

Trust Strategic Management.A1 Leadership	Documentation.Letter from Code A	Indifferent management by the Portsmouth Healthcare Trust.
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Community Health Council.txt	Much confidence in Max Millett big strength of trust
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Interview with SERO.19.11.txt	Problem with accountability of Dr Barton 'never tackled head on'; nor were problems of recruiting and retaining medical staff for elderly wards at GWM; 'might have been a bit lax with performance management of consultants there'
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	Don't know if any other union steward who could ring chief executive confidently and speak to him openly
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	Trust aspiring to be a very good employer
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	They'll own up if they make mistakes. (Senior managers)
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	We are caring organisations but some management less caring than others
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Tele Int- John Kirtley	Leadership Very positive, good professional staff
Trust Strategic	Statutory Stakeholder.Tele Int-	

Management.A1 Leadership	Steve Barnes. txt	There is also considerable anxiety about change of management/structure next April; staff happy with current senior management - very worried about the prospect of new people coming in who will not be as sympathetic#
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Tele Int-Steve Barnes. txt	GWM has a good record in supporting staff at senior management level; not so sure about behaviour of middle managers. 'Why pick on such a good trust to investigate?'
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Tele Int-Steve Barnes. txt	in hindsight, thinks that some of the problems at GWM might have been averted or minimised if there hadn't been so much attention on Queen Alexandra, particularly in 2000 ; concerned that health authority, in particular 'took its eye off the ball, concentrating all attention on the QA and not paying enough attention to GWM
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Community Health Council.txt	Joyce has been member of trusts' clinical governance panel over the last year Helps to ensure that voice of patient is heard has recently been involved in action planning by trust in response to incidents at War Memorial
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Interview with SERO.19.11.txt	Problem with accountability of Dr Barton 'never tackled head on"; nor were problems of recruiting and retaining medical staff for elderly wards at GWM; 'might have been a bit lax with performance management of consultants there'
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Interview with SERO.19.11.txt	Much confusion around responsibility for care of elderly in Gosport as it is divided between Portsmouth health authority and Portsmouth Hospitals trusts

Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder. Code A.txt Code A	They'll own up if they make mistakes. (Senior managers)
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder. Code A.txt Code A	At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Tele Int- John Kirtley	Accountabilities If regular concern - pick up through divisional reviews. Also have an open invitation.
Trust Strategic Management.A3 Direction & planning	Documentation.Letter from Code A	In this instance the staff at the GWMH have been made the scapegoats for a decision by the Healthcare Trust to change the role of the GWMH without providing adequate facilities.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Betty Woodlands.txt	Team brief keeps staff well informed - good communication for nursing staff
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Betty Woodlands.txt	Different managers doing their own thing - joint training instigated to address this
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Interview.Nicky Pendleton.22.	very active discussion about use of rehab beds in Sultan by GP board directors at GWM
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Fareham & Gosport have worked as a virtual PCT for over a year (NP describes it as a 'very well done exercise'); F&G implementation group includes all key stakeholders with robust framework underpinned by clear targets - eg number of rehab beds needed); identified nurse deficiency and charted plans for addressing it

Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A.txt Code A	trust is preparing to move towards a more collaborative approach to work in an open transparent way in close constructive dialogue with members however not sure that the message getting down to junior level (message coming from trust board level)
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A.txt Code A	Why did this go wrong? How can things be changed? People are given a second chance in appropriate cases
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A.txt Code A	a very enlightened organisation - even prepared to enter in an open dialogue over finance and pay
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A.txt Code A	We are on the farside of being too collaborative
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A.txt Code A	Trust issues regional but Heads of department meetings informal communications
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A.txt Code A	At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff

Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A Code A.txt	We are caring organisations but some management less caring than others
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- John Kirtley	Direction & Planning GP ward - Sultan - GP's taking lead on more and more departments. Patients transferred to GWMH from Haslar / acute rather than home. PCG would like to do more, encourage.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- John Kirtley	Direction & Planning Proposal 24 beds - one option is redesignation 18 GP + 6 elderly care consultants. Delicate negotiation stage.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- Steve Barnes. txt	major crisis in local health economy about numbers of community beds; fewer available in last few years because of more frequent closure of nursing homes; RCN dealing with quite a lot of redundancies in independent sector
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- Steve Barnes. txt	5 years ago nursing homes were a booming business; now many are closing because of rising costs and greater pressure from inspectorate which is imposing tougher standards. 'maybe it is forcing some of the cowboys out of the business which is a good thing but it also means that there are fewer places for older people to go to'
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Telephone Interview- Tony War	Increasingly concerned re-pressure our beds locally- trying to develop schemes to ease bed pressures.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Telephone Interview- Tony War	Care be more joint commission and management opportunity for implementation

Trust Strategic Management.A4 Health econ partnerships	Stakeholder.Mr and Mrs Ripley 21.11.01.tx	Last May 2000 Mr Ripley was unable to walk - Mrs Ripley could not manage so arranged for him to go to Haslar. Was in high dependency bed but Haslar said could not spare bed for someone not acutely ill. Moved him to War Memorial Hospital.
Trust Strategic Management.A4 Health econ partnerships	Stakeholder.Mrs Code A 22.11.01.txt	Complained about lack of cooperation between different hospitals. Mr Graeme was going to four different hospitals for different things with no link between them.
Trust Strategic Management.A4 Health econ partnerships	Stakeholder.Mrs Code A .txt	Community hospital- GWMH and St Christopher's would meet once a month too.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Community Health Council.txt	Elderly medicine in district under considerable pressure
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Community Health Council.txt	Sense of isolation among people walking in community hospitals sense that little of no back up because of concentration on big acute hospitals
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr McKenning G	Particular problems in communications between acute trusts and LMC Elderly medicine is the department which GPs locally would agree is 'a darn sight better than anything else' in secondary care in Portsmouth area; disappointing that CHI focussing on this area as he feels real problems are in acute general and emergency medicine
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr McKenning G	Serious bed crisis in Portsmouth area and signs are it will get worse: 250 beds to be lost in area by 2002; he predicts even greater move to 'dump' patients in community hospitals; 'we're not being given the resources we need to deliver services; pressure to get patients out of acute hospital beds (probably fuelled by pressure to increase FCE completions)

