

#TEXTJanPeach

Service Manger08.01.02

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April 2000 - Come from Elderly Medicine at Q&A and been there 13 yrs, Service Manager at Q&A.

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B3Direction & Planning

Continually care 'Care in the community' Agenda. Helps identify gaps in training. Initial role was Nurse lead & Service Manager. Service Manager St Christophers Colde East?? Development of service to creating good networks for patient care.

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B1Leadership

Supervision route? Fiona - Jan - Tony - Rosemary Packston, Support Service Manager - Beverly Carler/Jill Hindson, Out patients Manager

No clinical involvement - Core management. Support appraisal.

Personal appraisal - constant contact. Informally - meet monthly - Development problems. Fiona IPR 6 months & annually.

Int care developments. Ward - D Initially anxious then excited. Daedulus developed skills for slowstream & continuing care. Big leap - to rehab.

Meet regularly with clinical team & with therapist about managing beds. Conclusion - need to increase level E grade staff, 4 staff, 4 support. E & D night staff - ward clerk time - Tony, nurse leadership.

Took a year to recruit the staff for the post - due to extra cash that had been released across the trust opening more opportunity for staff.

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D1Wrkfrnc & serv planning

Skills need for Int Care. Community Hosp Clinical Group, studied at training and development needs. Asked nurses to id gaps. - ECG monitoring/analyst, ear syringing, male cauterisation, lobotomy, AD, Canalisation. Reviewed - fractured neck and femur, stroke.

Training progress and workshops.

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F1Prescribing

Drugs skills - nurses felt competent, reviewed annually, no progress generally.

Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.

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F2Administration

Drugs skills - nurses felt competent, reviewed annually, no progress generally.

Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.

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F4Recording

Drugs skills - nurses felt competent, reviewed annually, no progress generally.

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F2Administration

Indicators that policy is being implemented? Talking to staff ie. Fine tuning. Monitoring complaints about discomfort. Tony roles on ward. People who put prescribing chart cam to action meeting and meet clinicians. Policy will be audited but not sure what date.

Setting up a medical audit.

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E4Nutrition & Fluids

Nutrition audit? Nurse were following standards. What would happen if guideline were not followed? Jan hear from Tony - Tony spoken to individual, spoken to clinical man, review and remedial work. ?? updates

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A3Direction & Planning

Examples of impact of shared good practice b/w two community hospitals. At year awayday. Asked nurse - topics - rehab, nutrition.

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B3Direction & Planning

Examples of impact of shared good practice b/w two community hospitals. At year awayday. Asked nurse - topics - rehab, nutrition.

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E4Nutrition & Fluids

Nutrition - availability of short order of snacks was more available here than at St Christopher.

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E5Patient Records

At St Christ had audited themselves and found Doc were less to be desired so monitoring findings & will translate to GWMH.

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Movement of nurses

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B1Leadership

Clinical Manager of Sultan was away so clinical manager of Shannon ward at St Christophers came to cover.

St Christophers - 9 beds stroke. Shannon - 26 beds rehab. 18 continuing care.

Nurse consultant Jane Williams - stroke management. To improve & develop nurse skills.

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Culture - GWMH very diff to acute wards, 'family culture', very proud of hospital, 'expanding culture' and invite new things, appreciating their place in the healthcare system.

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