

Chief Executive's Friday message



Friday 13 July 2012

Dear everyone

On 1 April this year we became a Major Trauma Centre which is a massive step for any hospital and one which many of the established London teaching hospitals would, I think, be the first to admit they had to work extremely hard to take. I think it is also fair to say that we started from a lower baseline than most of the other units and yet we are already sustaining top quartile performance on the speed and quality of care these patients are receiving. Despite a monthly increase in the number of trauma calls, the emergency response of the whole hospital is working well, as are relationships with our neighbours around transferring trauma patients to their local hospital once they are stable enough. Of course this increase in the number of seriously injured patients being brought to us is having an impact across the hospital but we are doing our utmost to mitigate and manage this.



Last week I talked about how we have just reported our best quarter ever on infection control. We are also doing well on the majority of the other national performance indicators against which we are still rigorously monitored and held to account. Targets often get a bad press but most contribute to improving the experience of our patients. We achieved 96.6% for the quarter against the national requirement of admitting or discharging 95% of A&E patients within four hours and we are moving steadily closer to 98% which we should all aspire to. We also exceeded the national 18-week Referral to Treatment (RTT) standard for both admitted and non-admitted patients across the whole hospital. New from 1 April this year is the requirement for individual specialties to ensure that at least 90% of their admitted and 95% of their non-admitted patients have their first treatment within 18 weeks of referral. This means that services that are doing well can no longer compensate for those which are not, which is exactly as it needs to be and we are doing a lot of work in the relatively small number of specialties where patients are waiting longer than they should.

Maintaining the national standard that less than 4% of patients should wait more than six weeks for a diagnostic procedure has been particularly challenging. This target covers a whole raft of tests and procedures including sleep studies, echo-cardiograms, MRI scans and neurophysiology tests and all sorts of factors can impact on our ability to meet it. For example, in January when the Government launched its campaign to raise awareness of the symptoms of bowel cancer, the number of patients being referred for an endoscopy jumped from 20 to 85 a week and then fluctuated between 40 and 80 a week for the next five months. That said our job is to work with everyone to ensure we meet every challenge.

Finally, I know many of you are waiting to hear the results of our Hospital Star Awards. We had an extraordinary 755 nominations and the independent judges' decisions are now in. The winners and runners up will be getting a phone call over the next few days and I will be able to share who they are next week.

With best wishes

Chris Adcock