

Quality Indicators.C1 Staff attitude	Doc 26	But never once was anyone less than kind and caring towards him.
Quality Indicators.C1 Staff attitude	Doc 28	I received such kindness and help from all the staff at all times.
Quality Indicators.C1 Staff attitude	Doc 29	Everyone was so very kind and caring to him in both Daedalus and Dryad wards.
Quality Indicators.C1 Staff attitude	Doc 30	I felt that the Nursing Care itself was excellent and much appreciated.
Quality Indicators.C1 Staff attitude	Stakeholder 1	Sunday 2nd August- Code A was in his wheelchair in the garden. Code A noticed that Code A ankles were swollen. Code A look Code A back inside immediately and approached the three nurses that were around the nurses' station. But Code A said that the nurses did pay attention to Code A concerns about Code A ankles, but there was no immediate response, they just continued their conversation. That evening when Code A returned bandages were present on Code A ankles.
Quality Indicators.C1 Staff attitude	Stakeholder 2	Waited 40 minutes for nurse to come asked to step outside - not happy
Quality Indicators.C1 Staff attitude	Stakeholder 2	Staff attitude a problem - very uncaring
Quality Indicators.C1 Staff attitude	Stakeholder 2	In QA had really good relationship - Code A helped feed ?? etc

Quality Indicators.C1 Staff attitude	Stakeholder 2	Nurses thought daughter had left - and had been talking about her
Quality Indicators.C1 Staff attitude	Stakeholder 2	Scared to speak out in case take it out on Dad when they were not there
Quality Indicators.C1 Staff attitude	Stakeholder 3	Mother worried to raise concern in case nasty to her again.
Quality Indicators.C1 Staff attitude	Stakeholder 5	As a whole the ward was lovely and he had no complaints against the staff.
Quality Indicators.C1 Staff attitude	Stakeholder 7	Lump a certain age group as no hopes - each patient individual care - try to keep rehabilitated for a week.
Quality Indicators.C1 Staff attitude	Stakeholder 8	One lovely nurse on Dryad - went to say hello to every patient before even got coat off.
Quality Indicators.C1 Staff attitude	Stakeholder 9	They seemed to catheterise everyone - my husband was not incontinent - heard lots of patients ask to go to the toilet. Nurse said it was done mostly to save time.
Quality Indicators.C1 Staff attitude	Stakeholder 9	Staff seemed to concentrate on room where patients who were recovering were and ignored sicker patients.
Quality Indicators.C1 Staff	Stakeholder 9	

attitude		Very concerned re mixed ward clothes and bed trolleys because of risk of infection. Agency nurses always blamed for mix-up.
Quality Indicators.C1 Staff attitude	Stakeholder 10	Main concern is culture on Ward especially manner of staff with patients and relatives
Quality Indicators.C1 Staff attitude	Stakeholder 10	Asked for nurses help in taking Mr D to toilet 3 separate occasions – did not receive help for a long time and staff complained.
Quality Indicators.C1 Staff attitude	Stakeholder 10	On one visit Mr D wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. Mrs D came close to tears 6/8 Feb told off for using buzzers
Quality Indicators.C1 Staff attitude	Stakeholder 10	9 Feb - rang ward to ask if she could visit and take clothing, phone was slammed down
Quality Indicators.C1 Staff attitude	Stakeholder 10	Had promised to leave cards at reception - they weren't there Told that she would have to go and collect them herself
Quality Indicators.C1 Staff attitude	Stakeholder 10	I was made to feel an inconvenience & nuisance because we asked questions - seen as a threat
Quality Indicators.C1 Staff attitude	Stakeholder 10	Staff never introduced themselves to or wore name badges
Quality Indicators.C1 Staff	Stakeholder 12	

attitude		Links with three concerned wards was through PDF -Clinical Governance- input into wards to raise awareness and give examples amongst staff. -Facilitated annual away days, which would result in looking at patient care, may have a remit of wards 0 (Reflective Practice)
Quality Indicators.C1 Staff attitude	Stakeholder 13	One or two nurses excellent
Quality Indicators.C1 Staff attitude	Stakeholder 13	Whoever picked her up from fall - didn't do anything about it
Quality Indicators.C1 Staff attitude	Stakeholder 13	Doctor leaned on wall and said next thing chest infection and that will be it.
Quality Indicators.C1 Staff attitude	Stakeholder 14	Staff Attitude Put meals on tray, walk away and came back and took untouched food away.
Quality Indicators.C1 Staff attitude	Stakeholder 17	Staff Attitude Got feeling had dementia and therefore her feelings didn't count.
Quality Indicators.C1 Staff attitude	Stakeholder 17	Staff Attitude
Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Staff at GWM had difficult time in coping with arrival of greater number of acutely ill patients with serious mobility problems; found it difficult to get patients up and moving around; some of the staff were not used to being assertive with patients

Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Tele Int-Dr Pennell	Staff Attitude Hospital is brilliant
Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Tele Int-John Perkins	Staff Attitude Good relationship with wards, Sultan, Daedalus and Dryad.
Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Tele Int-Rose Cook	Staff Attitude Very favourable impression. Very kind and caring.
Quality Indicators.C1 Staff attitude	Stakeholder 18	Staff Attitude Received 100's of letters and donations full of praise.
Quality Indicators.C1 Staff attitude	Stakeholder 19	
Quality Indicators.C1 Staff attitude	Vol Stakeholder.Tele Int -Mrs Lovejoy	Staff Attitude Nurses are kind to them.
Quality Indicators.C1 Staff attitude	Vol Stakeholder.Tele Int -Mrs Lovejoy	Staff Attitude Is cared for well.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	[Code A] was catheterised- [Code A] seemed agitated by catheterisation - so [Code A] was sedated during

		this procedure.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Within the next 24hours his health deteriorated.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Mr Code A and wife were happy with his condition that even considering that he had, had two sedations.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Code A was placed in a private room, which was near the nurses' reception. Mr Code A spoke about how Code A appeared comatose and there was a do not disturb sign on his door.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Code A felt that Code A should have received Rehabilitation, but no attempt was made to rehabilitate Code A .
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 7	Lump a certain age group as no hopes - each patient individual care - try to keep rehabilitated for a week.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 9	They seemed to catheterise everyone - my husband was not incontinent - heard lots of patients ask to go to the toilet. Nurse said it was done mostly to save time.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	three month project to improve, and raise awareness of why people fall

Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	There was also a research and development day to show the good and bad types research assuring evidence based practice
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	Evidence based practice was welcomed generally.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	This was passed around and Pharmacy at Q & A adopted the findings and utilised them in age prescription.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	The fall policy was another example of how networking happens.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 13	Is this bad practice. Does this pre-empt way patients treated by nurses.
Quality Indicators.C2 Effectiveness & outcomes	Statutory Stakeholder.Interview with SERO.19.11.txt	Code A said that Dr Barton is said to have a good reputation locally in palliative care
Quality Indicators.C2 Effectiveness & outcomes	Statutory Stakeholder.Interview. Code A	Continence was used as predictor of outcome and was considered a reliable indicator: if a patient could achieve 7 full days of continence, full recovery would be predicted, all others were classified as 'slow streamers'
Quality Indicators.C2 Effectiveness & outcomes	Statutory Stakeholder.Tele Int- Code A	Effectiveness & Outcomes Hospital is brilliant

Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 18	Effectiveness and Outcomes Received 100's of letters and donations full of praise.
Quality Indicators.C3 Access to services	Stakeholder 3	Physio good when go it, but patchy access
Quality Indicators.C3 Access to services	Stakeholder 4	GP recommended that Code A receive physiotherapy care, get up and move around. Four days wait for a physiotherapist - no treatment for bursitis on elbows and knees (except for an armrest) - physio not given for fear his swellings would burst with subsequent harm to him.
Quality Indicators.C3 Access to services	Stakeholder 6	Otherwise aware of only 2 staff at any one time at night only one
Quality Indicators.C4 Organisation of care	Stakeholder 3	Named nurse, but very rarely seen.
Quality Indicators.C4 Organisation of care	Stakeholder 3	Catheterisation - Next time saw her straight away had catheter in.
Quality Indicators.C4 Organisation of care	Stakeholder 4	16:30 - patients weren't up and washed, they had not been fed. Gents toilets were said to be very dirty and unkempt.
Quality Indicators.C4 Organisation of care	Stakeholder 6	What nourishment was she given at GWMH? Mr P thinks she had none and became dehydrated when, he believes, was the true cause of her death

