

BillHooper
ProjectDirector8.01.02

Gosport 20 yrs. Matron. General Manager division 98.
All therapies, community, DN. Transferred 99 to Elderly Medicine 2002 - Dir of Capital Projects
Mental Health. Service 98?
Built in 95 and finished 96 - bed +40 - +120. Was about to change - 2 complaints - were put
through systems. Did not feel uncomfortable with complaint - learning curve. Barbara Robinson
was Bill Deputy. Training Managers - communication written communications prog.

Oversaw principles applied at other community hospitals. Strong union representatives very high
health and safety. Union - domestic abuse whistle blowing.

Whistle blowing - national feeling generated need - 1yrs to create policy - circulated in draft to
nurse - policy was created to, open culture - has worked in other units - Q&A Philipinos=racial
tension b/w south Africans & Philipinos. 3 wards.

Sultan - 1998. Very comfortable service - efficient, excellent senior nurse, 5 senior GP - GP
committee meet monthly, 50 GP had admission rights, worry single handed GP would be edged out
by group practice, some beds were used for ??? were flexible within reason.

Haslar were naval?? did not specialise in Elderly. Haslar staff changed often which caused
problems with admission & discharge.

Translation of processes – no problems – GP, Gostop?? Used GWMH outpatients as base rather
than surgeries.

Complaints systems to prevent reoccurrence. [Code A] – felt he was very difficult, irrational in what
Mr [Code A] was very abusive/aggressive. BH was called out. Complaint received by Trust.
Barbara/Bill would arrange meeting. Inv – senior memb investigating. Statements – Leslie
Humphries, clerical involvement. Report, 3 weeks – letter to complainant. Meet Trust.
Aggressiveness = ward staff would withdraw from complaint, lack of communication.

Managing expectation – Process – 98 process was not that good. Ward sister would have
experience on larger wards. Patients were a lot sicker – admission of far ??? patients. Complexity
of patient was a lot greater and ill health.

Support of nurses – Barbara inservice training. Comms & written communication & review of
medical notes.

Written communication – nurse/write up notes on meeting relatives and next shift would know
what has been communicated. Identify next of kin.
This new communication has made a difference.
Training in communication ie. Bad news. Barbara – bereavement counselling and training – 2 day
course – course introduced by Barbara – husband of the faith.
Learning – good practice – examples
2 wards changing from continuing care into specific rehab.
Needs for training for specific rehab needs.

Impact of PCT management . Pre 98 GP were old fashioned. Young GP / and generally GP will adapt.

In 98 not enough medical cover.

Main barrier blocking medical cover was finding??. Felt DGH was absorbing all the money.

Transfer arrangements – Haslar + Q&A.

Q&A – new dept – not system that was in place in 98.

Investor in people award, therapists and nurses – date, IRP.

98 – league of friends, raised £200 000 pounds.

Sort out complaints ¼ divisional review. Leslie Humphries “closing the loop” write every ¼ about what was done to prevent complaint has happening again.

Leslie Humphries – very persistent in “closing the loop”.

BH feels 98 + prior “closing the loop” was not quite being completed in terms of complaints.

“Infallible but not criminal”