1. **Purpose of Report (Including link to objectives)**

The purpose of the Chief Executive’s Report is to highlight key developments within the Trust which have taken place since the last Board meeting.

2. **Summary of Key Issues for Discussion**

2.1 **Operational Performance**

As forecast within the previous month report, the actions undertaken by the health community as part of a double dip black escalation period have not generated sufficient capacity to improve patient flow through the whole system. The National Intensive Support team have been approached in order to assist the RUH with any internal efficiencies that could be effected and facilitate an improved 4 hour performance. During this protracted period of operational challenge, the RUH are prioritising patient safety and the quality of care provided.

2.2 **South West Patient Safety Programme**

In March 2013 the RUH successfully bid to host the South West Quality and Patient Safety Programme. The success of the bid recognises the priority the RUH has given to patient safety and quality, our dedicated involvement with the South West programme and the development of our quality improvement centre the “Qulturum” which is attracting national and international interest.

The RUH will host the programme on behalf of the West of England Academic Health Science Network (AHSN). The AHSN is a new development in health care which brings together acute hospitals, universities social enterprises, industry and the GP commissioning groups to accelerate improvement in healthcare. The West of England AHSN has chosen the safety programme to be their number one priority, reflecting public consultation. The programme which will run from the RUH will continue to cover the whole of the South West and will therefore also include the Peninsula AHSN.

The NHS South West Quality and Patient Safety Improvement Programme was developed as a five year programme, between the South West Strategic Health Authority, the Health Foundation an independent charity in London (which generously helped fund the programme), and the Institute for Healthcare Improvement (IHI) from the USA. The programme commenced in July 2009 with an initial focus on safety in acute hospitals. The success of the programme saw it extended to Mental Health and Community Healthcare organisations, an approach which was really forward thinking and made the South West one of the first health care regions in the world to involve the community in this type of programme.
The goal of the programme since its inception is that ‘all healthcare organisations in the South West will be amongst the safest for patients and will have a death rate (HSMR) amongst the lowest in England.’ The initial bold aims of the programme were to reduce HSMR by 15% by September 2014, and we are on track to do that with a 7% reduction of HSMR in the first two years of the programme.

The RUH will continue the programme in five work streams; leadership, intensive care, general wards, peri-operative care for surgical patients and medicines safety. We will continue to help all teams to work towards achieving their work stream aims and to develop new goals as other areas for improvement are added to the programme. We also want to continue to develop and build a culture of patient safety and quality improvement that understands what prevents harm and how to deliver highly reliable care in a complex system.

The RUH, with the support of our AHSN partners, will ensure that the gains achieved in the first three years of the programme are sustained and increased, that the vibrant and collaborative learning community continues that we develop the Patient Safety Clinical Faculty with expertise in improvement science, and that we increasingly engage patients to help us shape safer care for them and their families in the South West of England.

It has also been confirmed that the RUH has been chosen to host the West of England AHSN. Further details will be provided at the next Trust Board meeting.

2.3 Executive Director Appointments
Following an interview process on 26 February 2013, Sarah Truelove has been appointed to the post of Director of Finance and Deputy Chief Executive. Sarah is currently in the same post at Gloucestershire Hospitals NHS Foundation Trust and will join the Trust on 24 June 2013.

2.4 NHS Foundation Trust Update
As at 14 March 2013, 6,205 public members have signed up to support the Trust’s NHS Foundation Trust application.

The first meeting of the Shadow Council of Governors took place on 8 March 2013. The main aim of the meeting was to help the Governors understand the Trust’s Vision and Strategy. Other topics that were covered were:

- Overview of the Francis enquiry
- Focus on Quality & Performance
- Business Planning priorities for 2013/14
- The agreement of Governor working groups

The Council of Governors will continue to operate in shadow form until we are authorised as an NHS Foundation Trust.

2.5 Use of Trust Seal
The Trust Seal was used on 25 February 2013 to sign the contract for the supply,
implementation and provision of a managed service for radiology information system and picture archiving and communication system. The contract was with Fujifilm UK Limited.

2.6 Consultant Appointments
Dr Sally Moore was appointed as a Consultant in Haematology on 4 March 2013. Dr Moore will start at the Trust on 13 May 2013 from Great Ormond Street Hospital where she is currently employed as a Specialty Registrar in Haematology.

Dr Marianna Thomas was appointed as a Consultant in Musculoskeletal Radiology on 13 March 2013. Dr Thomas will join the Trust from Norfolk and Norwich University Hospitals NHS Foundation Trust where she is currently employed as a Fellow. Her start date is to be confirmed.

Dr Adrian Andreou was appointed as a Consultant in Radiology on 13 March 2013. Dr Andreou will also join us from Norfolk and Norwich University Hospitals NHS Foundation Trust where he is currently employed as a Locum Consultant. His start date is to be confirmed.

Mr Stephen McDonald was appointed as Consultant in ENT (Rhinology) on 18 March 2013. Mr McDonald has been working at the Trust as a Locum Consultant since 2 April 2012.

3. Recommendations (Note, Approve, Discuss etc)
The Board is asked to note the report.

4. Care Quality Commission Outcomes (which apply)
Not applicable

5. Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)
Not applicable

6. NHS Constitution
None identified

7. Risk (Threats or opportunities link to risk on register etc)
Strategic and environmental risks are considered by the Board on a regular basis and key items are reported through this report.

8. Resources Implications (Financial / staffing)
Not applicable

9. Equality and Diversity
Not applicable

10. Communication
Not applicable
11. References to previous reports
The Chief Executive submits a report to every Trust Board meeting.

12. Freedom of Information
Public