Quality Indicators.C4 Organisation of care	Stakeholder 6	She was mobile before transfer, alert and capable of feeding herself. She certainly was not in pain prior to transfer to GWMH
Quality Indicators.C4 Organisation of care	Stakeholder 6	Otherwise aware of only 2 staff at any one time at night only one
Quality Indicators.C4 Organisation of care	Stakeholder 9	Code A had no physio-therapy at War Memorial.
Quality Indicators.C4 Organisation of care	Stakeholder 10	Noted inconsistent practice & care between nurses. Told me reason was that different nurse did things differently
Quality Indicators.C4 Organisation of care	Stakeholder 13	Kidney failure - asked nurse to change catheter bag - solidified gunge in bottom of bag - can't change it unless full.
Quality Indicators.C4 Organisation of care	Stakeholder 14	Organisation of Care No named nurse
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Community Health Council.txt	Amount of morphine and lack of care and treatment
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Community Health Council.txt	Patients not getting fed ad properly cared for also complaints about relatives dying suddenly after they had appeared quite well

Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	All GPs employed by community trust (41) have admitting rights to Sultan ward
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	Gosport-area GPs have always worked together on GWM LMC to develop and agree protocols on admitting to Sultan ward
Quality Indicators.C4 Organisation of care	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
Quality Indicators.C4 Organisation of care	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 Patients in Sultan ward don't need intensive or high dependency care; most of them need physiotherapy or respite care; also occasionally used for patients with MS or even children. Patients also admitted for tests
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	All three elderly wards at GWM 'have been used to offload patients from Haslar and QA'; not appropriate in Dr W's view to move very ill patients there (ie 'offloads' from Haslar and QA): 'they are not designed to be strip-down beds. Patients should not require too much medical or nursing care...the beds on the wards have been abused because of district bed crisis. It results in more work than the GWM staff can cope with. 'It's the source of less than perfect care' at GWM
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	When LMC is made aware of such referrals, tend to complain to consultant at QA

		There is a clear admitting protocol, at least for GPs; try to admit patients before 12 to allow instructions to be given to nursing staff
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	There's no reason why terminally ill patients can't go in to GWM. I would put elderly patients in there who live on their own if they didn't need intensive care or IV drip, if their only requirement is getting basic medication, some nursing care and diamorphine if they have pain
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	Sultan is the busiest of the three wards (nurses there are always very busy); the other two wards have a calmer ambience. (re Dryad and Daedulus): 'it's a little bit out of sight, out of mind'
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with Dr Warner.22.1	Under current proposals recommended by LMC, one third of GWM beds will be for GPs and a third for consultants (with GP permission) and remainder consultant -controlled
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A	* '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
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A	in early 90s when Nicky started working ther, the trust was very spread out and fragmented (St Mary's, QA. GWM); there was separate nurse manager for each site: 'it was very difficult to achieve commonality among different hospitals'; allocation of patients to different hospitals depended on acuity of illness and prospects for recovery and rehabilitation; 'retrievable' patients were sent to GWM
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A	Dryad & Daedalus: they had 8 or 9 stroke beds for 'slow stream stroke patients'

	Code A	
Quality Indicators.C4 Organisation of care	Statutory Stakeholder Interview: Code A	Continence was used as predictor of outcome and was considered a reliable indicator: if a patient could achieve 7 full days of continence, full recovery would be predicted, all others were classified as 'slow streamers'
Quality Indicators.C4 Organisation of care	Statutory Stakeholder Interview: Code A	A consultant was in the lead for multi-disciplinary group working on elderly wards (sister in charge, nurse from each ward, AHPs from different services)
Quality Indicators.C4 Organisation of care	Statutory Stakeholder Interview: Code A	GP beds often 'misused' for non-clinical care (especially respite: GPs would place elderly patients on wards when family on holiday); Sultan beds also often used for younger patients with chronic progressive conditions like MS: there were no real care plans for such patients
Quality Indicators.C4 Organisation of care	Statutory Stakeholder Interview: Code A	Daedalus was designated 'geriatricians' ward for patients referred by consultants; Dryad designated continuing care ward
Quality Indicators.C4 Organisation of care	Statutory Stakeholder Interview: Code A	Staff at GWM had difficult time in coping with arrival of greater number of acutely ill patients with serious mobility problems; found it difficult to get patients up and moving around; some of the staff were not used to being assertive with patients
Quality Indicators.C4 Organisation of care	Statutory Stakeholder Interview: Code A	we're attempting to join up a very complex set of targets for NSF and local modernisation review -it's about improving practice to national standards rather than criticising local services

