



Management for Anaesthetists as a Career Interest?

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Queen Square

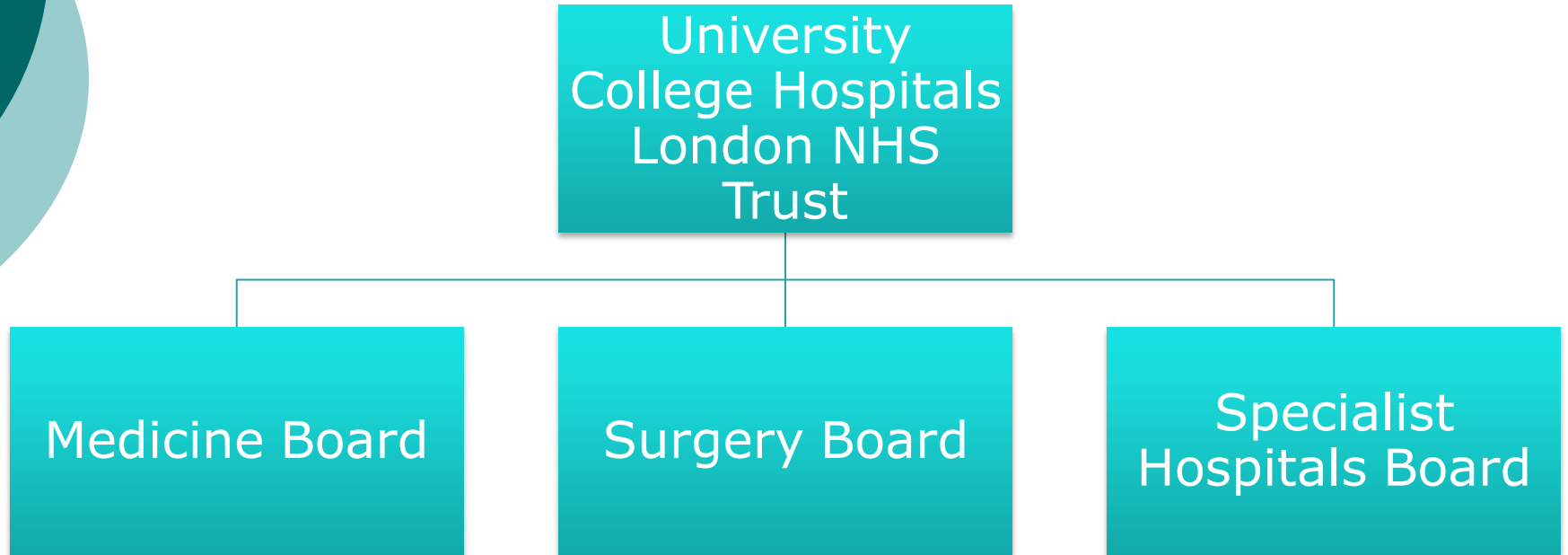
National Health Service



- Established in 1948, Aneurin Bevan
 - free to all at the point of care
- 4th largest employer in the world
 - Chinese people's liberation army
 - Walmart supermarket
 - Indian railways
- 2012 - £110 billion
 - 80% budget on patient care
- 1 million patients every 36 hours
- Highly complex
- Management from political level to patient interface

Putting the patient at the centre of all we do

What does the Organisation look like ?



