

Trust Strategic Management.A1 Leadership	Site Interview-Friday.BarbraMelrose - Complaints	no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. Max is excellent and defuses complaints.
Trust Strategic Management.A1 Leadership	Site Interviews-Tuesday.VickyBanks-LdClf	Can always talk to Max Millett or Ian (MD) easily.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	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
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	My aim is to know every E Grade nurse on a first name basis
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	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
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	Sees trust board's role as helping staff 'make sense' of any context of care. Not just passing on Government demands but interpreting things for staff and enabling people to deliver.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	Also sees self as personal accountability - does not believe in 'one man band'- CG is part of team. Likes to stick with people he knows.

Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	For elderly people. Need to slide with improvements - long slow slog.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	Need open culture - especially for vulnerable people where staff and facilities have lacked investment.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	Wanted good access to all best staff - for NEDs. Chair meets staff regularly.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Max Millet-CEO	Happy with Board composition. Works closely with Anne. Executive team meeting two weekly. Notes go to all NEDs.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.Andy Wood-Dir of Finance	Max Mill would act as mediator.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.DavidLee-Complaints Conveynor	Did publicity and seriousness come as a surprise? No already become accustomed to how they would react to their relatives in any of the hospitals.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.DavidLee-Complaints Conveynor	The team also took very seriously any complaints especially when effecting patient care.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.IanPiper-Ops Dir	Visit wards GWMH 4 trips since March. Elderly Med - 3 x since March.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.IanPiper-Ops Dir	2 Partnership with voluntary organisations, CHC, as well as internal. In external meetings

		people speak highly.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday.IanReid-Med Dir	Enormous respect for Chief Executive.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <b>Code A</b> Coporate Risk Adv	Culture within the Trust? Have never worked anywhere quite like here - work closely to board. Such a high commitment / caring organisation.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <b>Code A</b> Coporate Risk Adv	How invisible are the Board? Annual conferences; staff seminars to launch any new policy - Max always knows every staff members name.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <b>Code A</b> Quality Manage	Nursing Director and Quality retired and CE responsible for Quality at Board level. Quality Manager x 5 roles = 1. Complaints, 2. Risk Management, 3. Clinical Audit, 4. Quality / patient charter / clinical governance 5. User groups eg CHC. Responsibility of Chief Executive but access to executive team eg Director of Ops for RM systems. Invited to present quality rep to Trust board.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday.PeterKing-PersDir	How well - known are Director's to front line staff? PK doesn't wander around meeting people prefers to meet more formally through away days & staff conferences.
Trust Strategic Management.A1 Leadership	Site Interview- Thursday: <b>Code A</b> HA	Culture at trust: Charismatic leadership style. Individualistic, very heavily focused on patients and staff. Peter King really has grounded consultation with staff. Good values. Value driven.
Trust Strategic	Site Interview-	

Management.A1 Leadership	Thursday <b>Code A</b> HA	Max knows many staff and what they do (walk round). Knows a lot of clients. Cares about needs, environment for patients. Examples of user innovation eg. user involvement in Mental Health. In Learning Disability each client is handled personally for plans.
Trust Strategic Management.A1 Leadership	Site Interview- Wednesday.KatieMann-SenStafNursSultan	Close link with Countess Mountbatten hospice. Palliative Care.
Trust Strategic Management.A2 Accountabilities	Site Interview- Friday <b>Code A</b> Senior Diet	Policy has been given a high level of value by senior management – influence practical use of policy.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.07.01 Max Millet-CEO	appy with Board composition. Works closely with Anne. Executive team meeting two weekly. Notes go to all NEDs.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.07.01 Max Millet-CEO	Medical Director has always bee geriatrician. Some board members been in place sine 'gf' - have good knowledge of NCE issues.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.Andy Wood-Dir of Finance	Account to MMN -> Andy Wood -> Contractor Deputy Director -> Management. Mb of board and operational Mg group.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.Andy Wood-Dir of Finance	Responsibility for Elderly Services at GWMH - Fareham and Gosport - Fiona Camerson. Elderly Medicine - Acute management.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.Andy Wood-Dir of Finance	How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.IanPiper-Ops Dir	Delegation - how do you keep track. Operational Team
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.IanPiper-Ops Dir	Weekly meeting general manager. 6 GM's. 1 - 1 1/2 hours.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday. <b>Code A</b> -Coporate Risk Advr	Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.PeterKing-PersDir	Discussions review main system of accountability. Much soft information PK very close to which / staff reps.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.PeterKing-PersDir	Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.
Trust Strategic Management.A3 Direction & planning	Site Interview-Friday.EileenThomas-NursingDir	Significant evidence of systems change (1) pain management (2) clinical practice development (3) leadership programme Clearer indication of reasons for not initiating internal inquiry. Treated as medical incident. Would not happen now as Clinical Governance Group/Risk Management Group would identify it earlier. In absence of robust clinical indicators for nursing rely on verbal, informal reporting with those she meets regularly. But benchmarking/essence of care standards being introduced.

