

Dr Y (Clinical Lead for Gastroenterology and Nutritional Disorders)

Briefing notes

You are the clinical lead for Gastroenterology. You have been in post for the last 5 years and have built around you a good department.

You never really jelled with the last chief of medicine so hope to do so with the new person. There is a new medical director in the hospital also but they are a paediatrician and are just starting to get to grips with things – you don't know them very well.

You do know J and have had a number of chats with them in the corridor. J is personable and talks to everyone. They are great at getting things done and mostly if they say it eventually it happens! See the email you sent to them for details of your last discussion.

In terms of management you are a bit of a bull in a china shop – you tend to say what you think and then reflect on it later rather than planning a strategy beforehand.

It is very clear to you that you need to grow the unit. The routine outpatients work has increased and there is now a 22 week wait for non urgent appointments.

Currently you get 5 endoscopies done in a morning and afternoon session in one room and 4 in the other as that tends to be the more complex things. That could probably be improved but you are not really sure how to go about that. You have tried telling the staff to work faster but it has not really worked.

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. **[You have not yet pitched a daily liaison model to your colleagues but suspect that it would not go down well and will impact on their current job plans (including some who do private practice some mornings)]**

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 (Dr M (NOT THE OLD MEDICAL DIRECTOR)) in the department (they are interested in the community pick up and management of IBD) and this is a potential really good news story for the trust if the projects go well.

Dr S is getting regional referrals for some ERCP work and seems to be able to take on the really complex stuff others can't but is perpetually cross that the endoscopy unit doesn't work as fast as they do!

Yourself – you have developed a nutritional unit and have taken on a number of the CF patients in the respiratory unit, some paediatric cases and provide assistance to the geriatric department too. There is scope to grow this more but you probably need more space to do that.

Your plans:

There is a new build going ahead in the hospital. If you expanded endoscopy into all of area 2 then area 4 could be your ward and then area 1 and the offices would make a great little suite of ward / office / Specialist nurses / research unit etc.

You have discussed this with J and your team who all think it's a great idea. You are unlikely to be happy with anything else you think!