

AHP Accountability and supervision

Occupational Therapy structure is in transition from traditional site based service to staff providing defined clinical specialty (e.g. stroke rehab, complex physical disability) per locality. So all referrals are received centrally, at Haslar. Some staff, such as junior basic grade staff on rotation and some support workers are still based per site. Opinion of OT staff appeared to be mixed. It certainly enables the use of specialist clinical skills and **ensures continuity of care of patients**, as one OT follows patient throughout hospital admission(s) and at home, BUT can involve other Team members, for example: MDT on rehab. ward (Daedalus) in communicating with number of OTs, not always being sure which OT is covering who etc. But still very early days. They have a sound supervision and PDP structure – including Supervision Contracts.

Physio.

I do not know about, Alan spoke to them, but understand that they are still site based, i.e. have not moved in same direction as OT.

SLT

Tony met with the SLT, so hope his notes include some detail about structure etc.

Dietetics

Did anyone meet with Dietetics – should we include bearing in mind the concerns re: eating / drinking?

Pharmacy

Presume that Pharmacy should be included in here. There are obviously concerns about their accountability and structures and there will be more detail in the interview that Tony and I did at the beginning of the week with Pharmacist and then again, that Tony / Maureen did at the end of the week.