		Good examples of efforts to involve and consult patients and carers more regularly on patient care and policy development. Good evidence of learning from complaints. Staff workshops to discuss and reflect on complaints.
Trust Strategic Management.A3 Direction & planning	Site Interview-Friday.MaxMillett-CEO	Blockage investment in elderly mental health & inherited under resources service.
Trust Strategic Management.A3 Direction & planning	Site Interview-Friday. <b>Code A</b> Pharma	Policy Development. Always a pharmacist involved. Paula involved. Drug policy covers both Trusts. VL not involved in Policy Development. Included policies have a link pharmacist eg. S C Phillips. Eg. Paul - alcohol withdrawal policy, named pharmacist? Who for syringe driver.
Trust Strategic Management.A3 Direction & planning	Site Interview-Friday. <b>Code A</b> Pharma	Review in progress of pharmacy services for PCT change.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Tuesday.JanPeach-ServMgr	Examples of impact of shared good practice b/w two community hospitals. At year awayday. Asked nurse - topics - rehab, nutrition.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Tuesday.VickyBanks-LdClt	Was part of process of developing change plan. Describes it as being messy.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Tuesday.VickyBanks-LdClt	Changing shape for PCT development has meant some key figures are now now around.
Trust Strategic Management.A3 Direction &	Site Interviews-Tuesday.VickyBanks-LdClt	Redcliffe House was EMI moved to GWH.

planning		
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Max Millet-CEO	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 noone 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
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Max Millet-CEO	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
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Max Millet-CEO	Nurse director has 'uncovered some very uncomfortable things'
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Max Millet-CEO	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
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Devolved Budget Structure. Managed by locality and service. Joint account to FD and Fareham and Gosport locality.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Local flexible management? Autonomous and good communication with e@ division. So long as comply with policies.

Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Surplus monies? - look at Trust finance as a whole.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Trust OVP. Broke even since 1994. 2001 - 2002 difficult year. Elderly medicine experience pressures -> recruitment, drugs.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	CRAZ progs? SAFF. Give activity - kept central and tried to prevent impact on operational divisions.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	2 - 3 years no stress on meeting targets.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Elderly services? Medicine. 97 - imbalance some issues. 18 months - 2 years Finances have got worse -> services grown -> recruitment down / agency bills up.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Corporate response toward deficit -> new General Manager -> action plan = ongoing budget into balance -> agency and drugs.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	2001 -2002 = 1 million pound but after plan £330,000 overspend.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	SAFF negotiations being tough? Effect on Elderly Medicine -? Last year no increased input.



Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	2 - 3 years ago SAFF input into elderly medicine.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Investment for Int Care in Daedalus? Designated Int Care - national money general review.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.Andy Wood-Dir of Finance	Elderly people's services balance. No money from CRAZ and SAFF. How address balance - review MSE office budget, agency usage, use of Trust Fund. Mainly short term.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.IanPiper-Ops Dir	It will be prevented by NSF, PAMS, F + G and E HAMP PCT relate to Hampshire as far as social services are concerned.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.IanPiper-Ops Dir	Operational issues with new model in PCT
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.IanReid-Med Dir	There are groups within PCT and District-wide for non acute aspects of Elderly Medicine. % 3 geographical areas.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.IanReid-Med Dir	Strategic reserve - whenever there is a problem that needs to be addressed - Trust comes up with money and is very supportive.
Trust Strategic Management.A3 Direction &	Site Interviews-Monday.JeffWatling-	Services from Pharmacy have improved to Elderly Care Wards at QA - no resource to put

planning	ChiefPharmacist	in more time to "outposts" eg GWMH.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.JeffWatling-ChiefPharmacist	SAFF process not helping bolter Pharmacy Services.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.PeterKing-PersDir	Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Friday.AnneHasteClinical manager	All information there is for drugs and palliative care from pharmacies and hospices
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Friday.BarbraMelrose - Complaints	no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. Max is excellent and defuses complaints.
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Friday.JoTaylorSenNursDayWard	Increased outreach work so visit patient at home.
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Friday.MaxMillett-CEO	Blockage with Acute Trusts - relationships and cooperation on strokes good. Pathingway Much hope with neck & femur etc.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Tuesday.DavidJarrett-LdConslt	CC - HA/SS agreement. Continuing care criteria?

Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	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
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	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
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	RO - 'leave item alone'. Performance Previews. Whole system is documented by acute trust. RO informed of pv suicides - unexpected deaths. Main interface over reprovision of NH acute facilities where RO have been helpful.#
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	Performance Management by RO. In PR terms - acute trust has dominated. This trust have always met all targets, so not been focus of RO attention.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	Happy RO 'has kept off their backs' but have offered help when necessary.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	HA - good links have been established to ensure support for resources -> H.C.E
Trust Strategic	Site Interviews-Monday.07.01	

Management.A4 Health econ partnerships	Max Millet-CEO	Have had to develop collaborative relationships with HA, but also be aware of 'whole systems' requirements eg. cannot have excellent services for elderly at expense of others.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	Problems re winter pressure - trying to ensure seamless working between acute medicine and elderly.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Max Millet-CEO	Not sure what more managers or clinicians could have done to improve relationships between primary and secondary care. There have been some successful Integrated Care Pathways developed - but best examples of ICPs are where 2 degree care has not had to be involved.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.DrAltheaLord	It's important getting contributions from all agencies.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.DrAltheaLord	Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Thursday.FionaWalker-SenStafNursSultNt	Assessment – symptom control, access Countess Mount Batten
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Thursday.JamesHareChaplain	Based at GWM on Thursday and Sunday. 2 chaplaincy assistants here have just been recruited to help him in all trust work and prior to James' appointment. GWM had part-time Free Church chaplain who still works there on a voluntary basis.
Trust Strategic Management.A4 Health econ	Site Interview-Thursday. <b>Code A</b> HA	Local player? Good. Dr Barton very difficult. Good relationship with Max. H Econ.

partnerships		Meetings. Fights causes strongly.
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Thursday <b>Code A</b> DT	Health and Social Service, OT services going to be integrated?- Not sure if it will happen any more but close links anyway-good working relationship.
Trust Strategic Management.A5 patient & public partners	Site Interview-Friday.EileenThomas-NursingDir	User and carer attendance. User carer groups have now been set up.
Trust Strategic Management.A5 patient & public partners	Site Interview-Friday.IanPiper/FionaCameron	Users and Carers/Strategy and Framework - user and carers framework document developed 12 months ago. - set up cross trust obligations and requirements - option doing two things - engaging users. - framework piloted at St James Hospital
Trust Strategic Management.A5 patient & public partners	Site Interview-Friday.IanPiper/FionaCameron	Gerontological NP - advisory group - first stab at planning input into users and carers strategy. Director of Elderly Medicine - have worked into QAs PALS and user fold. Users on clinical governance groups.
Trust Strategic Management.A5 patient & public partners	Site Interview-Friday.MaxMillet-CEO	Patient care experience should have clear pathway of care. Clinical governance will be collection of Trusts - over a wide area.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday.07.01 Max Millet-CEO	Have very active service user groups in adult MH. Good links with CHC chain. Believes trust has been effective at involving local community and local groups.
Trust Strategic	Site Interviews-Monday.Andy	

Management.A5 patient & public partners	Wood-Dir of Finance	Investment in outside capital? Historical equipping budget - £50,000 - £100,000.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday.Andy Wood-Dir of Finance	Local - GWMH supported by Trust Fund and league of friends. Estates.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday.AnneMonk-Chair	Some questions passed on if said services question outcome and practice.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday.DrAltheaLord	Open day. Public invited to see GWM therapy facilities.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday.JaneParvin Senior Personn	User and carer involvement - what who are the drivers. Barbara Johnson - older people services, Jane Wilkinson - Fiona, Eileen Tuchous.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday. <b>Code A</b> PractDevlFacil	Developer group patient involvement, feels strongly that they should be multi-disciplinary, should involve patient. ???? lady from Petersfield Insight will give an enourmous.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday. <b>Code A</b> phy	Where is give going to be? Pressure is going to be outside in community.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday. <b>Code A</b> phy	Work with groups of patients, plan which patients for 6 sessions eg. tea dances, nativity plays etc., more confidence to do things. Want to keep themselves fit. Contact Nicky Super 3 manager - ???? G&F pt stroke spec.

Trust Strategic Management.A5 patient & public partners	Site Interview- Thursday WardClerk <b>Code A</b>	Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.
Trust Strategic Management.A5 patient & public partners	Site INterview- Wednesday.KatieMann- SenStafNursSultan	Good link with district nurses until recently shared notes.