

Update from Chief Medical Officer

For: Information

Summary: This report briefs the Board on key developments / matters from medical perspective since the last Trust Board meeting including;

- Job Planning
- Research & Development
- Academic Health Science Network
- Ward Round Check List
- Enhancing Quality Project

Action: The Board is asked to note the report and agree any actions for issues highlighted in the report as required.

Presented by: Dr Des Holden, Medical Director

Author: Dr Des Holden, Medical Director

Notes:

Trust objective:	Please list number and statement this paper relates to. <i>The Board Committees support the achievement of all of the Trust objectives.</i>
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Legal:	What are the legal considerations and implications linked to this item? Please name relevant act
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Regulation:	What aspect of regulation applies and what are the outcome implications? This applies to <u>any</u> regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission
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Update from Chief Medical Officer

Date	August 2012
Author	Dr Des Holden
Audience	Trust Board Members

Job planning

The importance of understanding the totality of demand the medical work force faces and matching this to available clinical capacity, thereby generating an efficient service which is value for money has never been greater. SASH has worked with KPMG and has developed a job planning guide and template which is applied to whole teams and to individuals within the team. This guide has been consulted on with the LNC, introduced to the work force through a series of morning and evening drop in sessions (which have been well attended), presented either by Chiefs (either with or without KPMG) to 20 of 21 clinical teams and has begun to be used with individuals in departments. It is predicted that some teams will demonstrate they are working beyond the PA units of salary they receive while other individuals may have job plans which are light. It is also predicted that as well as a better understanding of the direct clinical care which consultants provide, outputs for supporting professional activity will also be better mapped, helping consultants and other senior doctors demonstrate their CPD, educational and research activities more accurately - helpful for revalidation.

Research and development

The committee has strengthened its clinical membership by accepting applications from Dr Makadasi (Rheumatology) and Drs Morgan and Mackenzie (Anaesthetics). A mechanism for considering studies that are neither NIHR adopted, nor coming from industry has been developed. It is likely to see local studies which are supported by external review and where costs are to be clearly met sponsored by a sub-group of the R&D committee. New metrics for the Trust's performance dashboard relating to R&D have been agreed.

Academic Health Science Network

An expression of interest has been sent to DH for a AHSN based on Kent Surrey and Sussex. This has been supported by all acute and mental health trusts in KSS, the universities of Kent, Sussex and Surrey, and various industry leaders.

Ward round check list

After a visit from clinicians using this methodology at BSUH the initial pilot on copthorne ward has begun. This will be evaluated after one month and two second adopters have been identified. The theory behind this piece of work is to try to improve communication on ward rounds and to add to their value by providing a template of content which must be included in every consultation.

Enhancing Quality Project

The heart failure work steam of EQ has won the HSJ/ NT national integrated care award. As the Board will remember, SASH is consistently one of the best performing trusts for heart failure across KSS.