## University Hospitals of Leicester NHS Trust Progress of actions arising from the Trust Board meeting held on Thursday 6 August 2015

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
1.	161/15	Chairman's report – August 2015				
		Outputs from the equality and diversity task and finish group to be	Chairman/	TBTD	Scheduled accordingly.	5
		reported to the February 2016 Trust Board thinking day.	DWOD	11.2.16		,
1a.	161/15	Better Care Together progress to be discussed at both the August and	CE/DS	TBTD	Sessions scheduled for both sessions.	
		September 2015 Trust Board thinking days.		13.18.15 &		4
				10.9.15		
2.	162/15	Chief Executive's report – August 2015		When	Noted.	
		Update on plans to improve cleaning standards to be shared publicly at an appropriate time.	CE/DEF	appropriate		5
3.	163/15/1	Patient story – the impact of urinary incontinence treatment for			The QAC Chair has contacted the	5
		the older person	DS/ELRCCG	Immediate	Continence Nurse Specialists about this issue and suggested that they report back	
		Scope to develop an integrated (primary/secondary care) continence service, to be pursued outside the meeting.	Chair		to QAC in early 2016.	
3a.	163/15/1	Progress report re: development of such an integrated service, to be	CN/	Future	To be scheduled for early 2016 as noted	5
		provided to a future Quality Assurance Committee meeting.	QAC Chair	QAC	above.	
3b.	163/15/1	UHL to contact Healthwatch about potentially incorporating some of the	DMC/	Immediate	Director of Marketing and	
		UHL patient stories into Healthwatch's listening programme with the public.	HW rep		Communications to report verbally on 3.9.15.	
4.	163/15/2	Vascular business cases				
		Purchase orders to be placed as required for the vascular ward, and the vascular angiography and VSU full business cases, as approved by the Trust Board.	DS/CFO	10.8.15	In progress.	5

						Some Delay – expected to		Significant Delay – unlikely		Not yet
RAG Status Key:	5	Complete	4	On Track	3	be completed as planned	2	to be completed as planned	1	commenced

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4a.	163/15/2	Hybrid theatre full business case to be approved on the basis that further information also be circulated to the Trust Board during the week beginning 17 August 2015 (and subsequently presented to IFPIC for noting), providing additional assurance on:  the option/investment appraisal;  the financial benefits, and  the clinical need for the theatre.	CFO/DS	w/b 17.8.15 (sooner if available) IFPIC 27.8.15	Complete – a paper is going to the 27 August 2015 IFPIC meeting detailing the return on investment for the hybrid theatre.	5
4b.	163/15/2	Hybrid theatre issues to be included in the 'project assurance' review being undertaken by the September 2015 Audit Committee.	AC Chair	AC 17.9.15	To be covered in the 'Reconfiguration Project - Risk Management and Project Assurance' paper to be presented at the Audit Committee Meeting on 17th September.	4
4c.	163/15/2	Clear communication to take place with staff regarding the timing of the moves associated with the vascular business cases and the ICU reconfiguration.	DS/DMC	When appropriate	Ongoing.	4
4d.	163/15/2	When considering the ICU reconfiguration full business case, appropriate contextual detail to be provided to the Trust Board on the business case's position within the overall reconfiguration programme.	DS	When FBC presented to TB	Work is ongoing.	4
4e.	163/15/2	Appropriate Trust Board thinking day time to be dedicated to reconfiguration issues as a whole, including:  • financial and planning implications;  • Trust Board comments on the need for clarity re: precommitments against cost-pressure contingency funds, and  • the presentation of business cases, to ensure they provided the appropriate level of assurance.	DS/CFO/ Chairman	TBTD 13.8.15	Discussed at the 13.8.15 Trust Board thinking day.	5

