

Trust Board – Public  
24<sup>th</sup> November 2011  
Agenda item: 3.2

## Update from Chief Medical Officer

<b>For:</b>	Information
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<b>Summary:</b>	The report updates the Board on key developments / matters from medical perspective since the last Trust Board meeting.
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<b>Action:</b>	<i>The Board is asked to note the report and agree any actions for issues highlighted in the report as required.</i>
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<b>Presented by:</b>	Des Holden (Chief Medical Officer)
<b>Author:</b>	Des Holden (Chief Medical Officer)

<b>Trust objective:</b>	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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<b>Legal:</b>	What are the legal considerations and implications linked to this item? Please name relevant act
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<b>Regulation:</b>	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

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<b>Date</b>	16 November 2011
<b>Author</b>	Des Holden
<b>Audience</b>	Trust Board Members

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- **R&D:** Very successful and well evaluated research event held on 31<sup>st</sup> October in the post-graduate centre. Approximately 50 staff attended and heard a range of presentations from trust R&D staff and consultants involved in research, and also from local research network employees and national research leaders. The message was that research is thriving at SASH and will be supported within the priorities supported by the NIHR.

Andrew Liles, CEO of the Surrey and Sussex CLRN has written to all trusts asking for renewed focus on recruitment of patients to trials. Sash has shown year on year improvement in recruitment, and at month 6 was 50% above its expected recruitment target YTD.

- **Post-graduate education:** Dr Ivor Lewis has resigned as Director of Medical Education. This is a KSS Deanery post jointly hosted by the Deanery and the Trust and has a quality and budget supervisory role around education for doctors and pharmacists. The trust is working with the Deanery in identifying a successor and interviews are scheduled for 1<sup>st</sup> February 2012. The next scheduled Deanery educational assessment is on 5<sup>th</sup> December and teams will visit Paediatrics and the ED.
- **Emergency department:** together with help both from within the department, and from the SHA Medical Director, Ben Mearns and I have advertised for consultants and for middle grade ED staff offering innovative and (hopefully) very attractive job descriptions containing service elements but also supporting the development of special interests. Carlos Perez Avila will leave the trust and return to El Salvador in December and support will be provided by Mr Geoff Bryant, an experienced consultant employed by BSUH until our substantive appointments are in place.
- **Vascular surgery and interventional Radiology.** The first meeting of the Sussex vascular Network Board took place on 9<sup>th</sup> November. At this meeting the recommendations of the review of vascular surgery for Sussex, undertaken by members of the vascular society of Great Britain, were adopted. This will see in-patient arterial surgery and vascular interventional radiology performed at the royal Sussex county hospital site of BSUH, with venous surgery, non-vascular interventional radiology, out-patient clinics and ward reviews occurring locally on all sites. SASH was included in this review and was represented at the meeting. The detailed flow of patients currently seen at SASH, and staff to support local clinics and in-patient review is being worked through.
- **Electronic patient discharge and VTE risk assessment:** At the clinical leads meeting held on 27<sup>th</sup> October it was agreed that from 1<sup>st</sup> December all in-patient discharges from hospital would be accompanied by an electronic discharge summary. At present this has been rolled out across many ward and service areas but there are still areas using carbonated hand written discharge information. This will not only improve legibility of discharge information, but will facilitate further improvement in the recording of VTE risk assessments. Trust performance against this KPI for October was 80.7%. Target is >90%.

Des Holden (Chief Medical Officer)