Surrey and Sussex NHS
Healthcare NHS Trust

TRUST BOARD IN PUBLIC	**Date: 26th June 2014** **Agenda Item: 2.3**	
REPORT TITLE:	Medical Director's Report	
EXECUTIVE SPONSOR:	Des Holden Medical Director	
REPORT AUTHOR:	Des Holden Medical Director	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		
Action Required:		
Approval	**Discussion (√)**	**Assurance (√)**
Summary of Key Issues		
Drug and therapeutics update and the results of GMC trainees survey for discussion and assurance.		
Relationship to Trust Strategic Objectives & Assurance Framework:		
SO1: Safe -Deliver safe services and be in the top 20% against our peers **SO2:** Effective - Deliver effective and sustainable clinical services within the local health economy **SO3:** Caring – Ensure patients are cared for and feel cared about **SO4:** Responsive – Become the secondary care provider and employer of choice for the catchment populations of Surrey & Sussex **SO5:** Well - led		
Corporate Impact Assessment:		
Legal and regulatory implications	Yes	
Financial implications	yes	
Patient Experience/Engagement	Yes	
Risk & Performance Management	Yes	
NHS Constitution/Equality & Diversity/Communication	N/A	
Attachments:		
None		

TRUST BOARD REPORT – 26th JUNE 2014
MEDICAL DIRECTOR'S REPORT

Drug and therapeutics update

1. We have had four further reports of missed doses involving homecare, making six in total from our 1,000 patients. No harm has been reported and the pharmacy team continue to monitor the situation carefully.

2 The well-publicised recall of intravenous nutrition for neonates, caused by contaminated feed from ITH Pharma was investigated quickly by the team. We do buy from ITH but we did not receive any of the affected batches. You may be asked about why so many hospitals were affected…. This is because each hospital will have small numbers of babies being treated with TPN and different babies will have different requirements, so a single batch of product will go to several hospitals but possibly only for the treatment of one or two babies in each hospital. The affected babies are likely to have received several days' worth of the same batch of TPN. The following is from the MHRA statement issued 6th June 2014:

The Medicines and Healthcare products Regulatory Agency (MHRA) is continuing its investigation into this incident and the manufacturer is co-operating fully.

Gerald Heddell, MHRA's Director of Inspection, Enforcement and Standards, said: "We have inspected the ITH Pharma facility as part of our investigation into the potentially affected batches of intravenous liquid.

"Based on the information we currently have, we believe this is an isolated incident and the appropriate immediate action has been taken at ITH Pharma's facility to avoid a reoccurrence. Therefore we are allowing this critical product to be supplied to patients while our investigation proceeds.

"At this stage, we believe the facility is operating in accordance with Good Manufacturing Practice guidelines but further inspections will be made as part of our ongoing investigation."

3 Tramadol (an analgesic for moderate to severe pain) has been assigned as a class 3 Controlled Drug. This has required some changes to the way that prescriptions are written and supplied in the Trust. The Drugs and Therapeutics Committee has agreed to make Tramadol a fully Controlled Drug within the Trust. This is a higher standard than the law requires but is consistent with the way that we manage other schedule 3 Controlled Drugs and the way that other Trusts are managing Tramadol.

4 Stock shortages –our concern is adult TPN from Baxter. They have had a problem with computer systems and we are looking at alternative products with the Dieticians in case Baxter can't supply. This is a less visible area of Pharmacy Practice, involving the purchasing team in often urgent effort to obtain supplies to maintain treatment for our patients.

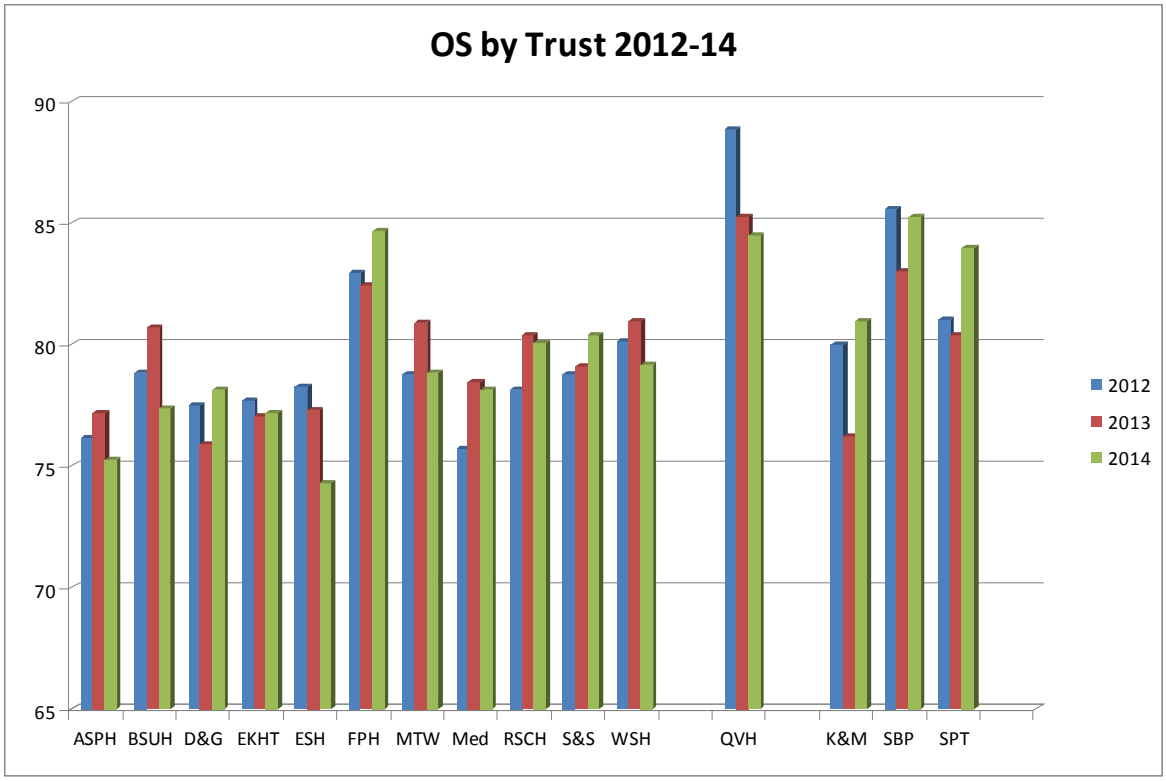
5 I visited two wards with the Chief Pharmacist to conduct a review of drug charts. This was very informative and in particular, as a theme, we focussed on missed doses. It was also an opportunity to talk to patients and their relatives all of whom

