Role of **Medical Director** of the Department of Anaesthesia and Perioperative Medicine

Geoff Bellingan
Medical Director
UCLH

- Central London teaching hospital
- Founded in 1834
- First major operation under ether - Robert Liston 21 December 1846
- Cruciform building opened 1906
- Middlesex Hospital opened 1745
- Merged with UCLH 1987
- New building 2005
Picture of old UCLH
Picture of Middlesex
Picture of new UCLH
Size of the Hospital

- UCLH – a Trust (hospital group) consisting of 7 hospitals and:
  - > 7000 staff,
  - @900 beds,
  - 24 operating theatres
  - >65 ICU beds,
  - >400,000 OPD/year,
  - budget of over £700 million
Picture of new UCLH focusing on theatres and ICU
Structure of UCLH

- CEO
- Executive directors
- Boards
- Divisions
- Clinical directorates
- Consultants and their teams

Department of Health Monitor

CQC

- Chairman
- Non-executive directors
- governors

PCTs
How the Hospital is Run

• Exec board – 3 medical directors, Head of HR, Head of nursing, Finance director, CEO

• Medicine
  – A&E and ICU, Medicine, Pathology, Pharmacy, Infection

• Specialist
  – Heart, neuro, women's health, paediatrics, dental/ENT

• Surgery and Cancer
  – Cancer, surgery, GI, Theatres and anaesthesia, Imaging
Theatres and Anaesthesia

- Theatres and anaesthesia
  - Anaesthesia
  - Theatres
  - Medical Physics
  - Sterile services
• 12 main 2 day and 1 hybrid theatres + obstetric theatres, 4 cardiac theatres and 4 neuro theatres (including interventional MRI)
• >50 anaesthetists
• Trainees
• Theatre nurses
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What the Medical Director needs assurance on

- Governance
- Safety
- Performance
- Quality
- Innovation
- Research
In more detail:

Governance –
• Serious incidents
• Risk register
• WHO checklist
• MRSA, hand hygiene
• Never events
• Single sex agenda
• Patient satisfaction
• Staff satisfaction
• Operations on time
  – Emergency
  – 18 weeks
  – 14 day, 31 day and 62 day cancer
  – 4 hr A&E
And also…

- Complaints
- Complaints response time
- Training
- Induction
- Preventing bullying
- Culture
Then we need to ensure that the division is a secure business

- Planning and finance monitoring
- Monitor staff costs, sessions worked, overtime
- Monitor number of empty lists, late lists early finishes, day surgery efficiency
- Monitor spend on drugs and anaesthetic agents
- monitor plans for purchases – equipment etc against budget
Ensure that the Division work within plans for the whole hospital

• Expand with RNTNE, cancer centre, vascular?
• Contract with Low priority procedures
• New anaesthetic machines
• New IT
• New theatre reception
• New pathways for patient care
Ensure the Division is robust and competitive

- Benchmark
- Talent spot
- Grow and develop