

Report to Trust Board of Directors

Date of Meeting:	2 June 2015	
Enclosure Number:	7	
Title of Report:	Medical Director Report	
Author:	Dr Jeremy Rushmer	
Executive Lead:	Dr Jeremy Rushmer	
Responsible Sub-Committee	N/A	
Executive Summary:	An update is provided on joint work with UCLan that may lead to recruitment opportunities, developments in medical recruitment and engagement and new condition specific information on HSMR improvements.	
Risk Rating (high, medium, low risk) and any recommended changes to risk rating:	Refer to the Corporate BAF/Risk Register as any specific risks are covered in those documents	
Board Assurance Framework Reference:	2, 4	
Compliance, legal and national policy regulatory requirements:	N/A	
Financial Implications:	No specific risks to this paper – any specific risks will be dealt with individually via the Business Plan	
Actions required by the Board:	To approve:	Discussion and decision
	To note:	Where the Board is made aware of key points but no decision required
	For information:	For reading and consideration and for discussion by exception only
	To note the updated information.	
Data quality:	Source:	
	Validated by:	
	Date:	

<p>PUBLIC TRUST BOARD JUNE 2015 MEDICAL DIRECTOR'S REPORT</p>
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1. PURPOSE

The purpose of this report is to summarise the position of important issues covered in the Medical Director portfolio not covered elsewhere in Board Reports.

a. University of Central Lancashire (UCLan)

Initial meetings with the Dean and Sub-dean of UCLan medical school have resulted in some exciting actions that are being followed up.

- Job descriptions for joint academic/clinical posts (that contribute to on call at WCH and academic work at UCLan) are being developed: Leads (professors) for academic departments of Medicine and General Practice to attract and deliver further fellow and senior lecturer roles based at West Cumberland campus. These are supported by CCG and North Cumbria Acute Medicine business unit.
- Draft Service Level Agreements and timetables to support a cohort of clinical attachments for medical students, for conversion into business cases are being progressed by Director of Medical Education and
- An international symposium of the topic of integrated healthcare in conjunction with health partners, West lakes Applied Political Sciences Unit and CLIC due late in 2015 held at West Lakes Campus supported by senior NHS attendance.

b. Medical Workforce Update

Full Name	Site Name	Ter Area Work Clin Sub Spec	Start date
Barberis, Dr Luigi	319 50 Cumberland Infirmary	Anaesthetics	02-Mar-15
Pesce, Dr Marco	319 50 Cumberland Infirmary	Anaesthetics	02-Mar-15
Vasadi, Dr Valeria Kaszasne	319 50 Cumberland Infirmary	Anaesthetics	30-Mar-15
Walker, Dr Lewis Richard	319 50 Cumberland Infirmary	Anaesthetics	23-Feb-15
Evans, Dr Sian Elizabeth	319 50 Cumberland Infirmary	Clinical Radiology	20-Apr-15
Sams, Dr Katherine Sarah	319 50 Cumberland Infirmary	Emergency Services	09-Feb-15
Anwar, Dr Ayesha	319 50 Cumberland Infirmary	Obstetrics and Gynaecology	02-Mar-15
Van Oudgaarden, Dr Elisabeth Daly	319 51 West Cumberland Hospital	Obstetrics and Gynaecology	09-Feb-15
Urs, Dr Mithuna Bidadi Niranjnraj	319 51 West Cumberland Hospital	Paediatric Surgery	02-Apr-15

Since January I am pleased to announce the appointment of four consultant anaesthetists (2 in ITU) to the Trust. The surgery business unit is currently working on the details of job plans and agreements regarding support, especially around ITU at West Cumberland. North Cumbria has appointed its first Elderly Care physician in a number of years, who will replace Dr J George who has announced his retirement. Feedback to Royal College of Physician from our first International medical Trainee at WCH has been excellent.

