

## Medical Director Objectives 2008/09

SPECIFIC	MEASURABLE	ACTIONS	RESOURCES	TIMESCALES
<p><b>Maintain and enhance patient safety</b></p>	<p>Number of patient safety incidents -number of incidents grade 3+</p>	<p>-Identify top 10 HRGs for adverse patient events – high risk incidents AND low risk but high volume incidents, set action plan to address each and track freq/time (e.g. medication errors, falls, lack of health care records) -Ensure systematic feedback to all clinical staff on actions taken regarding adverse patient safety incidents -consider web-based (? and anonymous) incident reporting system.</p>	<p>Clinical Governance team Director of Nursing</p>	<p>March 2009</p>
<p><b>Secure improvement in external measures of clinical outcomes e.g. SMR and avoidable deaths</b></p>	<p>-number of unexpected deaths in hospital/month -HSMR -number of patients with a trigger indicating potentially avoidable deaths -Dr Foster RTM reduce adverse CUSUM alerts year on year</p>	<p>-set up patient deterioration recognition group via Clinical Governance Committee -improve response to deteriorating patient (CCOT 24/7, HELP courses etc) -mortality reviews and lessons learned for each specialty</p>	<p>Clinical Governance team  Clinical Directors s and General managers  Information analysis team</p>	<p>March 2009  March 2009  July 2009</p>

SPECIFIC	MEASURABLE	ACTIONS	RESOURCES	TIMESCALES
<p><b>Secure improvement in external measures of clinical outcomes e.g. SMR and avoidable deaths (cont'd.)</b></p>	<p>- meet 2009 WTD limits for junior doctors</p> <p>-% of consultants have effective appraisal in 2008</p> <p>-high quality applicants for medical leadership posts</p> <p>-Day case rates for common procedures should be in top decile</p>	<p>-systematic review of Dr Foster clinical outcomes for the trust</p> <p>- effective medical workforce plan</p> <p>-ensure consultant appraisal is fit for purpose (including outcomes data against benchmarks)</p> <p>-continue leadership development for consultant colleagues</p> <p>-systematic review of day case rates for common procedures against benchmarks and feed back to clinical and managerial staff – aim for local action plan for targeted procedures</p>	<p>Nic Nicolaou</p> <p>Nic Nicolaou</p> <p>Gethin Hughes, Kate Slemeck, Cathy Shaw, Ian Bacarese-Hamilton</p>	<p>Jan 2009</p> <p>2009/10</p>
<p><b>Contribute to FT application</b></p>	<p>Successful application to become FT</p>	<p>Successful application to become FT</p>	<p>ET and Trust Board</p>	<p>Spring 2009</p>