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	All GPs employed by community trust (41) have admitting rights to Sultan ward
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	GPs/LMC don't have much to do with Dryad and Daedalus wards except that they will have patients in those wards under consultants' care
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	There are problems getting patients in and getting them back out again: eg 6 weeks' delay while patient waiting to have social worker assigned to them
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	'It is definitely our hospital; we are involved in selecting senior staff (head nurses, team leaders
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	problems at GWM magnified by vidrtual closure of Haslar
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	Consultant geriatricians work with GP surgeries locally; greater cooperation between GPs and geriatricians than any other specialist consultants
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	Portsmouth is a 'failing' health authority; big trolley wait problem
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	GWM has suffered because of wider changes in local health economy, especially Haslar closure and bed pressures in acute hospitals

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Dr Warner.22.1	Unless there's change at the top, nothing will change lower down in community hospitals; describes trust as 'understaffed, overworked' with little understanding by management of the problems or desire to bring in expertise from outside; when it's offered, often ignored
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with SERO.19.11.txt	SERO attends regular elderly care meetings in Portsmouth attended by PCG reps, HA
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	When with GWM, she would have regular meetings with the health authority; however discussion tended to focus on activity figures (ie bed occupancy, FCEs)
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Any discussion of quality of care to patients at GWM were relatively superficial and about physical facilities and environment
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	* 'we were quite frustrated as we wanted to discuss outcomes of care and the views of patients'; however those issues weren't the agenda for health authorities at the time
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	In that role, she monitors activity and instigates developmental work to remedy problems identified in monitoring (eg current work in reducing delayed discharges)
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	HA has set up a district-wide screening group underpinned by multi-disciplinary local implementation teams; much work at same time in consulting service users and carers

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	HiMP: belongs to primary care group and trusts; must report annually on how they plan to improve care of elderly in their area; that plan must be linked to NSF, LMR and SaFF targets
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Top priority in elderly care in acute sector is to prevent bed blockages and reduce delayed discharges
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Evert bit of local health economy is overspent (but same is true of whole region)
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Monthly meeting of all leads from each health authority and social service authorities; Regional office policy leads: meetings consist of policy update and report back on local activity' each member of this group liaises with colleagues in rest of region about local proposals to ensure consistency- very effective network
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder. Code A Code A.txt	contrast between culture at Portsmouth Healthcare Trust and with Portsmouth Hospitals systems analysis approach at Healthcare Trust
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder. Code A Code A.txt	Unhappiness about losing bits of trust to Portsmouth and East Herts
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- John Kirtley	Health econ partnerships Good working relationships with Portsmouth Healthcare Trust - joint work re development of intermediate care.

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- John Kirtley	Health econ partnerships GP's good relationship with GP's locally. 7 out of 11 practices have someone on PCG Board.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- John Kirtley	Health econ partnerships Group of GP's who use War Memorial. GP's perception good - GP each practice who use WMH have <??> in to.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- John Kirtley	Health econ partnerships HA - very much an open door policy. <??> to PCG than elsewhere - eg Now second locality HIMP.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	Wards would notify him that patient becoming more stable and ready for move back home.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP-Tony's team would have greater contact even sultan.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	Increasingly concerned re-pressure our beds locally- trying to develop schemes to ease bed pressures.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	Improving care pathways NB and working on the supply side of problem in terms of community beds.

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	PCT- it will have impact on local social services; I would hope that it provides us with more positive opportunities.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	Care be more joint commission and management opportunity for implementation
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Tony War	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong enough
Trust Strategic Management.A5 patient & public partners	Documentation.Telephone call from Code A	She feels that the GWMH does not have an "open method of welcoming volunteers", that it is something of a closed shop.
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Programme of quality visiting try to visit every NHS site over 3 years
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	If there are several complaints during the 3 years, CHC will do an ad hoc visit.
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Last visit to GWMH was in 98 (Joyce was involved)
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Have not been notified by office that there's any reason for special visit.

Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Joyce has been member of trusts' clinical governance panel over the last year Helps to ensure that voice of patient is heard has recently been involved in action planning by trust in response to incidents at War Memorial
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Margaret: CHC has no longer been doing one-to-one complaints since the autumn (31 Oct 2000) level decision by Dept of Health
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Contacts Chief Executive of Trust in Dec 99 then contacts again in Jan/Feb 2000 unable to speak to him - thinks she may have left message with receptionist saying she had concerns
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	CHC did special visit to elderly ward at Queen Alexandra – produced a very critical report which evoked very positive response from trust management They would have made a similar visit to Gosport if there hadn't been police inquiry
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Description of chair is that theres a very good feeling about War Memorial
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	We tend to leave people in peace until we need something specific
Trust Strategic Management.A5 patient &	Statutory Stakeholder.Tele Int-John Kirtley	Patient & Public Partners

public partners		PCG - patients users group - going several months. Survey work commissioned on quality of primary care development. Trust have well established user groups - rationalise what exits to improve.
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Tele Int-Steve Barnes. txt	Very pleased with GWM: 'The trust has positively tried to embrace partnership working with the RCN and other unions'