University Hospitals of Leicester NHS Trust

Progress of actions from previous UHL Trust Board meetings, and any outstanding actions arising from the Boards in Common meetings

There are no actions outstanding from previous UHL Trust Board meetings.

Former Boards in Common actions:

Item no.	Minute Ref:	Action	Lead	By When	Progress Update	RAG status*
11 June 2026						
1.	28/26	**Minutes of the previous meeting** To update the minutes of the 8.5.26 to highlight the questions raised by Healthwatch.	**UHN CoSec R May**	**Immediate**	Complete.	**5**
2.	30/26	**Patient Story: Susan's Story** To consider the role in delivery of care for palliative patients, and arrangements for working alongside community provision partners.	**GCN J Hogg**	**August 2026**	Susan's story will be taken to system quality group for a wider discussion on palliative care.	**5**
3.	31/26/3	**Integrated Performance Report** To provide an update to Ms J Houghton, Non-Executive Director regarding the rollout of PEWS (Paediatric Early Warning System) metrics.	**GCN J Hogg**	**August 2026**	In progress.	**4**
3 i	31/26/3	To meet with the Chair of Leicester and Leicestershire Healthwatch to understand the concerns raised by healthwatch regarding patient communications and progress outside of the meeting.	**UHL DoC&E E Casteleijn**	**Immediate**	There is ongoing conversation between Healthwatch and UHL regarding improvements in patient communication and engagement. A quarterly meeting took place in August, and a specific follow-up will be arranged.	**4**
4	33/26/3	**Nursing and Midwifery Bi-Annual Establishment Review Reports 2026** To relay concerns to ICB colleagues at the Health Executive meeting, regarding delayed transfers of care and provide a report back to the Boards in Common.	**CEO R Mitchell**	**HE 19.06.26 & BiC 7.8.26**	Complete.	**5**
5	34/26/1	**Response to the NHS Staff Survey 2025 and Staff Standards** To ensure that communication with staff appropriately reflected the job future comments in the staff survey.	**CPOs P Kirkpatrick / C Teeney**	**July 2026**	Action complete. Discussions with colleagues and staff side at UHL are undertaken as part of consultation exercises and for specific programmes of change as is appropriate.	**5**
5i	34/26/1	To maintain focus on and develop appropriate responses to address unacceptable behaviour and improve psychological	**CPOs P**	**July 2026**	Response is contained within the People Strategy and EDI Strategy for UHL as part of the overall	**5**

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		safety for staff.	**Kirkpatrick / C Teeney**		work program. Action Complete	
8 May 2026						
3.3i	22/26/3	The Director of Continuous Improvement (UHN) undertook to work with Chief Operating Officers to review performance indicator definitions for length of stay to account for possible differences between UHN and UHL.	**B Taylor**	**August 2026**	~~To be picked up as part of review of metric definitions for the joint IPR.~~ No longer applicable.	**5**
3.3ii	22/26/3	To provide a detailed projected timeline to bring NGH Mortality indicators within expected levels.	**H Nemade**	**August 2026**	Presented to the Quality and Safety Committee and Boards in July and August 2026 respectively	**5**
3.3iii	22/26/3	Updated Patient Safety and Incident Response Plans to be provided	**H Nemade / G Xu**	**September 2026**	UHL Plan 2026-28 approved at 9 April Board. UHN document will be updated during 2026-27 Quarter 2.	**4**
3.4.4 i	22/26/4	The UHL Board requested the Finance and Investment Committee review benefits realization of the new Endoscopy centre for capacity and activity	**S Barton**	**December 2026**	A formal Post Implementation review will be carried out. This will be reported through the Finance and Investment Committee in due course. In the meantime we will continue to monitor productivity and outputs through the monthly performance and finance reports.	**4**
3.4.4 ii	22/26/4	The UHL Board requested that community provision and cross-site working be included within scope of the next stages of the ophthalmology review	**H Hendley**	**September 2026**	To be included in the ophthalmology report to Operational Performance Committee, with escalations managed through reports to Boards. On 31.8.26, the COO has advised 'can be marked as complete - this will continue to be monitored via OPC. '	**5**
6.1	25/26/1	To clarify oversight arrangements for the UHN Community Engagement Strategy as part of the current review of committees being led by the Vice-Chairs	**B Cassidy**	**On hold**	Review no longer underway.	**5**
6.2	25/26/2	For UHL Green Plan updates to contain improved visibility of delivery progress and benefits	**J Hogg**	**August 2026**	Complete.	**5**
9 April 2026						
2a	18/26/3	To review and put in place improvements in the cancer pathway, relating to engagement with families.	**GpCN DoC&E (UHL & UHN)**	**July 2026 QC**	Will be built into the quarterly cancer report for Quality Committees.	**5**

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			J Hogg, E Casteleijn, S O'Neill			
2c	18/26/3	To develop a single group Integrated Performance Report	**DoCI (UHN)/ COO (UHL) B Taylor**	**BiC 8.10.26**	~~Joint executives have considered and recommended metrics for the Joint IPR to committees for approval. Development of format and alignment of metric definitions to commence in preparation for Joint IPR to be presented at October Board.~~ No longer applicable.	**5**
2d	18/26/3	To consider how to incorporate more up to date data within the Integrated Performance Report.	**DoCI (UHN)/ COO (UHL) B Taylor**	**BiC 8.10.26**	~~As development of the Joint IPR commences, timeliness of data and validation processes will be reviewed in line with committee dates. Review of what access can be made available to the Board of more real time data.~~ No longer applicable.	**5**
3	18/26/4	**UHL Quality Committee Escalation Report** To consider the impact of AI in terms of growth of complexity in complaints and legal issues and determine if policy changes were required in response.	**GpCDIO / GpCN / DCLA (UHL) W Monaghan / J Hogg / B Cassidy**	**QC after quarter 2**	Complete	**5**
4	19/26/1	**Group Perinatal Report and Dashboards** To provide greater clarity on key, high level risks in future reports.	**GpCN J Hogg**	**June 2026**	Complete	**5**
5	20/26/2	**Group Research and Innovation Report** To present a proposal to Boards in Common for a single group Research and Innovation framework.	**MD (UHN & UHL) / DoR&I H Nemade / G Xu / N Brunskill**	**BiC 7.8.26**	A Group research strategy is in preparation.	**4**
5a	20/26/2	To include greater detail in future reports of trial / research	**MD (UHN &**	**BiC**	Up to 1000 clinical trials are open across the Group	**4**

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		outcomes.	**UHL) / DoR&I H Nemade / G Xu / N Brunskill**	**7.8.26**	at any one time. It is not possible to provide outcomes for all. However, trial outcome highlights of particular interest / importance will be provided in future reports to Board.	
5b	20/26/2	To measure trial access across constituent populations across the Group area in order to inform possible approaches for wider inclusion in trials.	**MD (UHN & UHL) / DoR&I H Nemade / G Xu / N Brunskill**	**BiC 7.8.26**	Inclusion work takes place widely across our research infrastructure. NIHR funded infrastructure has an established inclusion strategy. Where practical and where trial data confidentiality permits, an indication of participant background can be included in future reports to Board.	**4**

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