

## Update from Chief Medical Officer

---

**Summary:** The report updates the Board on key developments / matters from medical perspective since the last Trust Board meeting

---

**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, Chief Medical Officer

**Author:** Dr Des Holden, Chief Medical Officer

**Notes:**

**Trust objective:** This report supports all of the Trusts objectives

**Legal:** What are the legal considerations and implications linked to this item?  
Please name relevant act

**Regulation:** What aspect of regulation applies and what are the outcome implications?  
This applies to any regulatory body – key regulators include: Care Quality Commission, MHRA, NPSA & Audit Commission

## Update from Chief Medical Officer

---

<b>Date</b>	May 2012
<b>Author</b>	Dr Des Holden
<b>Audience</b>	Trust Board Members

---

### Kings Fund Update

A further two day session of this leadership project was held on 15-16<sup>th</sup> May and was well attended by SASH, local CCGs, and social and community care. The focus was on frail and elderly patient care, and specifically on residential and nursing home residents. The highlight of the work was a brainstorming session involving 90 RH and NH managers and staff, GPs who attend the homes, therapists and ambulance staff. The outcomes of the work suggested that the health care of the elderly strategy which is being led for SASH by Natalie Powell and Laura Ferrigan is well received and supported and is on the right track.

### Focus on Infection Control

SASH ended 2011-12 with 6 MRSA bacteraemia and 56 CDiff cases, both totals above target. We hosted an inspection from the SHA and PCTs who conducted a review of clinical practice and suggested areas for improvement. We welcomed this help and the suggestions for exemplars of best practice within SECSHA. This work, with launch of new antibiotic stewardship and prescribing protocols and publishing on every ward metrics related to line and catheter care and antibiotic prescribing is underpinning the SASH action plan for HCAI improvement. Taskforce now meets weekly with good clinical representation at senior and junior level and all CDiff cases are discussed with clinical team involved in care.

### NHS Choices

SASH is scoring in the lowest quartile for this method of patient experience feedback. Although real time monitoring has suggested that patients are giving their experience higher scores than previous national surveys, the 'choices' on line feedback requires particular focus for us as an organisation. We are asking clinicians to bring this site to patients attention, so that they can record their opinion of care through the NHS Choices website.

### Academic Health Science Networks

Kent, Surrey and Sussex are finalising a bid to become an AHSN. Exact entry criteria are still being finalised, as is method of AHSNs relating to each other but it is expected that they will be based in geographically identifiable areas with populations of 4-5million, and will seek to improve patient outcomes by dissemination of innovation, reduced variation, improved access to research and development, and education, and through partnership with industry generate income. An ITW event learning from AHS centres and scoping entry criteria was held recently. KSS held a meeting for all trusts and universities within the patch and included deanery representation and both CLRN to discuss a local bid.

## **Sussex Together**

Collaborative days have been held in relation to Paediatric services and for maternity and SASH was represented at both. It is unlikely that any scenario being discussed would see any reduction in services provided for local residents by SASH. The frail and elderly workstream is largely subsumed by the Kings Fund work. Within the planned care workstream Sussex have commenced a review of how care should be organised for patients with urological cancer and patients with urinary stones.

## **Consultant Job Planning and Revalidation**

Work has commenced with KPMG to deliver an effectively job planned clinical specialist workforce. Our returns to the SHA / revalidation support team confirm an appraisal rate of 79% in last twelve months