

MAX MILLETT, GWM CHIEF EXECUTIVE (07/01/02)

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 no one 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

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

Nurse director has 'uncovered some very uncomfortable things'

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

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

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.

There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.

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

My aim is to know every E Grade nurse on a first name basis

Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams

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

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

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

Satisfied that trust's performance management system integrates clinical governance concerns