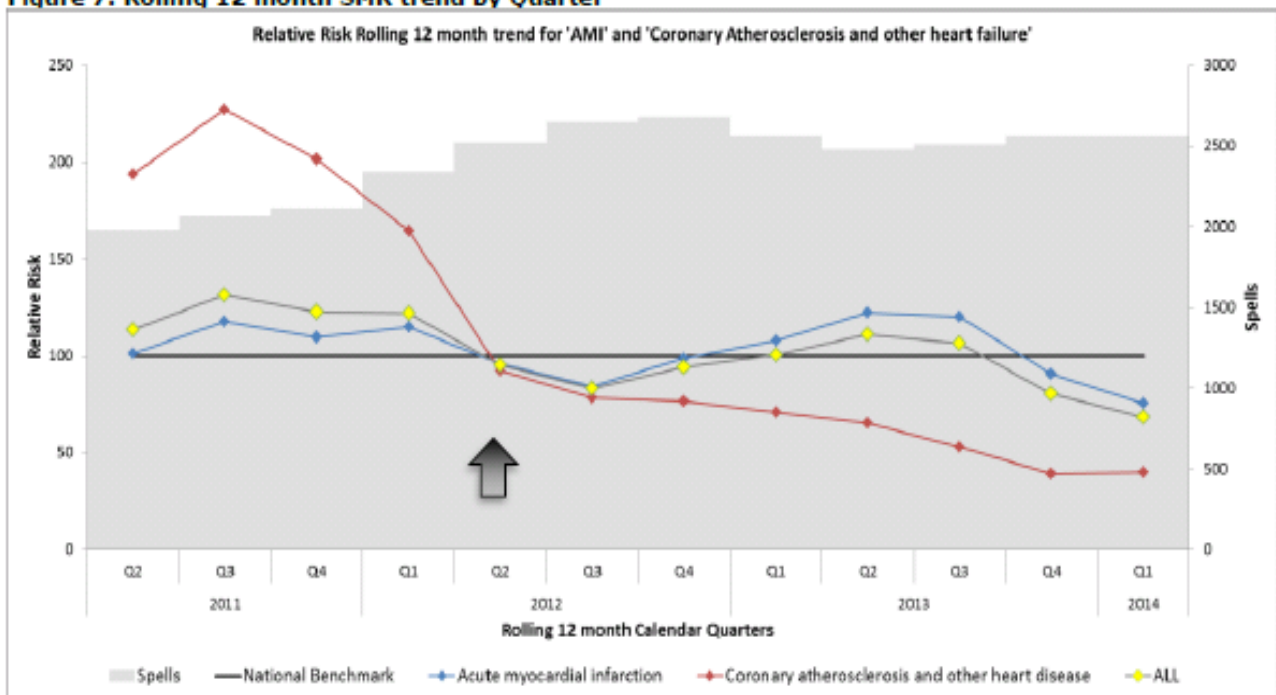
The follow up to the medical engagement plan has continued: An agreed action plan in response to the first two 'reformed' MSC meetings (aligned to 'You said, we did' strategy), the final report on medical Staff engagement by Prof Singh and Dr Prabhu have been aligned with actions suggested in the 'Freedom to Speak' report has been circulated to MSC members and will be presented at the June meeting. I would propose that once the plan is underway to contemplate re-assessing the medical Engagement Score to judge progress, late 2015 or early 2016.

c. Dr Foster Case Study

We have worked on a draft case study for Dr Foster (to complement their national case study into Keogh Trusts) and that has generated some additional information that underpins our overall mortality improvement.

