#TEXTLesleyHumphrey
Quality Manager, 7.1.02
#CODENC
Quality Manager March 97 -> June 01 - app Gen Man. Elderly Medicine
#ENDCODE
#CODEA1
Nursing Director and Quality retired and CE responsible for Quality at Board level. Quality Manager x 5 roles = 1. Complaints, 2. Risk Management, 3. Clinical Audit, 4. Quality / patient charter / clinical governance 5. User groups eg CHC. Responsibility of Chief Executive but access to executive team eg Director of Ops for RM systems. Invited to present quality rep to Trust board.
#ENDCODE
#CODENCNC
Corporate risk and clinical risk strategy. PCT devolved out services.
#ENDCODE
#CODEK3
Jan 2001 - corporate governance. What carry on doing and what PCT's needed to do themselves eg assessment of complaints.
#ENDCODE
#CODENC
Training CRR and Cont. of infection - need to maintain links. 2 aims - services safe -> PCTs, safe once got into PCTs.
#ENDCODE
#CODEJ1
Complaints - Trust CE central officer interest in complaints - LH and 2 project officers.
#ENDCODE
#CODENC
Barbara Melrose and an independent nurse investigator and CE sec. to team. (managed database and logs).
#ENDCODE
#CODENC
Managed/delivered training for front line staff. Caseloads - Barbara Melrose and LH divided services up - Barbara for Gost and Fareham and GWMH.
#ENDCODE
#CODEJ1
Always taken very seriously and see as giving them a birds eye view - to learn lessons and how to get better.
#ENDCODE
#CODENC
Lessons learnt - how that happen? Individual complaint and then broad lessons. Complaint - investigation done - eg manager elsewhere - would talk to clinicians. * guidance on conducting investigating may or may not be an action plan. Every complaint recorded and comp rep x 3 months and then review action plan would be discussed at review meeting.
#ENDCODE
#CODEK1
System where was a sig action plan - followed by quarterly meeting should say had done it - if not why not.
#ENDCODE
#CODEK1
Trust board meetings presented complaints rep - private part would ? by Trust Board members around high level complaints and summary of others. Trust board are proactive.
#ENDCODE

#CODEK1
How do nurse and Medical Directors fit in? - were there for advice - complaints team cross reference with Max and Medical Director and Nurse Director where appropriate.
#ENDCODE
#CODENC
Each service has lead consultation also used them for advice - this is how 1998 complaints dealt with.
#ENDCODE
#CODEG2
Vexations comp. Policy - came out of R group - decided not to use ROG <???> policy.
#ENDCODE
#CODENC
Some complaints - just have no resolution - how manage to pull off? Take step back.
#ENDCODE
#CODEJ2
Experience of round table meetings when can agree to differ.
#ENDCODE
#CODEJ4
Communication with rep and documenting communication. -> number of formal / informal training sessions. Training on demand - local management working with ward teams. Any training targeted on these three wards - not sure.
#ENDCODE
#CODEJ5
Communication with rep and documenting communication. -> number of formal / informal training sessions. Training on demand - local management working with ward teams. Any training targeted on these three wards - not sure.
#ENDCODE
#CODENC
Current trends - clinical management / staff attitude
#ENDCODE
#CODEJ1
IRP - right to go for IRP in final letter - "careful" how did that. - acknowledgment letter and leaflet.
#ENDCODE
#CODENC
Quality
What is good quality care and how knew providing it.
As a journey - clinical governance made it mainstream. Night staff, right place, right numbers to ensure quality need. Elderly Manager user involvement through CHC on clinical governance reference group.
#ENDCODE
#CODENC
User of the centre - knowing got good quality? Review process, staff sickness, agency usage. Intangibles - staff feedback. Complaints are an indicator of quality.
#ENDCODE
#CODENC
Critical Incidents. Eg how things have changed mental health - guidance on involving and informing relatives when been an incident. -> this goes on all wards.