were very appreciate of the care they were receiving, and most of whom were amused that we were checking their drug prescriptions.

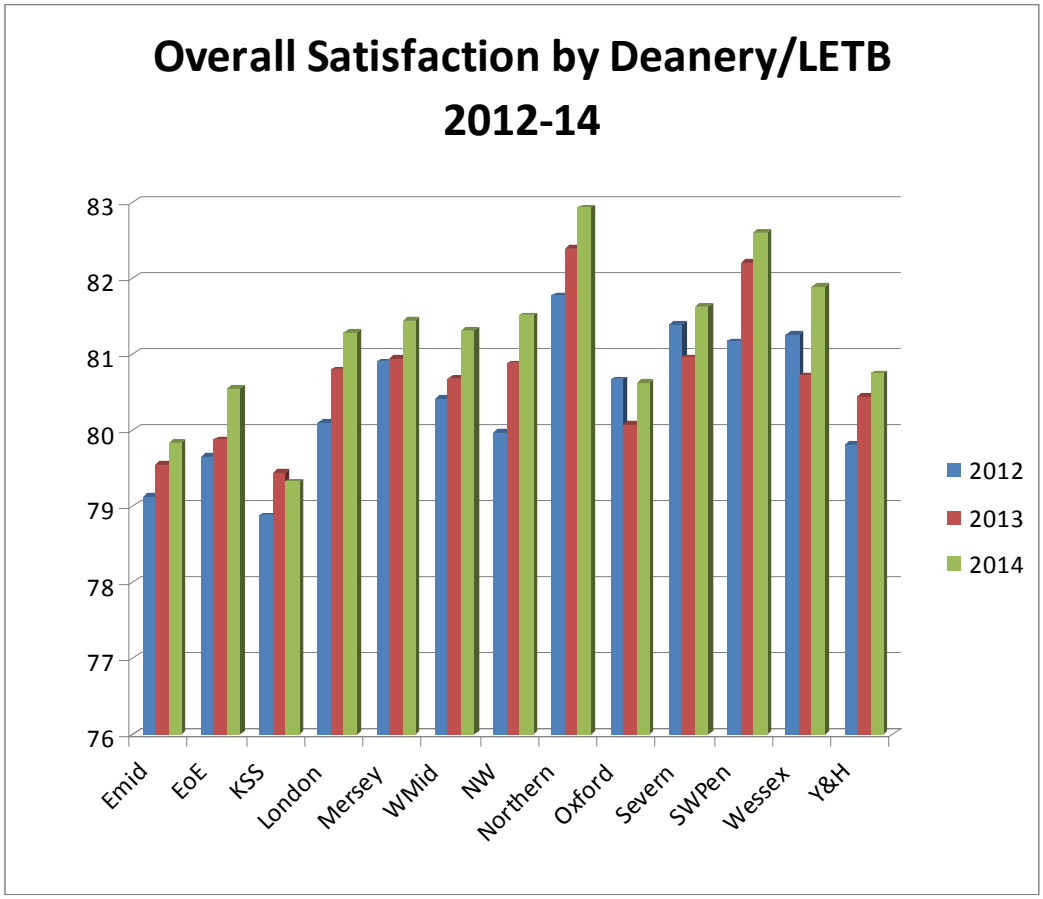
6 I have distributed an expectation that when a pharmacist queries a prescription this is regarded as a clinician to clinician conversation, not via secretaries, and should be documented in the notes. This is in line with Coronial recommendations.

GMC trainee survey

Every year the GMC surveys all trainees in England for various aspects of their training experience. This information is shared with trusts, the Deanery and amongst others the CQC. We have recently received our feedback and scores. This year the trust received no immediate patient safety concerns. There was a theme of feedback of undermining and the services where this feedback was generated are writing their responses at present for the Deanery. Overall our score improved from last year, and was the third year of improvement. This was not the trend in other acute's across the KSS deanery area (see figure 1).



KSS has received comparatively low scores for training satisfaction compared to other regions in England (figure 2). The Deanery continue to view SaSH as the provider of good training in all disciplines and we are again bidding for further training numbers.



The Board is asked to note this report.

Des Holden
Medical Director
June 2014