Divisional Manager, Queen Square Division
Jackie Sullivan
Deputy: Emma Kelly

Divisional Clinical Director, Queen Square Division
Prof John Duncan
Deputy: Sally Wilson*

Therapy & Rehabilitation

NeuroRehabUnit (NRU)
Albany Rehab Unit (ARU)
ABIU
HASU
SU
Thames Stroke
Therapists
Med Secs
Social Work

BM: Adrian Capp
ACD: Val Stevenson**
Matron: Liz Davies
ABM: Sue Jeffrey

Clinical Neurology

Day Care
Dementia
Headache
Movement Disorder
MS
General Neurology
Epilepsy
Endocrinology
NeuroResponse
Med Secs
Neurology Wards
Telemetry
Huntingdons Disease
Chalfont
UCH Liaison Service

BM: Alexa Coombes
ACD: Dr Cath Mummery
Matron: Liz Davies
ABM: June Boyle

OPD Services & Diagnostic Services

OPD
Patient Booking Team
Patient Transport
Main Reception
Neuro-Metabolic (Path)
Neuro-Genetics
Prion
Neuro-Physiology
Radiology
Med Secs
Clinical Site Managers
Pre-Admission
Discharge Lounge
Practice Development Team
Admission Lounge
Admissions

BM: James Frost
ACD: Dr Simon Farmer
Matron: Ellen Butler

Surgical Services, Theatres & Critical Care

Neuro & Spinal Surgery
Neuro-Oncology
DBS
ONS
Pituitary Surgery
Skull Base
Neurosurgical Wards
Anaesthesia
Sleep Study
Theatres
Intensive Care
Plasma Exchange
Brain Tumour Unit
Gamma Knife
Med Secs

BM: Jamie McFetters
ACD: Miss Joan Grieve
ACD: Mr Robert Bradford
ACD: Dr Ian Appleby
Matron: Sam Abdul
ABM: Eleanor Wilkie

RLHIM & Private Patients

RLHIM
Private Patients
PPCR
Facilities
SLA (GOSH)
Lecture Theatre/Seminar Room
Performance & Efficiency
Governance Team

Deputy DM: Emma Kelly
ACD: Dr Peter Fisher
Matron: Sam Abdul

Specialist Services

CD Metabolic
Neuro-Otology
Neuro-Ophthalmology
Uro-Neurology**
Voice Dystonia
Neuro-Psychiatry
Neuro-Psychology
Pain Management*
Autonomics
Med Secs
Neuromuscular
Cochrane

BM: Angela Hughes
ACD: Dominic Heaney
ACD for Pain: Sally Wilson*
Matron: Ellen Butler
ABM: David O'Keefe

Divisional Finance Manager
Mariyana Zaharieva
Support: Jessica Oldroyd

HR Business Partner
Ragini Patel

Information Manager
Gary Cairney
(Post Shared with EDH)

* DDCD for Governance & Quality, and ACD for Pain
BM – Business Manager
ACD – Associate Clinical Director
ABM: Assistant Business Manager

The challenge of medical leadership



- All doctors have a management role
- Modern and inclusive concept of leadership
- NHS Institute for Innovation and Improvement with Academy of Royal Colleges

Medical Leadership Competency Framework



Anaesthetists as Managers?

Qualities of a good anaesthetist

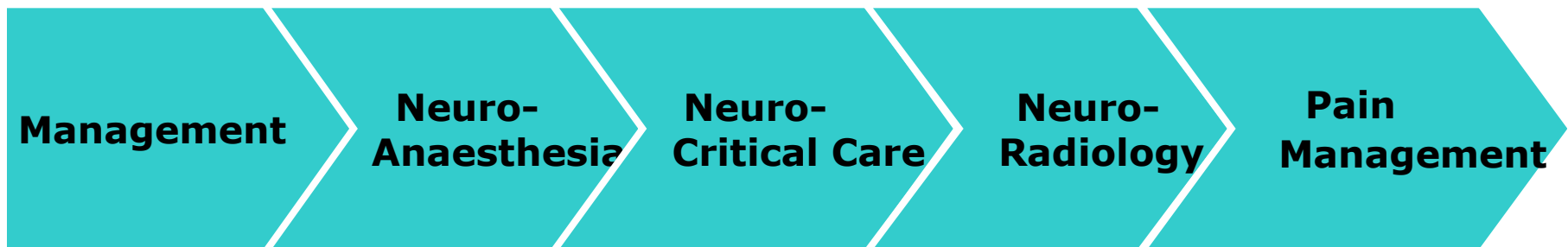
- Self awareness
- Working in teams
- Managing resources
- Ensuring patient safety
- Making decisions and assessing change

