

**Board of Directors Meetings (Public): Oct 2013 – Sept 2014**

**MATTERS ARISING / ACTIONS TRACKER  
25 SEPT 2014**

KEY:

<b>GREEN</b>	<b>ACTION COMPLETE</b>	<b>AMBER</b>	<b>ACTION ON TRACK</b>	<b>YELLOW</b>	<b>UPDATE REQUIRED</b>	<b>RED</b>	<b>ACTION OVERDUE</b>
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**ACTIONS ARISING FROM EXTRAORDINARY MEETING 29<sup>th</sup> OCTOBER 2013**

13.	13/ 126	<b>CLINICAL SERVICE PLANS</b>	Following discussions Directors APPROVED the Clinical Services plan as a blueprint and requested that action be taken to transform this blueprint into a firm plan with a definitive action plan.	PW	<b>DATE REVISED TO SEPT 2014</b>	Following the completion of the Strategic plan, we are developing detailed implementation programmes for its many elements. This will focus at service line level and as part of the preparatory work we are commissioning an assessment of service line management maturity. It is intended that this will lead to high quality service line plans in line with the organisations strategy	
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**ACTIONS ARISING FROM 19 DECEMBER 2013**

42.	13/180	<b>CQC- REVIEW OF COLCHESTER</b>	RD confirmed that he would liaise with the Trust's Internal audit team with a view to them providing a 3 <sup>rd</sup> party opinion following the Trust assessment against the failings at	RD	<b>IN LINE WITH RELEASE OF REPORT</b>	RD updated that consideration is still being given to the inclusion of the CQC Colchester report in the 2014/15 internal audit programme.	
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			Colchester.				Directors noted that the Colchester report has not been issued to date and the Trust will undertake a “true for us” exercise upon receipt.	
<b>ACTIONS ARISING FROM 30 JANUARY 2014</b>								
48.	14/018	<b>ESTATES STRATEGY</b>	<p>MC requested that the strategy identify clear links to the benefits of the changes and provide further reference to the PFI and any surplus estate that the Trust currently holds.</p> <p>CW requested that the strategy be more “public facing” and further explanation be included to support the Trust’s decision to reduce the theatre accommodation from 9 to 5.</p> <p>GMc requested that a clear benefit realisation statement be included pertaining to the effect of the incorporation of the Estates Strategy on backlog maintenance.</p>	PW		<b>DATE REVISED TO SEPT 2014</b>	<p>There have been a number of developments during April:</p> <p>The Better Together estate work stream has concluded its membership &amp; terms of reference &amp; engaged external support. It will be working to a timeframe concluding in Sept 2014 to comprehensively review all health and social care premises in Mid-Notts and make recommendations about its optimum future utilisation.</p>	

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							<p>Whilst phase 1 of the estate strategy addressing the retained estate issues at KMH remains relevant, for financial planning purposes the executive has taken the view that the requirements of the capital expenditure approvals regime, coupled with the timeframe for the Better Together Estate work stream to conclude its work means that expenditure is unlikely to begin until 2015/16, and has therefore slipped the notional capital profile (for £30m scheme) by twelve months.</p> <p>Phase 2 of the SFH estate strategy will be developed in light of the outcomes of the Better Together work.</p>	
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ACTIONS ARISING FROM 31 JULY 2014							
71.	14/187	<b>ESTATES STRATEGY</b>	PM proposed that a therapy services focussed patient story be considered for a future Board of Directors meeting	SB	<b>SEPT/ OCT 2014</b>		
72.	14/188	<b>CHIEF EXECUTIVES REPORT</b>	During discussions the importance of the Board being visible to staff , patients and visitors was identified and proposals were put forward that time be allocated ,within key meetings, for members to visit wards and departments and a ward to board buddying system implemented	SB	<b>SEPT 2014</b>		
73.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	RD questioned whether the Trust considers that 77% of patients having their nurse call buzzers responded to within five minutes is acceptable. SB responded that this is not acceptable as patients that buzz generally need assistance immediately. SB	SB	<b>DEC 2014</b>		

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			advised that she would look at other Trust's and find a best practice example for the Trust to aspire to match.					
74.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	It was identified that the report records that 99% of KMH patients surveyed rated the quality of the meal service provided to be fair or above . This summary appears to be quite vague and further information is required. TR requested that the further information provided also contains the amount of people surveyed	SB	<b>DEC 2014</b>			
75.	14/190	<b>QUARTERLY PATIENT EXPERIENCE REPORT</b>	SL expressed his concerns that the report clearly states that there is no backlog within the complaints department but then evidence is seen in table 7 that responses are clearly outside the 40 day response time. SB responded that she would investigate this matter and revert back accordingly	SB	<b>DEC 2014</b>			