

Item 13.1

OPEN ACTION LOG AS AT JUNE 2018

Board Date	Minute Ref	Topic	Action	Lead	Due Date	Comment
25/05/17	O-63/2017	Trust Risk Register (TRR)	It was recommended to consider bringing an end of year summary to Board, providing a broad spectrum review of the longer list of risks.	ST/MW	June	Due at QPC in June and subsequently to Board.
31/05/18	O-63/2018	Staff Story: Recognising and valuing compassionate leadership: Pharmacy's journey	The Directors of Operations, Medical Director and Chief Nurse to offer support to influence peers in similar work.	JAT/TS/DF/ST	June	Ongoing. Using Toks' leadership example in addressing our Workforce Challenges
31/05/18	O-66/2018	Chairman's Report	Follow up on actions/observations from Eve Roodhouse day.	SM	June	Actions and collaboration being progressed with principal relationship manager, Implementation & Business Change / South/ Kent Medway Sussex & Surrey
31/05/18	O-67/2018	Chief Executive's Report	Deploy the new template aligned to the new strategic objectives for June Board papers	LD	June	COMPLETE
31/05/18	O-68/2018	Quality Report	<i>Effectiveness: Learning from deaths and reducing in-hospital mortality.</i> An action was taken to rewrite the first paragraph in the report. The Chief Executive suggested that we include the number of PALs contacts, conversion rate to complaints and resolution data in future Quality	ST ST	Complete Complete	Reported in Minutes In June Report onwards

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			Reports			
31/05/18	O-78/2018	Audit Committee Annual Report	An action was taken to revise the wording on bad debt write off in the Audit Committee Minutes.	SM	Complete	Action has been progressed.
DUE AT A FUTURE MEETING						
31/05/18	O-69/2018	Learning from Mortality Quarterly Report	Provide assurance and regular update on numbers of SJR completed to QPC	ST/DF	July	Reported to QPC bimonthly
31/05/18	O-72/2018	General Data Protection Regulation (GDPR)	Carry out a deep dive on compliance at the newly constituted Digital Committee	SM	Sep/Oct	
31/05/18	O-73/2018	Balanced Scorecard	Consider investigating Surrey and national comparator data on turnover of staff. Rework and update the kite-mark on data quality assurance in line with the new Strategic Objectives.	LM SM	July July	To be reported through WOD
26/04/18	O-43/2018	Health and Safety Report	The Chairman requested that near misses be included in the report going forward as recording of near misses was a good indicator of a robust health and safety culture.	SM	October	
30/03/18	O-30/2018	Annual Business Plan 2018/19	It was suggested that we provide a link to Pathology activity for next year and include a	SM	July	

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			Divisional Report in the quarterly Business Plan Quarterly Progress reports.			
30/03/18	O-32/2018	Governance Model Paper	Strategic Change Committee to be convened quarterly and to utilise the masterclass slot for this purpose.	SR	CLOSED	Scheduled for September
			Current chairs of the sub-board committees to arrange a meeting to discuss the development and initialisation of the new committees with particular focus on refreshing the terms of reference and membership.	SR	Q2	Ongoing
			The Board agreed that the Digital Strategy will benefit from single Board focus.	SR/SM	CLOSED	Establish an Integrated Digital Committee
CLOSED ACTIONS for REFERENCE						
26/01/18	O-03/2017	Matters Arising and Action Log	It was AGREED that any actions resulting from the patient story will be recorded on the action log together with the executive(s) responsible; thereby providing assurance that the issues are being addressed and managed.	All	CLOSED	To be progressed as required.
30/03/18	O-27/2018	Chairman's Report	Bereavement services will be improved on reconfiguration of the front of the hospital. Investigate what we can do to improve bereavement services in the interim.	ST	May	We are using separate rooms. Challenge around space and reconfiguration and Estates Strategy will address.
				ST/LD	CLOSED	June programme onwards

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			Include the following areas as part of the Board Walkabout Programme: Early Supported Discharge for Stroke team at Milford and the Bradley Neurorehabilitation Unit in Woking Community Hospital.			
30/03/18	O-34/2018	Quality Report	The Chief Executive asked if we could make it clearer in the narrative that the number of medication errors is falling but that correspondingly we are actively promoting the reporting of all incident types	ST	CLOSED	From April onwards
30/03/18	O-40/2018	Information Governance Toolkit (IGT)	<ul style="list-style-type: none"> GDPR Assurance Report would be submitted to Board in May. A suggestion was made to use the board masterclass to undertake mandatory training. 	SM LM	May CLOSED	CLOSED Review Masterclass schedule
26/04/18	O-41/2018	Quality Report	<p><i>Medication Errors:</i> It was suggested that it would be helpful to see the 'actual harm' caused from the 44 errors referred to in the report.</p> <p><i>Readmissions:</i> It was noted that discharge planning is largely process driven and we should consider focusing on having clinical and social conversations with patients on discharge.</p> <p><i>Complaints:</i> Suggestion that we might capture online Patient Experience presence and data</p>	ST TS ST	MAY CLOSED CLOSED	<p>The report this month details actual levels of harm from medication errors.</p> <p>Readmissions- noted and will form part of the project aims.</p> <p>Online (facebook and other social media feedback) is a rich source of intelligence for the trust. Comms will support</p>

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						timely responses and capture of the feedback for dissemination.
26/04/18	O-45/2018	Performance Report	DTOC: We are tightening up on our reporting of patient delays and there is a national push to bring DTOC to 3.5% in a bid to free up beds. It was suggested that we might chart the number of available beds in the report. The Chief Nurse added that we might consider recording the quality of care for patients experiencing DTOC and the implication for patients due to delay.	TS	CLOSED	We have audited a random selection of DTOC patients and applied set of quality indicators against their stay in hospital once deemed suitable for discharge. The results revealed that all DOC patients' level of care resulted in zero harm during their delayed discharge period.
27/07/17	O-99/2017	Quality Report	Improve the stroke pathway and enable direct access for patients.	TS	CLOSED	Time scales and progress on this issue to be monitored at the Quality & Performance Committee.
28/09/17	O-117/2017	Quality Report <i>Complaints Performance</i>	Update on the current work being undertaken to improve the methodology underpinning all complaints performance measures and determine what system and process modifications are needed to streamline the process.	ST	CLOSED	Work is ongoing and monitored through QPC.
28/09/17	O-119/2017	Performance Report	Schedule a masterclass on RTT and other elective performance standards.	JAT	CLOSED	Took place in April
28/09/17	O-130/2017	Questions From The Public	<i>Patient Concern</i> Review the wording of patient letters and improve the Trust's level of communication to patients. This work to be undertaken with	JAT	CLOSED	Work ongoing

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			our clinical office teams.			