Dr A

Briefing Notes

You are an endocrinologist and have recently been appointed chief of medicine.

You report on a medical side of things to the medical director. The most recent person (Dr M) had been there a long time and has just stepped down. They plan on spending time in the south of France and then coming back to do the odd diabetes clinic at StOthers.

The new medical director is a paediatrician and is just starting to get to grips with things.

The last CQC report for the hospital was not good. The hospital got a satisfactory rating but by all accounts that was by the skin of its teeth.

There were some stand out areas that got a good rating:

Respiratory team – has done lots of innovative things of late and is the model that J would like all the medical teams to follow.

Gastroenterology team – is going well. Meeting the 2 week waiting targets better than most in the department. Some rumblings of inefficiencies in the endoscopy unit and some consultants getting cross that they can't get as much done as they would like. Strong research leaning in the department and a potential really good news story for the trust if the projects go well.

Some areas that need improvement:

Paediatrics and O+G – the medical director has taken a personal interest here and much of their time and effort is based here currently. There are a number of mandatory targets that are being missed.

AMU – Staff a bit disgruntled as the team has grown a lot of recent years but they are limited by space really. Some of the staff have been rumoured to be looking for jobs elsewhere. They are drawn to the next hospital along that has set up an 'hot' floor and flow seems to be better. The respiratory team helped with some inreach everyday but this probably needs to be done by all the departments. The geriatrics department are keen to help also but currently have no space to run a frailty unit within their bedbase but do have the mon power to do it.

Your thoughts:

Is AMU, SAU and a new frailty unit were co-located that could be done in Areas 2, 3 and 4 That might help flow, surgical engagement in acute admissions and also would allow the geriatricians to input into AMU and the acute surgical admissions. Would also take some pressure of the ED as the GP patients could come in directly along the access road.

Area 5: Was theatres so would not be too much of a change to make a nice endoscopy unit on the first floor. Directly above the main entrance so easy to get to for patients.

Area 6: could therefore become the gastroenterology ward as O+G are going to move. This would be close by and also out gastro on the same floor as surgery (you would like to think about gastro moving into the surgical division perhaps and this would aid that too maybe geographically),

AMU and SAU would therefore move and so those two areas on the ground floor could become a larger respiratory unit.