

University Hospitals of Leicester NHS Trust
Progress of actions arising from the Trust Board meeting held on Thursday 29 May 2014

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
1.	141/14	Request to be made to the National Trust Development Authority to hold the UHL Non-Executive Director interviews in Leicester rather than Birmingham.	CHAIR	Immediate	Actioned	5
2.	143/14	Matters arising The following actions to be removed from the action log, as now either completed or appropriate updates provided to this meeting:- <ul style="list-style-type: none"> • actions 1-8, 10-27 of 24 April 2014; • actions 3 & 4 of 27 February 2014. 	STA	Immediate	Actioned.	5
2(a)	143/14	All members to ensure that Trust Board cover sheets are correctly completed, with particular regard to the PPI implications and the equality impact. If there is no equality impact from the report, then its author should state 'considered and no implications' rather than 'N/A'.	ALL	All future TB reports	Actioned	5
3.	145/14/1	Caring for the Oldest Old Strategy In progressing the Strategy, its author to:- <ul style="list-style-type: none"> • reflect appropriate links with carer workstreams; • forge relationships with other relevant community and cultural organisations beyond Age UK; • learn appropriate lessons from UHL's work on teenage cancer services, and • learn appropriate lessons from other Trusts. 	DMC	Ongoing	Actioned via the Older people's strategy board agenda	5
3(a)	145/14/1	An Executive and Non-Executive Director lead for care of older people, to be nominated outside the meeting and notified to the Director of Marketing and Communications.	To DMC	By 26.6.14	Actioned: Richard Kilner and the Chief Nurse	5
3(b)	145/14/1	Future updates on 'caring for the oldest old' to be incorporated into the Delivering Caring at its Best progress reports.	DMC/CE	As required	Will be picked up as the Older people's strategy board work progresses	4

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4.	145/14/2	Bed capacity plan Further update on progress in ringfencing elective beds to be provided to the June 2014 Trust Board, including the timescale involved and any risk assessment (plus mitigating actions) of such ringfencing.	COO	TB 26.6.14	Update featured accordingly on the 26 June 2014 Trust Board agenda	4
5.	145/14/4	Delivering Caring at its Best Future updates on the project initiation documents also to include reporting timescales.	CE/EDs	Ongoing	To be included in future updates	5
5(a)	145/14/4	Headlines re: an overview of financial and non-financial deliverables for each domain to be available by the end of September 2014 and reported to the Trust Board thereafter.	CE	For October 2014 TB	To be scheduled accordingly for the October 2014 Trust Board	4
5(b)	145/14/4	Presentation of the various workstreams to be clarified in future updates, following discussion with the Director of Strategy.	CE/DS	Future TB Updates	To be reflected in future updates commencing the October 2014 Trust Board	5
5(c)	145/14/4	Update on the development of the 5-year LLR health and social care plan and UHL's own 5-year plan, to be provided to the 16 June 2014 Trust Board.	DS/CE	TB 16.6.14	Actioned	5
6.	145/14/5	Board Assurance Framework (BAF) Revised BAF model to be reviewed at the June 2014 Trust Board Development Session, ahead of formal discussion at the end of June Trust Board (see also note 9(a) below).	CN	TBDS 12.6.14 & TB 26.6.14	June 2014 Trust Board development session cancelled. Consideration of the BAF rescheduled for the 17 July 2014 Trust Board development session	3
6(a)	145/14/5	Risk 9 to be amended to:- <ul style="list-style-type: none"> refer to 45 additional beds rather than the initial 55; cover productivity considerations – eg making the most of existing capacity and capability, and increase the risk rating to 25 (5x5). 	COO	For TB 26.6.14	Actioned	5
6(b)	145/14/5	Risk 11 to be amended to change the composition of the overall risk rating, from 3x4 to 4x3 (retaining the overall score).	COO	For TB 26.6.14	Actioned	5
6(c)	145/14/5	Risk rating for the security staff risk to be reduced following appropriate review (to 15 or 16), with the mitigating actions to be notified to the Executive Team through the usual BAF report.	CN	Future ET	Actioned. Risk score reduced	5