Quality Indicators.C4 Organisation of care	Statutory Stakeholder. Code A	Aspect of care really under valued in Code A view is basic care to patients
Quality Indicators.C4 Organisation of care	Statutory Stakeholder. Code A	Type of patients in wards has changed recently much more dependent much more sickness on wards for longer
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Tele Int- Code A	Organisation of Care Nurses good and take him through notes and care plans. Notes good.
Quality Indicators.C5 Humanity of care	Stakeholder 2	Unable to summon help - unable to press buzzer
Quality Indicators.C5 Humanity of care	Stakeholder 3	Majority of time on her own, couldn't reach buzzer and not shout
Quality Indicators.C5 Humanity of care	Stakeholder 3	On ward on own - being sick - had sick bowl - hair and clothing wet - sweat plastic chair.
Quality Indicators.C5 Humanity of care	Stakeholder 3	Commode behind curtain, should be able to be taken to the toilet got a <?> and told able to do in the bed - even when said wanted commode
Quality Indicators.C5 Humanity of care	Stakeholder 3	Day room sling - no underwaeer - exposed. Asked please make sure blanket around her - there were plenty free, rarely had cover on legs.
Quality Indicators.C5	Stakeholder 8	

Humanity of care		Wife in chair - water out of reach and too heavy.
Quality Indicators.C5 Humanity of care	Stakeholder 8	When go to Daedalus - couldn't reach anything. Wife wouldn't raise with nurses. Very reserved.
Quality Indicators.C5 Humanity of care	Stakeholder 8	Moved trolley table away and not put back.
Quality Indicators.C5 Humanity of care	Stakeholder 8	Wife never incontinent until went into Daedalus. Emergency button never able to reach so wet herself and then put pads on and now permanent.
Quality Indicators.C5 Humanity of care	Stakeholder 9	I was quite horrified by lack of care.
Quality Indicators.C5 Humanity of care	Stakeholder 9	Patients put in very uncomfortable chairs in lounge and just left.
Quality Indicators.C5 Humanity of care	Stakeholder 9	On another occasion left alone in lounge for hours.
Quality Indicators.C5 Humanity of care	Stakeholder 9	They were never in their own clothes.
Quality Indicators.C5 Humanity of care	Stakeholder 10	Mrs D told that he would be permanently disabled, staff were very kind and supportive – provided excellent care – he was making good progress, spent several weeks there (St Marys)

Quality Indicators.C5 Humanity of care	Stakeholder 10	19 Feb – When he was transferred, he was naked from the waist down apart from piece of padding
Quality Indicators.C5 Humanity of care	Stakeholder 10	Ambulance crew drew her attention to it and said how mortified they were – nursing staff at Haslar agreed
Quality Indicators.C5 Humanity of care	Stakeholder 10	Alert bell inaccessible left hand paralysed and could not reach bell to operate it
Quality Indicators.C5 Humanity of care	Stakeholder 10	Told that she was not allowed to go into ward while treatment in progress
Quality Indicators.C5 Humanity of care	Stakeholder 10	Put outside one day though he didn't want to go
Quality Indicators.C5 Humanity of care	Stakeholder 10	Not allowed to wear own clothing even though he had plenty
Quality Indicators.C5 Humanity of care	Stakeholder 10	No right to make a choice
Quality Indicators.C5 Humanity of care	Stakeholder 10	Other people's relatives weren't asked to leave room during treatment of Mr Deedman
Quality Indicators.C5	Stakeholder 10	

Humanity of care		Asked to leave ward when Code A was eating as it made other patients embarrassed to have her there
Quality Indicators.C5 Humanity of care	Stakeholder 11	'The attitude was that these are old people who've had their life, they're taking up beds, so what does it matter any more what happens to them?' Totally uncaring atmosphere, totally cold
Quality Indicators.C5 Humanity of care	Stakeholder 13	Transferred on a sheet back to GWMH - no poles to transfer. Like a sack of potatoes - imagine position of hip - started to scream with pain
Quality Indicators.C5 Humanity of care	Stakeholder 13	Didn't die as would have wished - death as a result of what happened to her - last thoughts of terrible pain.
Quality Indicators.C5 Humanity of care	Stakeholder 13	Kidney failure - asked nurse to change catheter bag - solidified gunge in bottom of bag - can't change it unless full.
Quality Indicators.C5 Humanity of care	Stakeholder 13	Basic care lacking in last few days eg moistening mouth - clean pillow cases
Quality Indicators.C5 Humanity of care	Statutory Stakeholder.Patrick Carroll.txt	Aspect of care really under valued in Pats view is basic care to patients
Quality Indicators.C5 Humanity of care	Statutory Stakeholder.Tele Int-Rose Cook	Humanity of Care Patients from GWM all physically well - clean and tidy and well enough to be discharged

