

#TEXTPeterKing

PersonalDirector07.01.02

#CODEA2

Discussions review main system of accountability. Much soft information PK very close to which / staff reps.

#ENDCODE

#CODED1

Discussions review main system of accountability. Much soft information PK very close to which / staff reps.

#ENDCODE

#CODEK1

Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.

#ENDCODE

#CODEA2

Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.

#ENDCODE

#CODED1

PK's staff pick up problems re: staffing levels same as personnel managers linked to divisions, make these known informally to PK. Personnel man agrees to touch with line managers.

#ENDCODE

#CODEB2

Weekly management when problems in elderly medicine came to fore.

#ENDCODE

#CODEB3

Weekly management when problems in elderly medicine came to fore.

#ENDCODE

#CODED1

Where danger of bed closure, formal medicine kicks in - Director is attached to division eg recruitment drive in Phillipino's when immanent staff shortage.

#ENDCODE

#CODED10

Where danger of bed closure, formal medicine kicks in - Director is attached to division eg recruitment drive in Phillipino's when immanent staff shortage.

#ENDCODE

#CODEK1

Discussion of quality issues by board - mainly through clinical governance panel.

Divisional presentations to board on regular basis, particularly when hot issue (eg Dryad & Daedulas). In past, GWM was one of the most poorly staffed. Aspired to goal of 60% qualified & 40% unqualified staff.

#ENDCODE

#CODED1

Satisfied that reasonably well staffed in elderly medicine now - thinks staffing level ok.

#ENDCODE

#CODEB3

Satisfied that reasonably well staffed in elderly medicine now - thinks staffing level ok

#ENDCODE

#CODEB3

"This isn't an area that particularly worried me (esp compared too often, areas like psychiatry).

#ENDCODE

#CODED1

Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.

#ENDCODE

#CODEA3

Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.

#ENDCODE

#CODEI7

Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.

#ENDCODE

#CODED9

Employee assistance programme, fast track assistance programme, staff counselling service, away days. Having a sympathetic boss is most NB for most employees.

#ENDCODE

#CODEB1

98 - very good manager in elderly medicine. Barbara Robinson her successions are "ok", but BR was especially good.

#ENDCODE

#CODED9

Staff surveys, demonstrates that they think good relationship with boss.

#ENDCODE

#CODED7

Try to stop problems becoming serious disciplinary matters.

#ENDCODE

#CODED1

Personnel manager will work closely with staff members and line manager.

#ENDCODE

#CODEF2

Competency in drug administration, try to take supportive role to nursing staff involved.

#ENDCODE

#CODED9

Employment of GP's in 3 wards: how has it managed?

#ENDCODE

#CODED2

Old GP contacts not very specific about duties, also didn't pay enough to cover extra duties adequately.

#ENDCODE

#CODEG3

Old GP contacts not very specific about duties, also didn't pay enough to cover extra duties adequately.

#ENDCODE

#CODED6

Set out to minimise the contract by developing out of hours contract with detailed specialties & standards.

#ENDCODE

#CODED2

PK has responsibility for making & renewing contracts, but consultants & local managers handle day to day things.

#ENDCODE

#CODEI1

PK has responsibility for making & renewing contracts, but consultants & local managers

handle day to day things.

#ENDCODE

#CODEA1

How well - known are Director's to front line staff? PK doesn't wander around meeting people prefers to meet more formally through away days & staff conferences.

#ENDCODE

#CODEJ3

Did the events of 98 change the way personnel managed staff development?

#ENDCODE

#CODED1

Did the events of 98 change the way personnel managed staff development?

#ENDCODE

#CODEF2

Worked closely with nurse director in ensuring drug administration & comms.

#ENDCODE

#CODEJ3

However, events did not change the process of identifying training needs.

#ENDCODE

#CODEI7

Felt that system sensitive enough to pick up training needs.

#ENDCODE

#CODEJ3

Best eg of directors responding to front line problems learning disability homes.

#ENDCODE

#CODEB1

Ian Piper given specific responsibility to oversee service (checking client care plans etc).

#ENDCODE

#CODED2

Policy development & implementation PK is responsible for Personnel & Health & Safety.

#ENDCODE

#CODED9

Much staff involvement in policy development & even instigation (eg domestic violence policy) - group of 8 or 9 staff met & drafted policy.

#ENDCODE

#CODED1

How does Peter ensure more modern HR policy being delivered? Staff survey. Audit of induction & performance review. Measures to ensure essential staff development/ training delivered.

#ENDCODE

#CODEK1

How does Peter ensure more modern HR policy being delivered? Staff survey. Audit of induction & performance review. Measures to ensure essential staff development/ training delivered.

#ENDCODE

#CODED3

Personnel provides infrastructure - Eileen decides who needs it, Fiona ensures it happens.

#ENDCODE

#CODEI7

Libraries very NB - at GWM library. Facilitation trains staff to use internet. Very effective mechanisms for access into resources for training.

#ENDCODE

#CODEI7

49% of budget goes on training: it's the best we can do at the present time. GWM have

become a 'Learn Direct' Centre, computer based learning centre in last 3 months.  
Response to how to deliver more training with less money. Training matrix identifies training relative to department.

#ENDCODE

#CODEI7

All staff have had personal development plans.

#ENDCODE

#CODED10

Low turnover but problem with nurses leaving to get promotion.

#ENDCODE

#CODEI7

PK says they have 'management by consent' prefer voluntary approach to training & development, but accept that there are 'givens'. Some areas of compulsory training imposed by outside agencies.

#ENDCODE

#CODEK1

Unable to give any eggs of Trust requiring staff to attend training as, because of a response to complaints or identified poor practice.

#ENDCODE

#CODENC

PK role is to ensure infrastructure - but personal/professional responsibilities for staff development.

Devolved HR staff do get involved - eg. training matters.

Specialist - external contracts.

Wf planning (consortium). Also they support training on demand (70D) packer.

Are training programmes linked to complaints, outcomes etc. - plays a part - osmosis - egs. For changes triggered by 98 themes - communicate drugs admin, pain control. Work with MD? Yes, closely on clinical governance, Cpr, ALERT training etc.

#ENDCODE