

TEXT: Documentation.Letter from **Code A** (3/4)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 Indifferent management by the Portsmouth Healthcare Trust.

TEXT: Statutory Stakeholder.Community Health Council.txt (157/157)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 Much confidence in Max Millett big strength of trust

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (21/25)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 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'

TEXT: Statutory Stakeholder.**Code A**.txt (43/44)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 Don't know if any other union steward who could ring chief executive confidently and speak to him openly

TEXT: Statutory Stakeholder.**Code A**.txt (80/80)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 Trust aspiring to be a very good employer

TEXT: Statutory Stakeholder.**Code A**.txt (85/85)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 They'll own up if they make mistakes. (Senior managers)

TEXT: Statutory Stakeholder.**Code A**.txt (119/119)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 We are caring organisations but some management less caring than others

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (8/9)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 Leadership
 Very positive, good professional staff

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (8/12)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 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#

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (26/29)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 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?'

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (44/50)
 CODE: A Trust Strategic Management.A1 Leadership (G:100)
 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

TEXT: Statutory Stakeholder.Community Health Council.txt (27/33)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 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

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (21/25)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 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'

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (26/28)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 Much confusion around responsibility for care of elderly in Gosport as it is divided between Portsmouth health authority and Portsmouth Hospitals trusts

TEXT: Statutory Stakeholder. **Code A** .txt (85/85)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 They'll own up if they make mistakes. (Senior managers)

TEXT: Statutory Stakeholder. **Code A** .txt (99/100)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (18/19)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 Accountabilities
 If regular concern - pick up through divisional reviews. Also have an open invitation.

TEXT: Documentation.Letter from **Code A** (5/8)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 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.

TEXT: Statutory Stakeholder.Betty Woodlands.txt (58/58)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Team brief keeps staff well informed - good communication for nursing staff

TEXT: Statutory Stakeholder.Betty Woodlands.txt (69/70)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Different managers doing their own thing - joint training instigated to address this

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (210/211)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 very active discussion about use of rehab beds in Sultan by GP board directors at GWM

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (223/228)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 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

TEXT: Statutory Stakeholder. **Code A** .txt (18/23)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 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)

TEXT: Statutory Stakeholder. **Code A** .txt (55/59)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Why did this go wrong?

How can things be changed?

People are given a second chance in appropriate cases

TEXT: Statutory Stakeholder. **Code A** .txt (61/62)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 a very enlightened organisation - even prepared to enter in an open dialogue over finance and pay

TEXT: Statutory Stakeholder. **Code A** .txt (95/95)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 We are on the farside of being too collaborative

TEXT: Statutory Stakeholder. **Code A** .txt (97/97)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Trust issues regional but Heads of department meetings informal communications

TEXT: Statutory Stakeholder. **Code A** .txt (99/100)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff

TEXT: Statutory Stakeholder. **Code A** .txt (119/119)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 We are caring organisations but some management less caring than others

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (14/15)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 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.

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (16/17)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Direction & Planning

Proposal 24 beds - one option is redesignation 18 GP + 6 elderly care consultants.
Delicate negotiation stage.

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (55/59)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

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

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (60/65)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

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'

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (39/40)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Increasingly concerned re-pressure our beds locally- trying to develop schemes to ease bed pressures.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (92/93)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Care be more joint commission and management opportunity for implementation

TEXT: Stakeholder.Mr and Mrs Ripley 21.11.01.tx (3/7)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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.

TEXT: Stakeholder.Mrs **Code A** 22.11.01.txt (99/102)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Complained about lack of cooperation between different hospitals. Mr Graeme was going to four different hospitals for different things with no link between them.

TEXT: Stakeholder.Mrs **Code A** xt (78/79)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Community hospital- GWMH and St Christopher's would meet once a month too.

