Committee (MHLC) – it was requested that the reference on the AAA under the alert section to Forest Lodge Mental Health project and the Quality Improvement project should be in the assure section and asked that these be moved in the file copy.	These changes have been made and saved in the file copy. Action closed.	AW	May 2024
Action 42	27 Mar 2024	Item 10	Operational resilience and business continuity	A review of recruitment issues with regard to social workers which had been raised at the Sheffield Discharge Board to be reflected in future board papers.	Additional information has been included in the IPQR report Propose action to be closed following receipt at Board in May 2024.	NR	May 2024
Action 43	27 Mar 2024	Item 12	Patient Safety report – Learning and Safety report (Q3)	It was requested that reporting to the Information Commissioner relating to the breach of confidentiality issue reported regarding patient information being sent to wrong addresses, to be referenced in future reports.	The Executive Director of Nursing, Professions and Quality has requested the Patient Safety Specialist who writes the report to include this information in the next report due at Board in July 2024.	SMi	July 2024
Action 44	27 Mar 2024	Item 14	Integrated Performance and Quality Report	It was confirmed that precise timescales on when the different elements of data reporting will be in place will be reported and consideration given to the suggestion regarding manually adding missing data into this report.	Discussed at FPC committee in May 2024. Due to management changes (no Head of Informatics in post) over the last six months and the EPR delay, this has impacted the Performance team's ability to plan the IQPR work.	PE	July 2024
Action 45	27 Mar 2024	Item 14	Integrated Performance and Quality Report	In respect of compliance on 72 hour follow up, it was confirmed that wrap around support was in place to review this at ward level but the data is not currently available collectively. It was agreed that an update will be received at the first EMT meeting in April after which an update will be provided to the Board.	An update has been circulated to Board members. Action closed.	NR	May 2024
Action 46	27 Mar 2024	Item 14	Integrated Performance and Quality Report	It was requested that board assurance committee oversight for all recovery plans be added in to the IPQR report and this be rectified from CQC 'back to good action plan' to explain the role of the Assurance Committees in overseeing any remaining 'back to good' actions.	Board assurance committee oversight of the recovery plans has been added to the IPQR report in the Performance Concern table. Action closed.	PE/NR	May 2024
Action 47	27 Mar 2024	Item 14	Integrated Performance and Quality Report	With regard to seclusion, it was confirmed that the length of seclusion was being recorded including 'prolonged' relates to time over 10 minutes. It was agreed this should be reflected and clarified in future reporting.	Update pending from Business Performance team. A verbal update will be provided.	PE	May 2024
Action 48	27 Mar 2024	Item 16	Systems and Partnerships briefings and updates	Further detail to be provided to QAC on work taking place to monitor the impact of the 'Right Care, Right Place' across the Integrated Care System (ICS and the Integrated Care Board (ICB) as they have been asked to collect this detail.	This has been documented as a cross-committee referral and noted on the Quality Assurance Committee forward planner for receipt in June 2024. Action closed.	HS/SMi	May 2024

