



Trust Board Meeting 12 February 2015

Title of the paper:	Chief Executive's report		
Agenda item:	08/24		
Lead Executive:	Jac Kelly, Chief Executive		
Trust objective:	 Tick as appropriate: Achieving continuous improvement in the quality of patient care that we provide and the delivery of service performance across all areas; Setting out our future clinical strategy through clinical leadership in partnership and with whole system working; Creating a clear and credible long term financial strategy. 		
Purpose:	The aim of this paper is to update the Board on national and local announcements and activities.		
Previously discussed and date for further review:			
	Committee		Date
Trust Leadership Executive Committee		•	N/A
Committee			N/A
Benefits to patients and patient safety implications			
Increases the level of openness and transparency.			
Risk implications for the Trust N/A		Mitigating actions (controls) N/A	
Links to Board Assurance Framework, CQC outcomes, statutory requirements N/A			
Legal implications (if applicable) N/A			
Financial implications (if applicable) N/A			
Recommendations (delete as appropriate)			
The Board is asked to note this report.			

West Hertfordshire Hospitals

Agenda Item: 08/24

Trust Board – 12 February 2015

Chief Executive's Report

Presented by: Jac Kelly, Chief Executive

1. Purpose

- 1.1 Welcome to my first Chief Executive report since joining the Trust on 12 January 2015.
- 1.2 This report is to provide an update on key national and local announcements and activities.

2. National

Care Quality Commission inspection

- 2.1 The Care Quality Commission (CQC) has announced the next group of acute, community health and mental health providers to be inspected between April and June 2015 as part of their new approach.
- 2.2 The CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety, reporting and publishing what they find.
- 2.3 We have been informed that the CQC will be in our hospitals as from 13 April 2015 for a maximum of four days.
- 2.4 The CQC will focus on five key questions: Is it safe? Is it caring? Is it responsive? Is it effective? Is it well led?
- 2.5 For more information on the CQC's new acute hospital inspection model, please go to the CQC website www.cqc.org.uk.

Initiative to reduce patient waiting times

- 2.6 I'm pleased to report that we have been asked to participate in a national initiative to reduce the number of patients who are waiting to have their operation and help us to achieve the national 'Referral to Treatment' operating standard.
- 2.7 The Referral to Treatment (RTT) operational standards state that 90 percent of admitted and 95 percent of non-admitted patients should start consultant-led treatment within 18 weeks of referral.

- 2.8 The new national initiative requires us to have a daily task force, led by the Deputy Chief Executive and to report daily to the Trust Development Agency (TDA) on progress. Our doctors, nurses and other staff within our hospitals also have access to detailed reports which show the work being done to reduce the backlog of patients waiting for an operation.
- 2.9 There has been an excellent response to the challenge to date and further updates will be available on this important initiative in due course.

3. Local

Endoscopy Units awarded accreditation

- 3.1 I am delighted to announce that the Endoscopy teams at Hemel Hempstead and Watford Endoscopy Units have been successfully awarded accreditation from the Joint Advisory Group (JAG).
- 3.2 JAG accreditation is the formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the measures in the endoscopy global rating scale (GRS) standards.
- 3.3 Both units were able to evidence consistent delivery of a very high quality service in relation to clinical quality, patient experience, workforce and training. In addition to this we have invested in our decontamination service to comply with JAG requirements.
- 3.4 Congratulations to the nursing and administrative staff of both units who have demonstrated teamwork, innovation and dedication to achieve the high standards necessary to attain this formal recognition by JAG.

Echocardiogram review

- 3.5 Following concerns raised about the quality of heart scans (echocardiograms) undertaken and/or interpreted by four members of our echocardiogram team we undertook a review. As a result of this review, in January 2015, we wrote to 3,312 patients to let them know that a scan taken of their heart had been reviewed and to confirm that it had been correctly undertaken and reported.
- 3.6 Of the 3,312 patients contacted, 74 patients had their care changed and 108 patients returned to the Trust to be rescanned and/or to be reassessed by our doctors (as we had concerns about the quality of their scan and/or the way it had been reported).
- 3.7 It is important to note that there is no current evidence to suggest that any of these patients have suffered long term harm.
- 3.8 We have apologised to all of the people affected by this review. As a result of the review, we have made a number of changes to our echocardiogram service. This includes enhancing the way we check that scans are being undertaken/interpreted to the standard we would expect and introducing a new assessment process to regularly check the competency of staff who undertake/interpret scans.

Staff member of the month

- 3.9 I am pleased to announce that the winner of our January Celebrating Excellence Staff Award was Isabel Hlomani. Isabel, who is senior sister in pre-operative assessment in St Albans, was nominated by two members of staff.
- 3.10 I would encourage people to nominate a member of staff who they think has gone above and beyond the call of duty. The easiest way to do it is online via our website (www.westhertshospitals.nhs.uk/award). Nomination forms are also available on wards and in clinics across our hospital sites.

4. Recommendation

4.1 The Board is asked to note the report.

Jac Kelly Chief Executive

February 2015