

## 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 27<sup>th</sup> April.

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. Action logs are recorded and followed up at the next month's meeting.

### Urgent & Emergency Care

There was a continued focus on action required to improve VTE assessment within acute medicine along with improving the position from consent audits. Dementia assessment was picked up, recognising the excellent facilities for patients arriving with Dementia to ED, but with a focus on ensuring the appropriate assessments take place.

Discussion took place with regard to the progress and actions to increase the use of the Ambulatory Emergency Care Unit (AECU) as an alternative to admission, also noting the feasibility work being undertaken to look at the physical capacity of the unit. Work continues to try to improve the FFT response rate for ED, noting that whilst the rate could be improved, the feedback is very positive. The results of the staff survey for UEC were discussed.

From a financial perspective, further work was required on the development of the Divisions FIP, which would be expected at the next meeting.

### Medicine

It was acknowledged that the Division were still managing bed flow with older and higher acuity patients being admitted and patients in outlying wards. The Executive thanked the Division for all their hard work in this area. It continues to be clear and agreed that the Divisions key priority is to provide timely admitting capacity to EAU. The Divisions staff survey was discussed.

The bed capacity planning work was discussed as well as understanding how this impacts on the income and expenditure of the Division. The positive year-end financial position of the Division was acknowledged.

Readmissions data was discussed and remains in a positive position, alongside the work to improve the pathway for patients who are non-weight bearing.

### **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 health records and prescribing audit and how improvements can be made. The staff survey results were also discussed with the Division.

The RTT position was discussed along with the improvement trajectories that the Division was now pursuing, which was making positive progress and the Division were asked to look at data showing the speed of response to ED from Orthopaedics.

### **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 Division talked through their staff survey results.

The clear plan and trajectory for the improvement of diagnostic waiting times was discussed, particularly noting the challenges associated with having a single static MR scanner, for which the Division will be providing options for the coming year.

### **Women & Childrens**

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 14. 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 Division talk through their staff survey results. There was a focus on Safer surgery checks compliance.

The Division has work to do on financial forecasting which will be picked up this month.