		to nursing home.
Quality Indicators.C5 Humanity of care	Stakeholder 19	Humanity of care One of patients given a bell - expected him to ring with teeth.
Quality Indicators.C6 Environment	Stakeholder 2	Unable to summon help - unable to press buzzer
Quality Indicators.C6 Environment	Stakeholder 3	"An old ladies smell"
Quality Indicators.C6 Environment	Stakeholder 4	16:30 - patients weren't up and washed, they had not been fed. Gents toilets were said to be very dirty and unkempt.
Quality Indicators.C6 Environment	Stakeholder 5	As a whole the ward was lovely and he had no complaints against the staff.
Quality Indicators.C6 Environment	Stakeholder 6	The place was clean and tidy
Quality Indicators.C6 Environment	Stakeholder 8	Told standing by of bed and left her. Stained floor not cleaned up - did smell. Told was an old stain.
Quality Indicators.C6 Environment	Stakeholder 9	I was quite impressed with all their decor -

Quality Indicators.C6 Environment	Stakeholder 13	Tea making place in lounge in Daedalus and café etc.
Quality Indicators.C6 Environment	Stakeholder 13	Was surrounded by curtains drawn so unable to attract attention
Quality Indicators.C6 Environment	Statutory Stakeholder.Community Health Council.txt	So impressed by atmosphere at GWM “conversation clusters of patientsö
Quality Indicators.C6 Environment	Statutory Stakeholder.Interview. Code A	Any discussion of quality of care to patients at GWM were relatively superficial and about physical facilities and environment
Quality Indicators.C7 Pos patient exp	Doc22	She has nothing but praise for the care and attention her mother was given.
Quality Indicators.C7 Pos patient exp	Doc24	Letter 'Service with a Smile three cheers for the NHS' Generally has a v. positive feedback concerning his wife and his treatment.
Quality Indicators.C7 Pos patient exp	Doc 26	My husband could not have had better treatment if he had been in the most expensive nursing home.
Quality Indicators.C7 Pos patient exp	Doc27	We would like to say a big thank you for the excellent care and attention that was given to him.

Quality Indicators.C7 Pos patient exp	Doc 28	I was entirely satisfied with the treatment that they both received.
Quality Indicators.C7 Pos patient exp	Doc 29	No nursing home however good or expensive could have given him better care or attention.
Quality Indicators.C7 Pos patient exp	Stakeholder 3	Always looked clean and bed made
Quality Indicators.C7 Pos patient exp	Statutory Stakeholder.Tele Int-Dr Pennell	Positive Patient Experience Patient feedback - generally positive - patients often say can I go with War Memorial - quiet, cleaner, v comfortable, food seems reasonable, staff constant.
Quality Indicators.C7 Pos patient exp	Statutory Stakeholder.Tele Int- Code A	Positive patient experience Nothing but praise for hospital - happy place.
Quality Indicators.C8 Neg patient exp	Stakeholder 1	Nat wanted to go home he was not happy in hospital.
Quality Indicators.C8 Neg patient exp	Stakeholder 3	GWMH - most miserable and wretched time she'd ever spent - miserable
Quality Indicators.C8 Neg patient exp	Stakeholder 8	Told Dr Reid take Code A home - not happy with care. Dr Reid took note and said not happen again.

Quality Indicators.C8 Neg patient exp	Stakeholder 8	Care 200% better than at Dryad.
Quality Indicators.C8 Neg patient exp	Stakeholder 8	Upset by treatment at Daedalus - got careless - had 2 falls - one not sure they knew about.
Quality Indicators.C8 Neg patient exp	Stakeholder 9	I definitely was not happy about lack of care in hospital.
Quality Indicators.C8 Neg patient exp	Stakeholder 10	19 Feb – When he was transferred, he was naked from the waist down apart from piece of padding
Quality Indicators.C8 Neg patient exp	Stakeholder 11	Mrs. R.s daughters stayed at hospital constantly until she died so had a good opportunity to see nursing care which Mrs M describes as 'very poor', 'they were having real difficulties and didn't know how to handle the situation' Dealt mostly with Code A and an agency nursed called Code A for whom Mrs M has very high praise
Quality Indicators.C8 Neg patient exp	Statutory Stakeholder.Community Health Council.txt	Drugs admin and care and treatment
Quality Indicators.C8 Neg patient exp	Statutory Stakeholder.Community Health Council.txt	Information problems and poor communication with relatives resulted in all 3 complaints