

MEETING:

Trust Board 17 December 2008

TITLE:

Chief Executive's Report

SUMMARY:

The CEO report updates the Board on key issues that do not warrant at this stage a full board paper.

ACTION:

Information

REPORT FROM:

David Sloman, Chief Executive

SPONSORED BY:

Not applicable

Financial Validation

Lead: Director of Finance

Not applicable

Compliance with statute, directions, policy, guidance

Lead: All directors

Not applicable

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference: Not applicable

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference: Not applicable

Compliance with requirements of FT application and monitoring regime

Lead: Director of Strategy & Performance

Reference: Not applicable

1. Customer focused marketing

Feedback from patients has been captured from a range of departments; all outpatient departments, the day treatment centre, inpatient wards involved in the productive ward initiative and now the emergency department. Results are being fed back into the Dashboard. Since April 2008 we have had responses from 1,592 patients. The results and comments are fed back to teams in the various departments.

The specification for a Trust GP extranet site has been agreed and a feasibility study is underway, with the site due to go live in mid-January.

From 17 November the trust has been piloting a number of methods to capture more patient experience feedback. The use of paper-based surveys has continued alongside a touch screen in Orthopaedics Outpatient Clinic (1A); a handheld device on the postnatal ward, and a postal survey of patients attending the surgical outpatient department (4A) which enabled patients to respond either electronically or on paper. The outcome of the pilots will be reported in early January and will help inform our decision on methodology used to capture patient feedback.

There are local discussions underway regarding how the feedback will inform the implementation of Performance Related Outcome Measures and local quality measures.

A full update will come to the Trust Board in January 2009.

For further information contact Siobhan Harrington, Director of Primary Care 020 7288 5285.

2. Care Quality Commission registration

Board members will be aware that the Care Quality Commission comes into existence from 1 April 2009, replacing the Healthcare Commission, Commission for Social Care Inspection and the Mental Health Act Commission.

CQC will have a new duty to register trusts to ensure that they protect patients and staff from healthcare associated infections. Trusts must apply to register with CQC in relation to HCAI between 12 January and 6 February 2009. From 1 April 2009, any trust that has not registered with CQC will be committing an offence. The proposed registration form is based on the duties of the Hygiene Code.

The registration submission will be via an on-line web-form. It must have been endorsed by the Trust Board, so will therefore need to be presented to the January board meeting.

For further information contact Deborah Wheeler, Director of Nursing and Clinical Development 020 7288 3588.

3. Additions to the Risk register

The following risks have been reviewed by the Executive Committee and have been added to the trust risk register:

Risk ref No	Directorate/ lead director	Risk	Raw rating
08/114	Operations (Director of Nursing)	Non-compliance with single sex accommodation requirements	3x4=12
08/117	Operations (Medical Director)	Risk of anaphylaxis due to failure to identify or act on patient allergies	4x3=12
08/118	Operations (Director of Operations)	Side effects of drug treatment, including adverse drug reactions	3x4=12
08/128	Operations (Director of Nursing)	Failure to recognise and act on deterioration in clinical status of an inpatient	4x4=16
08/134	Operations (Director of Operations)	Failure to complete instrument audit sheets at end of surgery; risk of contamination or sharps injury	4x4=16

Residual risk rating of these newly identified risks will be assessed against mitigations and will be reported to the Executive Committee by the end of December

For further information contact Deborah Wheeler, Director of Nursing and Clinical Development 020 7288 3588.

4. Single sex accommodation

The trust continues to breach the single sex accommodation requirements in some specialist areas of the hospital. Since the last board meeting, breaches have occurred in the following clinical areas:

Mary Seacole Ward (acute admissions unit)
Nightingale ward (respiratory high dependency bay)
Coronary care unit

Monitoring of this requirement is due to be added to the performance dashboard.

For further information contact Deborah Wheeler, Director of Nursing and Clinical Development 020 7288 3588.

5. NHS Islington

From Monday 8 December 2008 Islington Primary Care Trust became NHS Islington. NHS Islington has done this as the term primary care trust is not well-known amongst the public and as a result people have little understanding of their role. Becoming NHS Islington means that they can draw on the wider public awareness of their NHS role.

For further information contact Deborah Goodhart, Head of Communications 020 7288 5983.