Minutes of Trust introduction
7th January 2002
Gosport War Memorial Hospital

Attendees.

CHI		Trust	
Julie Miller	JM	Max Millet	Mmil
Anne Grosskurth	AG	Anne Monk	AM
Kellie Rehill	KR	Eileen Thomas	ET
Dr Tony Luxton	TL	Ian Reid	IR
Alan Carpenter	AC	Ian Piper	IP
Mary Parkinson	MP	Andy Wood	AW
Jennifer Wenborn	JW	Peter King	PK
Maureen Morgan	MM	Fiona Cameron	FC
		Jan Peach	JP
		Caroline Harrington	CH

Topic	Note	Presenter
1	**Organisational Picture from2001**	**Mmil**
1.1	2/3 of staff already transferred into respective areas of PCTs. ½ of GWMH staff still accountable to Trust	
2	**GWMH from 1st April 2002**	**Mmil**
2.1	From 1st April 2002 GWMH will support slow stream rehabilitation. Clinical protocols and admission will be conducted through an integrated elderly medicine function.	**Mmil**
2.2	Since 1998 there has been a creeping change in use of beds Rehabilitation change to Continuing care and introduction of Intermediate care	**Mmil**
2.3	The change in bed use has resulted in a change in skill mix	**Mmil**
3	**Clinical Governance**	**Mmil**
3.1	1996-1997- Reviewed quality of care which resulted in the need for quality management recruitment	**Mmil**
3.2	1998 – New quality Manager- Clinical Governance Lead Medical Director- Hands on approach	**Mmil**
3.3	Key change in culture through staff and management	**Mmil**
4	**Questions from Investigation team**	
4.1	**Alan Carpenter-** How are Support Services being organised in new PCTs?	
4.11	**Ian Piper-** IMT Services – hosted by Portsmouth Hospital Trust Financial --PCT Resources --East Hampshire PCT Payroll --External Agency, Winchester Comms --East Hampshire PCT Personnel --PCT Specialist function – hosted by local PCT Estates & Capital Planning --Portsmouth City PCT Historically support services i.e. laundry are Portsmouth	

	Hospital Trust responsibility Staff Development – each PCT will have their own H.R Team. Line Management will also be responsible for staff development. Gosport and Fareham PCT- Bob Smith responsible for specialist development.	
4.2	**Tony Luxton-** Question about complaints in 1998	
4.21	IRP for Nurses & Medical Reviews	
4.3	**Mary Parkinson-** Is there a high level of stress, especially with changes to PCT?	
4.31	**Max Millet-** No uncertainty about jobs In 2001 to prepare for the job transfer of between 1200-1500 shadowing colleagues. No frontline jobs will be lost within clinical staff. PCT adopting Trust Policies New Communication Consultation forum to review policies	
4.4	**Maureen Morgan-** How will the new culture including Nursing Director, Medical Director and Quality Manager continue in the new PCTs?	
4.41	**Max Millet-** District Professional Advisory Role built into non-medical professions. Medicine- joint PCT and Medical Director role for secondary care consultancy Nursing – each PCT has own agenda on board, each service /care group nursing will be involved within services 1st April-nursing will become autonomous in each service.	
4.5	**Alan Carpenter-** How tentative have the new PCT been about Elderly Services-	
4.51	**Max Millet-** Medical Director- Ian Reid Chief Executive- Tony Horne Chair - Anne Monk Are all on board to manage elderly care	
4.6	**Maureen Morgan-** What is the cut off point for entering a service i.e elderly medicine, elderly health?	
4.61	**Max Millet-** 40-50 short of acute beds, so overspill into other wards.	
4.7	**Maureen Morgan-** What is the basis of transfer?	
4.71	**Max Millet-** Work via strict protocols. So no abuse of beds but protocols are flexible within reason.	