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7.	146/14/1	The Trust Board's congratulations be passed to the Renal, Respiratory and Cardiac CMG for its response to the patient experience story shared with the Board today.	CN	Immediate	Actioned	5
8.	147/14	2013-14 annual accounts to be approved by the Trust Board as presented, and all relevant statements/certificates/letters to be signed by the appropriate officers.	IDFS/CE	Immediate	Actioned	5
9.	148/14/1	Emergency care performance and ED review – update Further update in 1 month's time to include details of traction achieved on the required changes, and on measures to ensure appropriate ownership of those changes.	COO	TB 26.6.14	Update featured accordingly on the 26 June 2014 Trust Board agenda	4
10.	148/14/2	Month 1 quality and performance report May 2014 QAC report on the triangulation of patient feedback to be circulated to Trust Board members for information.	STA	By 26.6.14	Actioned	5
10(a)	148/14/2	May 2014 Finance and Performance Committee discussions on Consultant recruitment difficulties (ENT) to be fed in to the Trust Board's June 2014 review of the Board Assurance Framework (see above).	CN/MD/ DHR/ ALL	TBDS 12.6.14	June 2014 Trust Board development session cancelled	3
10(b)	148/14/2	In light of links to RTT performance, improvements to theatres utilisation and productivity to be monitored through the cross-cutting CIP report being provided to the June 2014 Finance and Performance Committee.	COO	FPC 25.6.14	Report scheduled for 25 June 2014 Finance and Performance Committee	4
11.	148/14/3	Any outstanding issues from the 'hard truths' nurse staffing report (paper V) to be covered at the June 2014 Trust Board.	CN	TB 26.6.14 (if required)	Featured on the 26 June 2014 Trust Board agenda accordingly.	4
12.	148/14/4	Revised 2014-15 capital plan to be approved (and progressed accordingly) as presented.	IDFS	Immediate	Actioned	5
13.	148/14/5	Authority be delegated to the Director of Corporate and Legal Affairs to submit the NHS Trust oversight self certification returns to the NTDA by 30 May 2014 as required (last working day).	DCLA	By 30.5.14	Actioned	5

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Matters arising from previous Trust Board meetings

Item No	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
24 April 2014						
14.	117/14/1 (b)	Chief Nurse to provide the Audit Committee Chair with supporting additional information on the meaning and the impact of the Quality Schedule and CQUIN indicators.	CN	Immediate	Verbal report to be provided at the 29 May 2014 Trust Board. Update not available in the absence of the Chief Nurse – to be covered at the June 2014 Trust Board.	
27 March 2014						
16.	90/14/1	<p><i>(2-year operational plan)</i></p> <ul style="list-style-type: none"> clinical and strategic rationale for the vascular services proposals to be reported to the June 2014 Trust Board. revised approach to considering business cases to be discussed by the Finance and Performance Committee and Trust Board. <p>• timetable of Trust Board-required approvals for the individual capital schemes, to be developed and advised to Board members.</p>	MD/DS IDFS IDFS	TB 26.6.14 31.5.14 by 24.4.14	<p>Deferred to the July 2014 Trust Board. To be considered as part of the review of the working of the Commercial Executive. Revised process for both Capital and Revenue agreed by Executive Team; paper to be presented to F&P in June 2014</p> <p>Report to be considered by the 25 June 2014 Finance and Performance Committee.</p>	4
17.	95/14/3	<p><i>(any other business)</i></p> <p>(subject to recognised exceptions such as the quality finance and performance report, and formal business cases) All future Trust Board papers to be a maximum of 10 pages in length with no appendices, wherever possible.</p>	All EDs	From April 2014 TB	Actioned. See also item 2(a) above.	5

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