



Date of Trust Board: 25 September 2013

ENCLOSURE NUMBER: 3

REPORT TO TRUST BOARD

NAME OF DIRECTOR PRESENTING	Andrew Pearson
AUTHOR(S)	Andrew Pearson

TITLE	Medical Director's Update (Mid-year review) September 2013
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SUMMARY

This paper provides an update and mid-year review from the Medical Director.

RISK & IMPLICATIONS

Governance
Financial
Operational

RECOMMENDATIONS

The Board is asked to note this update.

Medical Director's Update (mid-year review) September 2013

I have listed below a number of meetings which I have been involved in during the past 6 months.

External meetings:

- Department of Health – Piloting of Tariff versus PROMS
- Clinical Lead for Orthopaedics at the Queen Elizabeth Hospital
- Medical Director at the Queen Elizabeth Hospital
- Medical Director Network Meeting
- Responsible Officer Network Meeting
- Strategic Orthopaedic Alliance meeting

Internal Meetings

- Joint Local Negotiating Committee – Job planning discussions
- Junior Doctors Committee – Chairman of this meeting
- Clinical Directors Committee – Co-Chair of this meeting
- One to one meetings with the Clinical Directors
- Information Governance Committee
- Small Group Consultant
- Member of Board Link Groups:-
- Governance
- Theatres/HDU/ADCU
- Lead for the Francis Report Group – Care of the Older Patient
- Clinical Lead – Enhanced Recovery Team

Personal Development

- GMC Responsible Officer Training
- Caldicott (2) Guardian Training
- Adult Safeguarding (Level 2)
- Case Manager Training
- Leading Change Conference

Current Issues

Junior Doctor Rotas/Compliance

There are significant agency cost pressures due to the organisation's reliance on locum cover.

Solution – Working with the Director of Workforce to engage with external advisor(s) designing 'future hospital'.

Appraisal/Mandatory Training/Revalidation

On-going problem of low 'take up' rates amongst medical staff with a risk of non-compliance resulting in fines by commissioners.

Solution - Robust process, GMC backing with clear sanctions, one to one discussions with individuals and support of the Clinical Directors

Job Planning

Historically job planning has not been robust or regular with many of the consultants only having the job plan from when they were appointed. Therefore the Trust does not know what doctors are meant to be doing and in some cases neither do the doctors!

Solution – Robust annual job planning process commenced which is being run by the directorates but overseen by the Director of Workforce and the Medical Director which will result in a much clearer understanding that consultant activity in the job plan will be aligned with Trust strategy/

Quality

There are currently 2 consultant investigations:

- (I) Resolved – The doctor has returned to work with no sanctions
- (II) On-going – The doctor is under some restrictions and the GMC are showing a very close interest in this case.