

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST****TRUST BOARD****REPORT ON MATTERS ARISING FROM THE MEETING HELD ON 26 JULY 2012**

<b>Minute ref:</b>	<b>Issue</b>	<b>Lead Officer</b>	<b>Outcome</b>
214/12	<ul style="list-style-type: none"> <li>Venue to be confirmed for 1 October 2012 Trust Board development session on the strategic risk register.</li> <li>Final version of 2011-12 annual report to be circulated once available.</li> <li>Thematic review of never events to be presented to the August 2012 GRMC.</li> <li>Impact of (and national discussions on) marginal rates to be discussed through the Finance and Performance Committee rather than the Trust Board.</li> <li>Update on improvements to staff morale to be provided to the September 2012 Trust Board.</li> <li>Update on the national review of adult congenital heart disease to be provided to the August 2012 Trust Board.</li> </ul>	<p>DCLA</p> <p>DCER MD</p> <p>DFP</p> <p>DHR</p> <p>ICE/DS</p>	<p>Venue confirmed as the C J Bond Room, LRI.</p> <p>To be actioned once available. Timescale revised to September 2012 GRMC to enable an appropriate review. Updates to be provided to the Finance and Performance Committee as appropriate.</p> <p>Scheduled accordingly for 27 September 2012 Trust Board.</p> <p>Scheduled accordingly - to be covered as part of the update on the national review of paediatric cardiac surgery services (see Minute 216/12/1 below).</p>
216/12	UHL response to the national review of paediatric cardiac surgery services to be reported to the August 2012 Trust Board.	ICE/DS	Featured accordingly on the 30 August 2012 Trust Board agenda.
217/12/1	<ul style="list-style-type: none"> <li>Information be provided to Trust Board members outside the meeting as per Minute 217/12/1 (re: non-emergency patient transport contract, and ED front door audit findings).</li> <li>A collective UHL-CCG presentation on LLR winter planning be made to a future Trust Board.</li> <li>ECIST report to be circulated to Trust Board members for information, with UHL progress in respect of those recommendations to be presented to the August/Sept 2012 Trust Board.</li> <li>August 2012 monthly update on ED to include views on improved performance and progress re: short/medium term ED action plans.</li> </ul>	<p>LC CCG/ COO/CN</p> <p>COO/CN/ CCGs</p> <p>COO/CN</p> <p>COO/CN</p>	<p>Work in progress.</p> <p>Provisionally scheduled for October 2012 Trust Board.</p> <p>Report circulated. Update scheduled for 30 August 2012 Trust Board.</p> <p>To be covered in the standing monthly update re: ED for 30 August 2012 Trust Board</p>

Minute ref:	Issue	Lead Officer	Outcome
217/12/2	<ul style="list-style-type: none"> <li>Potential use of FM Lot 2 for the maternity and gynaecology services interim solution business case procurement, to be explored outside the meeting.</li> </ul>	DFP	Work in progress.
217/12/3	<ul style="list-style-type: none"> <li>Assessment of financial risks and opportunities to be included in the month 4 quality report to the August 2012 Trust Board.</li> <li>Further assurances be provided to the August 2012 Trust Board re: statements 16 and 17 of the Provider Management Regime (PMR) return.</li> </ul>	DFP ICE	Actioned. To be provided within the PMR return attached to the month 4 quality report.
218/12	Any comments on the Strategic Risk Register/Board Assurance Framework to be advised to the Medical Director outside the meeting.	ALL	Actioned.
220/12	Declaration of interests received from the Interim Chief Executive to be included on the publicly-available Trust Board register of interests.	DCLA/ STA	Actioned.
221/12	Information re: LLR bed capacity to be presented to a future Trust Board meeting.	COO/CN	To be covered as part of the winter planning update in Minute 217/12/1 above.
232/12/2	UHL Non-Executive Director interaction with CCG Boards to be progressed outside the meeting.	CHAIR MAN	Work in progress.

**Update on any outstanding matters arising from Trust Board meetings since 16 July 2009**

Minute ref:	Issue	Lead Officer	Outcome
28 June 2012			
190/12	Collaborative issues relating to the signposting of patients to ED by GP practices to be considered by the Chairman and Chief Executive outside the meeting.	Chairman/ CE	Progress to be advised as appropriate.