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5.	164/15/1	UHL reconfiguration programme – monthly update				
		August 2015 Trust Board thinking day also to consider:-	CE/DS/	TBTD	Complete.	
		the appropriate level of detail required for Trust Board reports on this issue (eg granularity of the dashboard), and	IFPIC Chair	13.8.15		5
		<ul> <li>options for appropriately sighting Non-Executive Directors to the reconfiguration programme.</li> </ul>				
6.	164/15/3	LLR Better Care Together programme update			Work is ongoing.	4
		Executive Directors to agree an appropriate framework for the Trust Board to receive periodic reports on BCT workstreams.	DS	by 3.9.15		
		Consideration to be given to also presenting the EM Clinical Senate review of BCT workstreams to the Trust Board for information.	DS	once available		
		BCT updates to include RAG-rated key milestones.				
7.	165/15/1	Equality bi-annual update			This is currently being progressed by the	4
		Examples of good practice in respect of the WRES requirement to be sought from other organisations, both public and private sector.	DWOD	Immediate	UHL Diversity Task and Finish Group.	
8.	165/15/3	Risk register/Board Assurance Framework (BAF)	DEF/	For TBTD	Work is ongoing.	4
		The 'road map' referred to in risk 12 to be available for the August 2015 Trust Board thinking day session on reconfiguration.	DS	13.8.15		
8a.	165/15/3	Score for risk 12 to be reviewed – potentially at the August 2015 Trust Board thinking day.	DS/ALL	TBTD 13.8.15	Work is ongoing – to be reviewed for inclusion in the BAF to the September 2015 Trust Board.	4
8b.	165/15/3	Future Trust Board thinking day time to be allocated for a review of the risk register/BAF (noting that the September 2015 Audit Committee will also review this document).	AMD/ Chairman	Future TBTD	Thinking Day discussion to be timetabled in the light of the outcome of the Audit Committee's consideration of the proposed way forward at its next meeting on 17 September 2015.	5

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9.	165/15/4	Armed Forces Community Covenant  Recommendations within paper O to be approved, including the designation of Col (ret'd) I Crowe, Non-Executive Director, as UHL's first Armed Forces Champion, the signing of a Community Covenant between UHL and the local Armed Forces community, and the signing of an honorary contract between UHL and 2 Medical Regiment for the placement of clinical personnel within UHL.	ICNED/ AMD	Immediate	UHL's Armed Forces Champion will contact key players regarding the AFCC after the block leave period has ended (week commencing 31.8.15). A fuller brief with be provided after that date and following a meeting to make the necessary arrangements.	4
9a.	165/15/4	Appropriately high-profile communications be organised for the signing of the covenant above.	DMC	TBA	Director of Marketing and Communications to report verbally on 3.9.15.	
9b.	165/15/4	Consideration to be given to how best to highlight the work of UHL staff who are also reservists.	DWOD/DMC	by 3.9.15	No central record is held of current reservists. Consider communication out to CMG's in order to capture information and enable highlight.	4
10.	166/15/1	Learning Lessons to Improve Care – quarterly update Organisational learning aspects for UHL to be explored, and appropriately factored into the September 2015 Trust Board thinking day on workforce and OD issues.	DWOD	TBTD 10.9.15	Work in progress - will be reflected in the Workforce/OD Trust Board Thinking Day scheduled to take place on 10 September 2015.	4
11.	166/15/5	Delivery of the financial plan 2015-16 (and verbal update) Revised financial plan 2015-16 to be supported (including the revised year-end position requested of UHL by the Department of Health), with a further report to be presented to the August 2015 IFPIC.	CFO	IFPIC 27.8.15	Actioned.	5
12.	166/15/6	Emergency care performance report and LLR emergency care system improvement plan 2015-16  Report to be presented to the September 2015 Trust Board identifying:  the actions required to reverse the current trend of high ED attendances and admissions, and  the strategy to manage the situation if those actions did not take effect.	COO	TB 3.9.15	Actioned – report included accordingly on the 3.9.15 Trust Board agenda.	5

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12a.	166/15/6	Consideration to be given to discussing LLR emergency care issues at the Board-to-Board scheduled for 8 October 2015 (UHL, CCGs, LPT).	COO/ Chairman	B2B 8.10.15	Work in progress.	4
12b.	166/15/6	Discussions to be held with CCG colleagues about targeted admission/attendance avoidance measures (eg primary care contact with specific cohorts of patients, advising them to contact their GP early if feeling unwell).	CE/ Chairman	by 3.9.15	New approach to reversing admissions trends developed and in discussion with CCGs.	4

**Matters arising from previous Trust Board meetings** 

None.

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