

#TEXTIlanReid

Medical Director, 7.1.02

#CODED2

Cons. In Elderly medicine at Southampton from 82 - 98 and during 93 - 97 Medical Director Southampton Community Trust, April 1998 as Consultant Phys / Medical Director. Do not have clinical Director - have lead consultants = same remit.

#ENDCODE

#CODEI1

Training to be a Medical Director? 1993 Cranfield 3/52 Department of Health sponsored and odd things at The Kings Fund.

#ENDCODE

#CODED1

Six clinical sessions and five Medical Director sessions but s.t. clinical time due to other demands, in which case, colleagues cover or employ locums.

#ENDCODE

#CODENC

Conflict between Medical Director / own clinician role - how are tensions managed? Volume of work can be a problem - has good support from clinical and managerial colleagues.

#ENDCODE

#CODEK1

He is Clinical Governance lead - initially he held series of workshops and his consistent theme is that Clinical Governance is about how clinicians/staff practice and to increase quality of care and the Trust's role is to facilitate process.

#ENDCODE

#CODEK1

Decided to keep Clinical Governance Panel as small as possible but also have the: CG Reference Panel = Membership = Non-Executive and Executive Director, Consultants, all Nurses with CG responsibility, all pool Heads, CHC Chair, IT Director. Met x 5 in workshop mode to spread message, encourage ownership.

#ENDCODE

#CODEK1

Each Division has quarterly Reviews and use this existing vehicle to monitor is always first agenda item.

#ENDCODE

#CODENC

He tries to attend as many as possible but with maximum of 24 per year - has to prioritise - tends to attend the adult and elderly mental health regularly, has been to Learning Disabilities once, tends not to go to elderly Medicine.

#ENDCODE

#CODEK1

CG activities - Ian or Eileen are either (or both) members of various relevant panels.

#ENDCODE

#CODEI1

Ian's appraisal 0 x 1 per year by Max re Medical Director role as Consultant x 1 per year by Lead Consultant (D Jarrett). Have had Consultant appraisal within the Trust for three years. He conducts 'management bit' of x 10 Lead Consultants within Trust.

#ENDCODE

#CODENC

Staff Grades appraised by Consultants. - GP's? - "we have not addressed that yet". Some are, but eg some family planning only doing x 1 session BUT Clinical Assistants say doing 6/7 sessions have annual appraisal - started about a year ago.

#ENDCODE

#CODED7

Joint working with Nurse Director? Eileen and I trust each other - we both see Clinical Governance as key responsibility. I would say we have a very close working relationship.

#ENDCODE

#CODED10

EGS? 18/12 recruitment of nursing staff for elderly medicine in Acute Trust problematic - discussed and implemented number of approaches.

#ENDCODE

#CODEJ3

What is learnt from complaints? Main issues have been: communication, end of life, nutrition/feeding, resuscitation

#ENDCODE

#CODEK1

District Audit - not sure of details - identified various needs that CG Agenda that came in subsequently addressed.

#ENDCODE

#CODEI1

CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education

#ENDCODE

#CODEI2

CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education

#ENDCODE

#CODEI3

CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education

#ENDCODE

#CODEI4

CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education

#ENDCODE

#CODEK1

R + D activities quite small - he is Trust's R + D Lead Officer. @ £17,000 per annum -> SpR or Physio as example.

#ENDCODE

#CODEK1

Clinical Audit eg Elderly Medicine at Gosport eg 1999 Neuroleptic prescribing sentinel stroke in top 10% x 2. Programme always includes reaudit.

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#CODENC

Pain Control. EG management of pain. Established that two types of syringe driver in use ie vol per unit time v weight per unit time could lead to confusion, so purchased 80 new to ensure consistency.

#ENDCODE

#CODEA3

There are groups within PCT and District-wide for non acute aspects of Elderly Medicine. % 3 geographical areas.

#ENDCODE

#CODEK1

Good Stroke service within District - how is good practice spread. 5 CG groups within Elderly Medicine, - acute, rehab, continuing care, district hospital, community hospitals, both include Gosport, Fareham and Petersfield.

#ENDCODE

#CODED2

Re: Dr Barton's letter of Jan 2000. No doubt that casemix has changed. Had already identified that model of management with clinical assistant cover was no longer viable.

