#TEXT
MAX MILLETT GWMH CHIEF EXECUTIVE (07/01/02)
#CODEA3
How does he know the hospital is safe now?
He has made major changes in last couple of years; quality management system used to be very paper-driven with little impact on the wards and noone leading the job with the time to do it properly (nurse director used to have responsibility in addition to her other roles). Now have whole new QMS with responsibility shared by senior management
#CODEK1
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Eileen Thomas appointed to ensure evidence-based good practice introduced and integrated into clinical practice; now he is confident that clinical practice on the wards is safer : getting direct feedback of this through network set up by Eileen throughout the trust
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#CODEA3
Nurse director has 'uncovered some very uncomfortable things'
#ENDCODE
#CODEK1
Nurse director has 'uncovered some very uncomfortable things'
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#CODEG1
Example of new good practice: management of habitual complainant whom nursing staff could not appease - With his intervention, staff more willing to engage with complainant, less defensively and more constructively: 'there's a real difference in behaviour of front-line staff who now work more cooperatively with patients and their families
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#ENDCODE
#CODEA4
Example of good practice: Government panic about mixed sex wards recently: visit by department; Max says very impressed by clarity and conviction of staff explanation about measures taken to minimise or avoid mixing sexes

#ENDCODE
#CODEC2
Example of good practice: Government panic about mixed sex wards recently: visit by department; Max says very impressed by clarity and conviction of staff explanation about measures taken to minimise or avoid mixing sexes
#ENDCODE
#CODEK1
What about audit? No formal scoring system for wards on quality indicators; however try to establish minimum safety level through skill mix reviews, better monitoring of sickness and absence & recruitment and retention.
#ENDCODE
#CODED1
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#CODEG1
There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.
#ENDCODE
#CODEG2
There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.
#ENDCODE
#CODEA1
However, his priority over the past year is to arrange a smooth handover to the PCT so haven't had time to go on wards very much
#ENDCODE
#CODEK3
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#ENDCODE
#CODEA1
My aim is to know every E Grade nurse on a first name basis
#ENDCODE
#CODEA4
Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams
#ENDCODE
#CODEB3
Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams
#ENDCODE
#CODEK1
Have invested much time in developing risk management systems to minimise mishaps; when warning signs that things getting bad (eg in winter pressure periods) focused review of elderly medicine was instigated; review found that trust falling below safe staffing levels so triggered action plan which included closing beds and recruiting more nurses from overseas
#ENDCODE
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#ENDCODE
#CODED10
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#ENDCODE
#CODEA1
I think we can demonstrate that we can respond to crises well
What keeps me awake at night? Worries about pressures on beds in area and the uncertain impact of those pressures
#ENDCODE
#CODEA4
I think we can demonstrate that we can respond to crises well
What keeps me awake at night? Worries about pressures on beds in area and the uncertain impact of those pressures
#ENDCODE
#CODED9
Support for staff during investigation: 1) encouraged use of counseling service; 2) organized support sessions and 3) offered to fund legal representation for any facing criminal or civil challenge
#ENDCODE
#CODEJ1
Satisfied that trust's performance management system integrates clinical governance concerns
#ENDCODE
#CODEB4
Satisfied that trust's performance management system integrates clinical governance concerns
#ENDCODE
#CODEA1
Sees trust board's role as helping staff 'make sense' of any context of care. Not just passing on Government demands but interpreting things for staff and enabling people to deliver.
#ENDCODE
#CODEA1
Also sees self as personal accountability - does not believe in 'one man band'- CG is part of team. Likes to stick with people he knows.
#ENDCODE
#CODEA1
For elderly people. Need to slide with improvements - long slow slog.
#ENDCODE
#CODEB3
For elderly people. Need to slide with improvements - long slow slog.
#ENDCODE
#CODEA1
Need open culture - especially for vulnerable people where staff and facilities have lacked investment.
#ENDCODE

#CODEA1
Wanted good access to all best staff - for NEDs. Chair meets staff regularly.
#ENDCODE
#CODEA1
Happy with Board composition. Works closely with Anne. Executive team meeting two weekly. Notes go to all NEDs.
#ENDCODE
#CODEA2
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#ENDCODE
#CODEA2
Medical Director has always bee geriatrician. Some board members been in place sine 'gf' - have good knowledge of NCE issues.
#ENDCODE
#CODEA4
RO - 'leave item alone'. Performance Previews. Whole system is documented by acute trust. RO informed of pv suicides - unexpected deaths. Main interface over reprovision of NH acute facilities where RO have been helpful.#
#ENDCODE
#CODEJ1
In respect of incidents - trust knew about it from police - RO became interested when media involved but have offered help where needed.
#ENDCODE
#CODEA4
Performance Management by RO. In PR terms - acute trust has dominated. This trust have always met all targets, so not been focus of RO attention.
#ENDCODE
#CODEA4
Happy RO 'has kept off their backs' but have offered help when necessary.
#ENDCODE
#CODEA4
HA - good links have been established to ensure support for resources -> H.C.E
#ENDCODE
#CODEA4
Have had to develop collaborative relationships with HA, but also be aware of 'whole systems' requirements eg. cannot have excellent services for elderly at expense of others.
#ENDCODE
#CODEA4
Problems re winter pressure - trying to ensure seamless working between acute medicane and elderly.
#ENDCODE
#CODEB4
Also there is a group to address winter pressures across health community. Issues (problems) structural, not personal or professional - ie elderly medicine needed additional beds and trust now living with problems generated from not having them.
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#CODEA4
Not sure what more managers or clinicians could have done to improve relationships between primary and secondary care. There have been some successful Integrated Care Pathways developed - but best examples of ICPs are where 2 degree care has not had to be involved.
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#CODEB3
Not much freedom to manoevre concerning priorites for vulnerable groups - ie NSFs etc - set direction. Choice is around 'how' - how to work with staff etc, choice around style culture work with voluntary groups etc.
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#CODEB1
Trust style - expressed in four Ps (people, pennies, partnerships, performance). Nothing can be acheived by trust alone. Have always tried to involve local communities.
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#CODEA5
Have very active service user groups in adult MH. Good links with CHC chain. Believes trust has been effective at involving local community and local groups.
#ENDCODE
#CODEJ1
Complaints. Sees role as - ensures system that works is in place. Thinks theirs does work. Front line staff will know what to do. Helping to get LR. Sees every complaint letter and signs all responses complaints team tray (letters). Sometimes will meet families.
#ENDCODE
#CODEJ3
For very difficult ones - Gave example of Gosport problems - 2 relatives concerned came for open evening with cameras and press. took chance to speak to relatives (Mrs MacKenzie and Mr Code A). At end Mr Code A thanked him for way trust had handled complaint.
#ENDCODE
#CODEJ3
Also used example of families with special needs children. He had personal experience of using NHS so can appreciate family's perspective.
#ENDCODE
#CODENC
Tries to offer families (complaints) realistic perspective of what can be acheived and what NHS can offer.
#ENDCODE
#CODEJ3
Quality service reviews offers opportunity to check on action plans and implementation. Board also receives quarterly report and there is evidence of 'audit trail' of complaint cycle.
#ENDCODE
#CODEK1
In terms of clinical governance - 10 year cycle - believes trust well on way.
#ENDCODE
#CODED9
Whistleblowing and open culture - thinks difficult to ensure that there is completely open culture. Feels serious concerns would rise to surface. Staff reps would phone him.
#ENDCODE
#CODENC
Cannot be completely sure if all wards, departments etc - are working as they should.
#ENDCODE
#CODENC
Also borderline between legitimate presurre between inducements to meet targets and undue pressure.
#ENDCODE