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Overdue

In Progress

Completed

Closed/Archive

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Action 49	27 Mar 2024	Item 17	Patient Led Assessment of the Care Environment (PLACE)	Learning on how the Trust prepared for the process, and the action plan to address all issues, will be captured and will be presented to EMT, the QAC and Board. Following discussion, it was agreed this would be received at May Board. It was also requested that some of the additional work the Trust has done and has in place would be captured in the next report to be received at Board in May alongside the action plan, to provide context and balance	The report on PLACE to the May Board covers the progress with the action plan, the process for May 2024 and the learning applied. EMT have been briefed on the process followed the previous year and the learning from it. Propose action to be closed following receipt of the report.	JD	May 2024
Action 50	27 Mar 2024	Item 17	Patient Led Assessment of the Care Environment (PLACE)	It was noted that page 6 of the report suggests there was no representative from nursing on the visiting teams however it was noted the document referenced a nursing role and it was request this inaccuracy be corrected.	The correction has been made a final V2 forwarded to the report author and saved on file. Action closed.	AW/JD	May 2024
Action 51	27 Mar 2024	Item 19	People Strategy 2023-26 annual review, People Plan 2023/24 update Q3/Q4 and 2024/25 People Plan priorities	It was agreed that wording around sickness management in the priorities for 2024/25 would be strengthened.	A full quarterly review will be provided to People Committee at the end of Q1 (July 24) for onward reporting to the Board in July. And it has been confirmed that the strengthened wording will be included in this.	CP	July 2024
Action 52	27 Mar 2024	Item 20	Q3 Guardian of Safe Working Report	It was requested that benchmarking against other Trusts in respect of locum spend be included in reporting. At the time it was explained this was not possible as all employ doctors in differing ways. It was agreed that the trajectory would be looked at over time and fed back in future reporting.	The Executive Medical Director has requested an update from the Guardian of Safe Working. Narrative to answer these queries has been incorporated into the report received at Board in May. Propose action to be closed.	HC with the Guardian of Safe Working	May 2024
Action 53	27 Mar 2024	Item 21	Mortality Q3 report	It was agreed that clarity on the wording reflecting the demographic breakdown would be reviewed.	The team are aware of the need to work towards better terminology and more relevant indicators of adversity and will reference where possible. Further progress on this will be requested and will need to be reflected in the next report before the action can be closed down.	HC	May 2024
Action 54	27 Mar 2024	Item 22	LeDeR National and local learning report	It was noted that there were some comparison numbers on page 4 of the report which suggest men 'over index nationally' and yet for this Trust it is the opposite. It was confirmed that the reasons for this will be circulated as a note to the Board	There is limited data to suggest that whilst nationally there is an over-representation of men, however this is not reflected locally. There is no explanation for this, but it has been noted to ensure that future reporting takes note of this to explore whether this is consistent feature. Propose action to be closed.	HC	May 2024
Action 55	27 Mar 2024	Item 27	Board Assurance Framework 2023/24 (BAF)	It was confirmed work is in hand to develop the BAF for 2024/25 which is due for discussion at EMT in April and confidential Board in May. The BAF will be circulated to NEDs in good time for comment before the final papers for Board are circulated	A briefing session was offered to all Non-Executive Directors. The BAF 2024/25 is on the agenda for May confidential Board. Action closed.	DL	May 2024
Action 56	27 Mar 2024	Item 30	Standing Financial Instructions (SFI)/Standing Orders (SO) and Scheme of Delegation (SoD) annual review	It was agreed that the document will be updated for consistency across all references to approval levels. It was agreed that references regarding signing of income contracts and responsibilities will be made clearer in the document.	The amendments have been completed and the final document has been provided for publication on Jarvis. Action closed.	PE	May 2024

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Action 34	22 Nov 2023		Annual Health and Safety report 2022/23	It was noted that the narrative does not clarify how confirmation on fire safety compliance and board level oversight has been met and it was noted that confirmation has been received from internal audit which has been shared. The Annual Report for 2022/23 was approved for publication subject to inclusion of confirmation on fire safety compliance and board level oversight has been met.	<p>Discussion has taken place outside of the meeting with the Chair and the Director of Strategy to finalise questions regarding fire safety compliance and requirements around compliance with board level oversight.</p> <p>The Director of Strategy has confirmed that board oversight assurance on fire safety will be covered in the next annual Health and Safety report 2023/24 which will be received at the Board in July 2024, and is noted on the forward planner.</p> <p>Propose action to remain open until the Final version of the Annual Report for H & S is received and approved by the Board.</p>	JD/SM	<p>Jan/March 2024</p> <p>July 2024</p>
Action 22.3	27 Sep 2023	Item 13	IPQR	It was requested that the initial focus on the refresh of the IPQR approach be on ensuring the performance report is correct and then considering changes required to other related reports. Consideration is to be given to work required on reframing of the IPQR and that this should include discussion with Non-Executive directors. Reflection to take place on timing for delivery of the updated version related to capacity to do the work required. PE to develop plan for re-framing the IPQR and confirm timeframe for the board forward plan.	<p>With regard to development of the refreshed approach to the IPQR four workshops have been held with Executive Directors and Non-Executive Directors to understand requirements.</p> <p>Clear themes that emerged were that narrative summary needs improvement, the link to BAF risks should be explicit to enable Quality, Audit and Finance Committees to fulfil their respective roles, and that assurance of meeting national standards is required. A draft plan will be presented at FPC and Board in July 2024</p>	PE	<p>Nov 2023</p> <p>July 2024</p>

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