#ENDCODE

#CODED2

She resigned in April - did this force the issue? She had security of tenure. The service would have collapsed without Jane Barton - put enormous effort in. Came in everyday at 7:30 am to do ward round and then again every afternoon to see relatives but that was not enough to keep up.

#ENDCODE

#CODED1

So growing stress in system recognised? Yes recognised problem but difficult to know what could have been done.

#ENDCODE

#CODED2

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#ENDCODE

#CODED1

Ian had spoken (informally) to Jane on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.

#ENDCODE

#CODED2

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#ENDCODE

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#ENDCODE

#CODENC

I don't think she cut corners. I think life had just become uncomfortable, but she did not feel able to do anything about it. Would come into hospital in evenings in own time to speak to relatives. Culture in trust is to work hard, but not to exhaustion. I feel she was under a lot of pressure.

#ENDCODE

#CODENC

Similar age (possibly one or two years older than Ian - he suggests initially has a brusque manner?

#ENDCODE

#CODED9

Would it be difficult to have those type of discussions with her? No, but you would think carefully how to approach and I did not want to make her feel she was being pushed out, she had given so much.

#ENDCODE

#CODED2

Difficult to find GP practices to take on or to give level of commitment that Jane had given.

#ENDCODE

#CODED1

But could not see that putting in another GP was not the solution - increasingly obvious that needed <??> here 9 - 5.

#ENDCODE

#CODENC

Pain Control

How has the service developed and learnt since 1988? Use of morphine was a concern. He had previously dealt with relative's complaint that mother received inadequate pain relief.

#ENDCODE

##CODENC

Developed Pain Management Policy - more geared to Nursing documentation etc. Prescription charts - tried alternative chart for use with syringe driver - to be reviewed again soon.

#ENDCODE

#CODEJ3

Communication. Devine complaint - communication was an issue. Relative's perception of care received is the most important issue.

#ENDCODE

#CODENC

G?. How do you ensure that policies are actually implemented? Difficult in absence of observing all pt/ staff, but can monitor through: complaints, satisfaction surveys, pharmacist.

#ENDCODE

#CODEG4

Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.

#ENDCODE

#CODEG6

Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.

#ENDCODE

#CODEG2

Likewise, staff give relatives unrealistic expectations re: potential of rehabilitation.

#ENDCODE

#CODEF1

In his time of working here - cannot remember any time when opiates prescribed inappropriately at that time.

#ENDCODE

#CODEC2

No feeling of patients being 'written off' helped on their way.

#ENDCODE

#CODEE1

Back in 1998 if patients become medically unwell after transfer - Jane would d/w referring dr/hospital and treated appropriately and referred back to Haslar / acute hospital if receded. Can get patients back into acute if necessary.

#ENDCODE

#CODEE5

Health records Manager and Int T Director have done a lot of work to ensure processes secure and that minimum level of info available to only those who need it.

#ENDCODE

#CODENC

His predecessor said it's a 'very moral organisation' I thought it was a strange thing to say

but quickly realised it is the case.

#ENDCODE

#CODEA1

Enormous respect for Chief Executive.

#ENDCODE

#CODENC

EG when nursing recruitment problem in acute - money was found and put into strategies to resolve.

#ENDCODE

#CODEA3

Strategic reserve - whenever there is a problem that needs to be addressed - Trust comes up with money and is very supportive.

#ENDCODE

#CODEC1

I think we've got good staff here in Gosport - in time I worked here - I never never found a nurse who was not fully committed and Jane cared - she was very caring.

#ENDCODE

#CODEC1

Colleague Althea Lord I don't know how she and 3 nurse colleagues have stood up to it all.

#ENDCODE

#CODENC

Cited example of TIC in September 2001 from Public Health Dr regarding RMO's enquiry re: GWMH - he contacted, asked what about, was told about "the culture of euthanasia at GWMH". He was shocked, first mention he had heard. Says do not know who has been to police, feels being judged, but they do not know what on.

#ENDCODE

#CODEF1

Review of case notes - how comfortable did you feel about dosage ranges? When d/w Jane she said prescribed to cover nursing staff when she was off as her patients could be difficult about coming out at night/weekends - seemed reasonable enough but obviously with hindsight can see not acceptable.

#ENDCODE