TEXT: Statutory Stakeholder.Community Health Council.txt (118/119)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Elderly medicine in district under considerable pressure

TEXT: Statutory Stakeholder.Community Health Council.txt (138/140)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Sense of isolation among people walking in community hospitals sense that little of no back up because of concentration on big acute hospitals

TEXT: Statutory Stakeholder.Interview with Dr McKenning G (36/42)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder.Interview with Dr McKenning G (63/69)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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)

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (4/5)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

All GPs employed by community trust (41) have admitting rights to Sultan ward

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (19/21)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (53/55)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (59/60)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

'It is definitely our hospital; we are involved in selecting senior staff (head nurses, team leaders

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (61/61)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

problems at GWM magnified by virtual closure of Haslar

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (130/132)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Consultant geriatricians work with GP surgeries locally; greater cooperation between GPs and geriatricians than any other specialist consultants

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (151/152)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Portsmouth is a 'failing' health authority; big trolley wait problem

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (153/155)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

GWM has suffered because of wider changes in local health economy, especially Haslar closure and bed pressures in acute hospitals

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (156/161)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (29/30)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

SERO attends regular elderly care meetings in Portsmouth attended by PCG reps, HA

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (8/10)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

When with GWM, she would have regular meetings with the health authority; however discussion tended to focus on activity figures (ie bed occupancy, FCEs)

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (13/15)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Any discussion of quality of care to patients at GWM were relatively superficial and about physical facilities and environment

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (17/20)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

* '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

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (176/179)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

In that role, she monitors activity and instigates developmental work to remedy problems identified in monitoring (eg current work in reducing delayed discharges)

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (180/183)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (214/217)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (219/220)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Top priority in elderly care in acute sector is to prevent bed blockages and reduce delayed discharges

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (230/231)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Evert bit of local health economy is overspent (but same is true of whole region)

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (237/243)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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

TEXT: Statutory Stakeholder. **Code A** txt (50/51)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 contrast between culture at Portsmouth Healthcare Trust and with Portsmouth Hospitals
 systems analysis approach at Healthcare Trust

TEXT: Statutory Stakeholder. **Code A** txt (64/64)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Unhappiness about losing bits of trust to Portsmouth and East Herts

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (6/7)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Health econ partnerships
 Good working relationships with Portsmouth Healthcare Trust - joint work re development
 of intermediate care.

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (10/11)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Health econ partnerships
 GP's good relationship with GP's locally. 7 out of 11 practices have someone on PCG
 Board.

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (12/13)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Health econ partnerships
 Group of GP's who use War Memorial. GP's perception good - GP each practice who
 use WMH have <??> in to.

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (26/27)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Health econ partnerships
 HA - very much an open door policy. <????> to PCG than elsewhere - eg Now second
 locality HIMP.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (19/20)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Wards would notify him that patient becoming more stable and ready for move back home.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (29/32)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 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.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (39/40)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Increasingly concerned re-pressure our beds locally- trying to develop schemes to ease
 bed pressures.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (85/86)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Improving care pathways NB and working on the supply side of problem in terms of
 community beds.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (88/90)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 PCT- it will have impact on local social services; I would hope that it provides us with more positive opportunities.

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (92/93)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Care be more joint commission and management opportunity for implementation

TEXT: Statutory Stakeholder.Telephone Interview- Tony War (109/112)
 CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)
 Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong enough

TEXT: Documentation.Telephone call from [Code A] 3/5
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 She feels that the GWMH does not have an "open method of welcoming volunteers", that it is something of a closed shop.

TEXT: Statutory Stakeholder.Community Health Council.txt (11/12)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Programme of quality visiting try to visit every NHS site over 3 years

TEXT: Statutory Stakeholder.Community Health Council.txt (14/15)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 If there are several complaints during the 3 years, CHC will do an ad hoc visit.

TEXT: Statutory Stakeholder.Community Health Council.txt (17/17)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Last visit to GWMH was in 98 (Joyce was involved)

TEXT: Statutory Stakeholder.Community Health Council.txt (19/20)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Have not been notified by office that there's any reason for special visit.

TEXT: Statutory Stakeholder.Community Health Council.txt (27/33)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 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

TEXT: Statutory Stakeholder.Community Health Council.txt (35/37)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Margaret: CHC has no longer been doing one-to-one complaints since the autumn (31 Oct 2000) level decision by Dept of Health

TEXT: Statutory Stakeholder.Community Health Council.txt (64/67)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 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

TEXT: Statutory Stakeholder.Community Health Council.txt (78/83)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

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

TEXT: Statutory Stakeholder.Community Health Council.txt (99/100)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Description of chair is that theres a very good feeling about War Memorial

TEXT: Statutory Stakeholder.Community Health Council.txt (135/136)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

We tend to leave people in peace until we need something specific

TEXT: Statutory Stakeholder.Tele Int- John Kirtley (24/25)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Patient & 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 exists to improve.

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (15/17)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Very pleased with GWM: 'The trust has positively tried to embrace partnership working with the RCN and other unions'