Anaesthetists as a resource

- 15% consultant workforce
- Wide range of services – *anaesthesia, pre-admission, ITU, pain management (acute and chronic), outreach, palliative care*
- Organisational overview
 - Operating lists
 - Large departments – rota
 - Adaptable responsible service

My Role

- Consultant neuroanaesthetist
- Director for Quality and Governance
- Deputy Clinical Director
- Clinical Lead



Link between clinical staff and management



Clinical Management in UK

- Few full time managers
- 3.5 clinical days per week plus on call duties
 - Theatres 2 days, NCCU 1 day, GA MRI list
- Paid additional 4 hours / week for management
- Difficult to assess the exact number of management hours per week

Clinical Management Team

- Weekly management meeting (1-2 hour)
 - clinical and non-clinical managers, senior nurses, finance, human resources
- Rolling programme where all key areas present past successes and achievements with future plans
- Discuss finance, quality issues and key developments





Clinical managers and the departments

- Monthly meetings with head departments – formal or informal
- Explain the hospitals management plans to the department
- Learn of clinical issues within the department
- May offer advice to progress problems or take issues back to management team



What Clinical Managers Don't Do

- Routine finance or target discussions within department
- Manage department
- Directly influence the clinical focus within the department
- Deal with day to day problems
- Manage routine minor and moderate risks within the department

What Clinical Managers Do?

- Help, support & develop clinicians within the department, by
 - Appraisal
 - Job planning
- Investigate serious incidents
- Balance individual departmental needs v's hospital focus
- Service development
 - New consultant posts
- Manage difficult consultants



Appraisal

- Performed for all consultants in NHS annually
- Retrospective
- Formal process – revalidation
- Individual performance – activity and outcomes
- Continuous Education & Professional Development (CEPD)
- Action plan for personal development
- Time to reflect



Job planning

- Service delivery
- Annual and prospective
- Consultant's contract with the NHS
- Ensure fair working week for all
- Includes elective / emergency work
- Time for activities to support clinical work
 - Clinical audit, committees, examining

Managing People

- Understand
 - *The context, my responsibilities, tasks constraints, opportunities, risks*
- Decide
 - *My aims, priorities, options, solutions, plans*
- Communicate
 - *Clearly and empathically, listening and responding*
- Motivate
 - *Set an example, enthusiasm, respect, establishing trust / earning respect*

The Blue Sky Thinker

The Problem

- International expert
- Head of department
- Grand plans for massive future development at UCLH
- Message that development blocked by 'management'
- Department in chaos
 - 3 locum consultant posts
 - Long waiting lists
 - Complaints
- Resigns –no stability
- What next?

The Process

- Meeting with senior members of department
- Explained the need for clear departmental plan
- Supportive of expansion
- No expansion until short term problems clarified
- Time to reflect

The Solution

- Departmental Head continues
- Additional individual for the detail !

Arguments in public

- Dr A and Dr B do not like each other
- Dr A busy operating list
- Dr B urgent difficult tracheostomy. Only list with short cases is Dr A's list. Theatre manager suggests this list for tracheostomy
- No discussion
- Patient arrives in anaesthetic room
- Major row in theatre corridor
- Another theatre has to be found for case

-
- The following day both consultants complain about each other
 - Theatre staff all discussing the argument
 - Something must be done!

The solution

- Arrange to meet both consultants
- Structure to discussion. Not personal.
- What was supposed to happen?
- What did happen?
- Why was there a difference?
 - Both apologised and agreed behaviour unacceptable



Management learning

- Understand that you will never keep everyone happy
- Change is hard
- Uncertainty is harder
- People will always be suspicious of management



Keep a sense of perspective and a good sense of humour!