

Summary of Actions from the Board meeting on 22 July 2020

Relevant Item	Action	Responsibility:
Actions from 22 July 2020		
BOD 52/20(e)	<p>BAME groups to have a greater role in decision-making and governance</p> <p>The People, Leadership & Culture Committee to have as a standing item for consideration (and to provide formal updates on progress to the Board on): work taking place to ensure that BAME groups had a greater role in decision-making and governance, further to the recommendations of NHSE/I.</p> <p>In particular suggested that: (i) decisions were linked to appropriate equality impact assessments which considered the impact upon BAME colleagues and others with protected characteristics; and (ii) for this practice to become routine and an established way of operating for the culture of the Trust.</p> <p><i>Status: tbc in meeting</i></p>	TB/BG
BOD 52/20(f)	<p>Presentation from staff about their experiences and what they would like to see happen in relation to Equality & Diversity</p> <p>The next Board meeting (in public) to hear directly from staff/colleagues, potentially representatives from the Equality & Diversity Group and Cultural Ambassadors about their experiences and what they would like to see happen in relation to Equality & Diversity.</p> <p><i>Status: on the agenda (item 9).</i></p>	TB

BOD 52/20(k)	<p>Primary Care Networks (PCNs)</p> <p>To provide an update on local PCN development progress (and consider whether the momentum to move forwards with PCNs had dissipated or was continuing locally).</p> <p><i>Status: tbc in meeting.</i></p>	BR
BOD 53/20(i)	<p>Out of Area Placements (OAPs)</p> <p>To consider how OAPs were being presented [in Board reporting] and whether to distinguish more between those which were appropriate versus those which may need to be brought back.</p> <p><i>Status: progressed – see expanded OAPs section in the Performance Report on the agenda at paper BOD 52/2020.</i></p>	MW
Actions from 29 January 2020		
BOD 07/20(j)	<p>Data on average waiting times or longest waiting times</p> <p>As access rates did not necessarily correspond with patient experiences in CAMHS and Adult Services, data on average waiting times or longest waiting times to be provided (potentially out-of-session) so that the statistics presented could be better understood.</p> <p><i>Status: to be progressed – in the interim, the Performance Report to the Board (see paper BOD 52/2020) continues to provide data on urgent and emergency waits.</i></p>	MW

BOD 08/20(b)	<p>Agency usage data to be disaggregated into occupational staff groups</p> <p>Chris Hurst cautioned against over-reliance on averages and noted that it may be helpful to disaggregate the data into occupational staff groups, especially if a different cost-weighting could be applied to the different occupational groups. The Chief Nurse agreed that it would be useful to consider the data at a profession-specific level. Bernard Galton noted that this could potentially be considered in more detail through the People, Leadership & Culture Committee.</p> <p><i>Status: to be progressed</i></p>	TB/BG
BOD 09/20(e)	<p>Consistency in the data sets used in reporting in the HR report and the Safer Staffing report</p> <p>Bernard Galton commented upon the need for a single consistent data set in reporting, noting that he had raised this before as the trends in this report on Safer Staffing did not match those in the HR report. The Chief Nurse and the Director of HR agreed to review this again.</p> <p><i>Status: to be progressed</i></p>	MC/TB
BOD 09/20(f)	<p>Inpatient Safer Staffing – Trust target of 85% fill rates</p> <p>To review the 85% target fill rates to ensure still optimal in the Trust’s current circumstances and financial situation (and not super-optimal and therefore more expensive than may be needed).</p> <p><i>Status: tbc in meeting</i></p>	MC
BOD 12/20(d)	<p>Quality Committee – update on progress to achieve CQC actions</p> <p>The Trust Chair noted that it would be useful for the Board to receive an update or report from the Quality Committee about progress to achieve the CQC actions, in due course.</p> <p><i>Status: in progress - see Private Reading Room paper RR/App-pvt 18/2020 for a more detailed IC5 highlight and escalation report to the Quality Committee on 09 September 2020 - the Quality Committee meeting on 13 May received at paper QC 17/2020 an update from the 'Improving Care:</i></p>	MC/AM

	<p><i>5 Questions' (IC5) group on progress against CQC actions. It was noted that the CQC had then suspended all scheduled inspection activity until the end of September 2020, due to the impact of COVID-19. The Quality Committee received a more detailed update report in September 2020 (at paper QC 43/2020).</i></p>	
<p>Actions held over from 04 December 2019</p>		
BOD 140/19 (f)-(g)	<p>Performance report To:</p> <ul style="list-style-type: none"> • provide additional information to analyse areas of underperformance which had remained unchanged; for example, for how many months or years performance had been red-rated, what the average rate of performance had been and whether or how underperformance had impacted upon patients e.g. through waiting times; and • distinguish between performance issues which may be linked to funding or resourcing deficits and those for which the Trust may be responsible. <p><i>Status: in progress – as reported into the Board meeting on 29 January 2020, the second bullet point had been completed and included in the Performance Report to the meeting. However, work was ongoing in relation to the first bullet point to analyse areas of unchanged underperformance and the impact upon patients.</i></p>	MW
BOD 141/19 (b)	<p>Patient Story (two patients who had been treated for pressure ulcers) As the recording of the patients had been summarised rather than played to the Board, due to technical issues, the Patient Experience & Involvement Team Manager would circulate a version later for the Board.</p> <p><i>Status: to follow up</i></p>	DMcK/MC