



# Executive Team and Trust Management Team Report to Board of Directors

### **Performance**

Divisional Performance reviews take place monthly between members of the Executive Team the Divisional triumvirates. The last meetings took place on Friday 23<sup>rd</sup> February and the next are scheduled for Friday 23<sup>rd</sup> March.

They are an integrated review which picks up the following themes:

- Quality
- Workforce
- Finance
- Strategy & Planning
- Access

The key lines of enquiry and discussion by Division are shown below. The draft Quality strategy was discussed with all Divisions to ascertain their views and sign off. Action logs are recorded and followed up at the next month's meeting.

#### **Urgent & Emergency Care**

There was recognition about what a challenging winter it had been for the Division and how well they had coped with demand at times. The Executive team thanked the Division for all their hard work and that of their teams during this period.

There was a focus and action required to improve VTE assessment within acute medicine along with improving the position from consent audits. From a financial perspective the Division were asked to take action to ensure that the end of year financial position is the best it could be to support the overall Trust position. Actions were agreed around reducing process variability within ED & Acute Medicine and the Division described the work being undertaken with the ED Consultants with regard to admission reviews and use of AECU.

#### Medicine

It was acknowledged that the Division had a very tough winter so far having to look after higher acuity patients and patients in outlying wards, as per the winter plan. The Executive thanked the Division for all their hard work in this area. It was clear and agreed that the Divisions key priority is to provide time admitting capacity to EAU.

The Patient Flow Group was described and that there needs to be a continued focus on reducing the number of patients who stay over 7 days and discharging more patients before noon.





Lying and standing blood pressure was an area for improvement which would be picked up with the Division over the next month. Sickness rates had increased, but the Division assured that the sickness absence policy was being rigorously applied across the Division.

The positive financial position of the Division was acknowledged and the CFO asked that the Division make the year end position the best it can possibly be.

#### Surgery

The Divisions support to the medical emergency pathway was noted and the Executive team thanked the Division for all their support particularly the surgical wards that have been looking after medical patients.

There was a focus on outstanding DATIX incidents over 60 days and reducing this encouraging the Division to learn from the best practice in Womens & Childrens. Alongside this further work was agreed to be undertaken on the outcomes of the prescribing audit. There was a focus on medical sickness absence and ensuring that the processes for its management are as robust as in nursing. The RTT position was discussed and it was recognised that this had been impacted on by the inpatient planned elective cancellations, although it was recognised that this is fully operational again. This was also taken into account in the discussion about the Divisions financial position for which they were asked to ensure the year end position is the best it can be.

#### **Diagnostics & Outpatients**

The Divisions support to the medical emergency pathway, particularly with regard to diagnostics was noted and the Executive team thank the Division for their support in this area, particularly noting the transparent turnaround time information that the Division share daily for imaging.

The opportunity to provide a 7 day diagnostic turnaround for cancer patients was discussed as a challenge and it was agreed that further demand and capacity work would be required to understand what is possible and where the gaps may be. There was a focus on mandatory training, that although in a positive position had some low percentages in some medical areas and this needed to be understood further as to the numbers of staff members involved. The Division talked through their approach to managing mandatory training which was robust.

## Women & Children's

The Divisions support to the medical emergency pathway was noted and the Executive team thanked the Division for all their support particularly the staff on Ward 12. It was also reflected how well the Paediatric team and ward 25 had coped with demand this winter admitting patients from ED and GPs without delay.

The main focus was on mandatory training and sickness absence with a focus on the mandatory training of medical staff and actions that can be taken in the next month to improve. The Division were congratulated on both a positive finance position and RTT position.

# Simon Barton – Chief Operating Officer