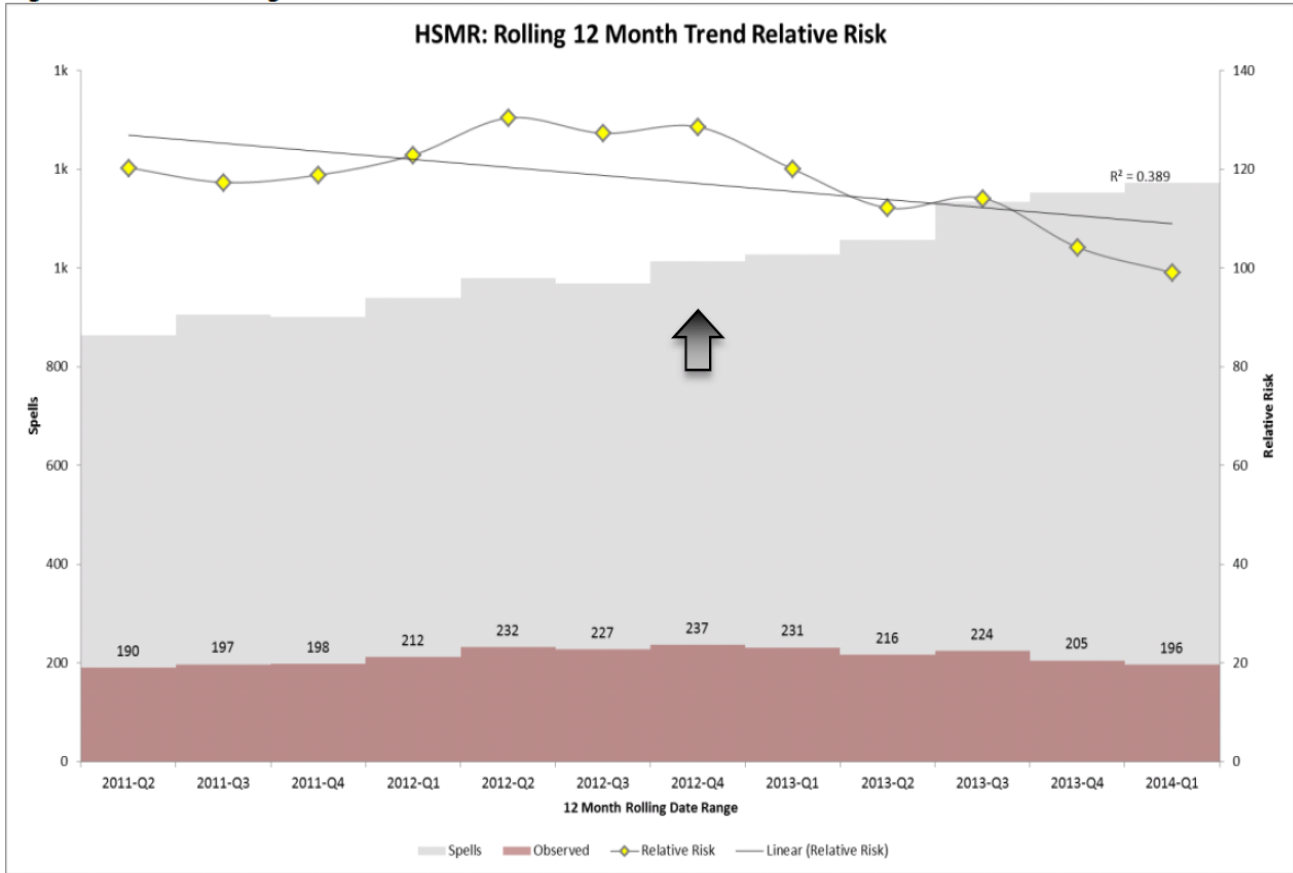
Significant improvements demonstrated in coronary heart disease, coinciding with Elective PCI, followed by primary PCI services:

Figure 7: Rolling 12 month SMR trend by Quarter



Also, associated with changes to staffing of EAU on both sites and the appointment of Acute Physicians to the unit (arrow) the adjusted mortality from pneumonia has steadily fallen as the numbers diagnosed has risen

Figure 3: HSMR rolling 12 month trend



Jeremy Rushmer
MEDICAL DIRECTOR