#TEXTBarbaraRobinson

DeputyGeneralManager08.01.02

#CODENC

Barbara Robinson, Deputy General Manager, Elderly Medicine, Portsmouth Healthcare NHS Trust.

#ENDCODE

#CODEB1

General - In this area since 1981. Nurse (district) background. 1987 management - ?? care - Mental Health - Comm Hospital is Fareham. 1996 Managed St Christophers (F) GWMH, other services in Gosport. GWMH was small, but upgraded and enlarged.

#ENDCODE

#CODEB3

To "integrate" - cross fertilise?? - between Elderly Care and GP. Also quick PSE (old age psych) opinions. She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.

#ENDCODE

#CODEI1

She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.

#ENDCODE

#CODEI2

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#ENDCODE

#CODEI3

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#ENDCODE

#CODED3

Developed appraisal/training objectives/matched to hospital goals. All from 1996 onwards. All part of a culture change as the hospital enlarged and developed, understand each others' roles/functions. "Investors in people".

#ENDCODE

#CODEG9

Improved communication. Had 2 H grades helping - St Christophers Fareham & Mental Health. B Robinson was at GWMH.

#ENDCODE

#CODEDD3

She manages clinical nurse managers and night sisters. Value each other - internal customers.

#ENDCODE

#CODED3

In March 2000 - asked to move (reluctantly) to Elderly medicine - because of ward closures and staff leaving.

#ENDCODE

#CODED3

Is deputy to Lesley Humphrey (QA St Marys GWMH).

B Robinson - dual managerial and nursing roles manages transfers.

Accountable to Lesley H managerially. Professionally to Eileen.

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#CODEG4

Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??

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#CODEG4

Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer. "We get pushed an awful lot by Portsmouth".

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#CODEG5

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#CODEG5

Haslar transfers - some arrived poorly and with unrealistic expectations - relatives told "for rehabilitation" when in reality "they were terminal". One complainant produced leaflets "has anyone else been killed in this hospital". Also left leaflets around the town. He would come into the dining room and was a favourite of the dining room staff.

#ENDCODE

#CODEG5

Haslar patients came with unrealistic expectations. Dr Lord visited them and transfer usually took a week.

#ENDCODE

#CODEF2

Training - Drugs/syringe drivers. Within the Trust and staff from Countess Mountbatten Hospital - ended up only using one type of syringe drivers.

Also attend courses at The Rowan Hospital at Portsmouth.

#ENDCODE

#CODEI2

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#CODEK1

Aims - develop nursing staff, 5 clinical governance groups, reflecting?? Sites and function - she runs a monthly group - includes Pharmacy/Chaplain. Also does Bed management. #ENDCODE

#CODEC4

Culture of care - (we had to press a little to get the following)

Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.

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#CODEC5

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#ENDCODE

#CODEJ3

Complaints - Learning from complaints - did a poster presentation with the complainant - jointly.

#ENDCODE

#CODEJ4

Incidents - looks at specific incidents

#ENDCODE

#CODEC1

Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment, monitor standards eg oral health in stroke patients.

#ENDCODE

#CODEC5

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Gap in appraisal - Hosp Med staff and GP assts. How manifest??: Dr B superb doctor, also knew her as a D/N, caring, always came when called. But abrupt, extremely good doctor, favoured by the staff. How would appraisal have made a difference? Attitude to relatives (not patients) - willing to speak. But if rels were unreasonable eg. demanding her immediate attendance.

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#CODEG2

But if B Robinson raised this Dr B was remorseful. Gave us more than we paid her for. Great loss.

#ENDCODE

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#CODEF1

Big dose ranges - sliding scale - to avoid patients waiting. Even from her DN days. Deputising service took time to report - Dr Knapman's practice. Really to avoid delay - that was the emphasis.

#ENDCODE

## #CODEF2

Big dose ranges - sliding scale - to avoid patients waiting. Even from her DN days. Deputising service took time to report - Dr Knapman's practice. Really to avoid delay - that was the emphasis.

#ENDCODE

#CODEF2

In any event staff were reluctant to escalate doses and stayed at lower levels.

#ENDCODE

#CODEC1

Comment huge developments since Clin Gover - got Investors in People Award July 1999. #ENDCODE