

TRUST BOARD IN PUBLIC		Date: 23rd February 2017	
		Agenda Item: 2.5	
REPORT TITLE:		MEDICAL DIRECTOR REPORT	
EXECUTIVE SPONSOR:		Dr Des Holden Medical Director	
REPORT AUTHOR (s):		Dr Des Holden Medical Director	
REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)		N/A	
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Purpose of Report:			
To provide an update to the Board on key developments.			
Summary of key issues			
<ul style="list-style-type: none"> • Update on implementation of the new national contract for junior doctors • Progress update on electronic early warning scores and alerts • Trust Quality Account 2016/17 			
Recommendation:			
The Board is asked to note and gain assurance from the report.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO2: Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy SO5: Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model			
Corporate Impact Assessment:			
Legal and regulatory impact	Ensures the Board are aware of current developments		
Financial impact	N/A		
Patient Experience/Engagement	Highlights national requirements in place to improve patient experience.		
Risk & Performance Management	Identifies possible future strategic risks which the Board should consider		
NHS Constitution/Equality & Diversity/Communication	Includes where relevant an update on the NHS Constitution and compliance with legislation		
Attachment: N/A			

TRUST BOARD REPORT –22nd February 2017
MEDICAL DIRECTOR REPORT

1. Implementation of the new national contract for junior doctors

Following the presentation given one month ago, by the guardian of safe working hours, at trust board the surgical FY1 doctors have reported that they feel influenced by their consultants into not raising reports when they exceed their working hours. Investigation of this suggests that one or possibly two consultants are responsible for this message. The chief of surgery and the lead clinician are aware of this report and do not condone this culture, but at the moment the junior doctors do not feel supported in either leaving on time if their work is not finished, or raising an exception report where they need to stay late. Actions promised to allow more efficient working (smart devices that can generate non-paper patient lists) and locus staff to support the shift handover times have not been implemented effectively by respectively the trust or the division.

Ben Mearns, chief of medicine is helping the group through observation and improving efficiency, Virach Phongsathorn and I are meeting the doctors to emphasise that if they cannot leave on time they must report, and Sarah Rafferty, chief of education is working with education supervisors to support and implement better working practice.

2. Electronic early warning scores and alerts.

A number of proposals from companies claiming to interface with Cerner and provide calculators and alert systems for deteriorating patients not correctly reacted to have now been received. A clinical evaluation is occurring after this paper is submitted (but before trust board) and I will update verbally at board.

3. Trust Quality Account 2016/17

In line with our strategy on a page, and the consultation on quality priorities with governors, board, and clinical leads a discussion has initiated at Executive Committee Quality and Risk as to what quality priorities will be flagged to our commissioners and community partners within our quality account which will be submitted in June 2017.

4. Recommendation

The Board is asked to note and gain assurance from the report.

Dr Des Holden
Medical Director
February 2017