

Quality Indicators.C1 Staff attitude	Site Interview-Friday.JoTaylorSenNursDayWard	Very happy working and with job.
Quality Indicators.C1 Staff attitude	Site Interviews-Tuesday.AngelaWilson-SenStaffNursDaed	Culture - personally, old ways V new ways. Politics, not easy to come as a new comer. Naval?? influence, more hands on practice - too much bureaucracy.
Quality Indicators.C1 Staff attitude	Site Interviews-Tuesday.BarbaraRobinson-DepGenMgr	Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment, monitor standards eg oral health in stroke patients.
Quality Indicators.C1 Staff attitude	Site Interviews-Tuesday.BarbaraRobinson-DepGenMgr	Comment huge developments since Clin Gover - got Investors in People Award July 1999.
Quality Indicators.C1 Staff attitude	Site Interviews-Tuesday.DavidJarrett-LdConslt	when asked again about tension - honestly don't know.
Quality Indicators.C1 Staff attitude	Site Interviews-Tuesday.DavidJarrett-LdConslt	General comment re: nursing & therapy. Not worked here so can't comment as such, but always enjoy coming here, I hear good things.
Quality Indicators.C1 Staff attitude	Site Interviews-Tuesday.DavidJarrett-LdConslt	When asked if he wanted to say anything else, his view - Staff have been through huge turmoil cannot underestimate suffering - staff interviewed under caution??, for hours, ?? with Dr L feeding in questions.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Clinical Manager very good, looking at self medication 'self contained flat' in ward.

Quality Indicators.C1 Staff attitude	Site Interviews-Monday.IanPiper-Ops Dir	Informal and formal relationships. Staff opinion surveys. Points. 1 Clear set of values. Value used to structure for framework and business views - 4 key values.
Quality Indicators.C1 Staff attitude	Site Interviews-Monday.IanPiper-Ops Dir	3 Distinct audit and staff reports. Show values and good practice.
Quality Indicators.C1 Staff attitude	Site Interviews-Monday.IanReid-Med Dir	I think we've got good staff here in Gosport - in time I worked here - I never never found a nurse who was not fully committed and Jane cared - she was very caring.
Quality Indicators.C1 Staff attitude	Site Interviews-Monday.IanReid-Med Dir	Colleague Althea Lord I don't know how she and 3 nurse colleagues have stood up to it all.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday.FionaWalker-SenStafNursSultNt	This had led to her being demoralised, unhappy with no respect or trust. This has been communicated to managers and union rep.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday.FionaWalker-SenStafNursSultNt	Very demoralised all staff.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday.JamesHareChaplain	Impression that staff morale very high but has not had much direct contact with staff. He arrived in 1999 after incidents.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday.JoanLockExSisterSultan	'Good make up of staff'

		good team spirit, staff would organise training
Quality Indicators.C1 Staff attitude	Site Interview-Thursday. Code A HCSW	Proud of care given to patients, happy atmosphere, pts do not like leaving ward - extra kind to those who never get visitors.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday. Code A HCSW	Sultan staff donate their own milk to give rels drinks who have come a long way. Staffing levels - 6 morning - 4 evening - 3T 3NA - 2T 4NA - nearly everyday.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday Code A HCSW	Sickness? Work extra or get agency. In last month has worked extra twice. Use to get "time back", now get paid extra.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday Code A HCSW	"We managed quite well" with staffing level.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday Code A HCSW	"Her" really sad about the events.
Quality Indicators.C1 Staff attitude	Site Interview-Wednesday. AnitaTubrittSenStafNursDryad	Morale low – press and investigation.
Quality Indicators.C1 Staff attitude	Site Interview-Wednesday. AnitaTubrittSenStafNursDryad	Staff very keen to update.
Quality Indicators.C1 Staff attitude	Site Interview-Wednesday. DebbieBarker-StafNurseDryad	"We are proud of nurses care that we give here".

Quality Indicators.C1 Staff attitude	Site INterview- Wednesday.DrQureshi- CltDryad	Nicely managed.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday.DrQureshi- CltDryad	Nurses are hardworking.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday.DrQureshi- CltDryad	Caring place
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday.LynBarrat- StafNursDryad	Team on own ward give excellent care to patients and give a lot of ourselves to the ward".
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Things that have "inspired" him to stay in job remain the same, but some things have changed. Eg. attitude of some staff. Feels motivated by doing good for patients. Some staff are not like this - just come to do as little as possible.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Saw problems of staff attitude that occurred, giving rise to original complaints (ie. Mrs Richards).
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Some nurses do not want to respond to patients' needs. Would rather have tea and real breaks. Not all staff in Daedalus and Mulberry wards are like this but some. Blatant in not caring. Patients left to care for themselves eg. on Mulberry and Ark Royal.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Sometimes you would think patients are in charge. Patients walk corridors while staff sat in the lounge.

Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Staff should be interested in what patients are doing.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Was called to ward the day of incident with Mrs Richards. Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. Clinical Manager appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. Clinical manager appeared again - other porter swore at Philip Beed because of their frustration (the porters). Philip's response was to say he would go and look for other nurses.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Feels there is still a lack of interest among nurses. Many times porters are called and nurses have not prepared patients.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	One example of porters being asked to take patient alone because no nurse around yet some were seen coming out of coffee lounge after this.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	No particular time of day that this has happened - more associated with certain members of staff. Some staff are excellent.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday Code A Porter	Surprised there are not more patient complaints about staff eg. staff did not appear to pretend to work hard.
Quality Indicators.C1 Staff	Site INterview-	

attitude	Wednesday Code A Porter	Patients comments (to porters) eg. buzzers - most staff will always answer them but a few staff will say things like "oh they are always buzzing there is nothing to worry about".
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday Code A Porter	Long-term staff still in post so this contributes to continuation of culture of lack of caring.
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday. Tina Douglas- Staf Nurs Sultan	Its improved over 8 years. N practice improved.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Friday. Jo Taylor Sen Nurs Day Ward	Assess patient at home and clarify difference with carers about day centres and day ward.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Friday. Jo Taylor Sen Nurs Day Ward	Assessment process <ul style="list-style-type: none"> - referred by GP, by letter - meeting Wed with MDT - discuss referrals and agree appropriate clinician to assess patient - go to home and assess in day ward and assess condition - element with a whole team approach
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday. David Jarrett- Ld Conslt	Feel care here is good - if relative of his here - would have no worries.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday. Linda Woods- Staff Nurs Daed	Nursing assessment after Doctors visit. Waterlow score, nutritional, bowls and ADL. Pain charts and bed charts kept as needed, weighed within 24hours, weighed fairly frequently. Particularly if Nasogastric. Does swallowing assessment. We thickened fluids if necessary. Meals ordered as needed. There is a daily nurse assessment.

Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	how do you recognise deterioration. All trained staff have done diet course. Basic assessment and report to doctor. Possible readmission to acute ward.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Alert courses used to assess of sudden deterioration. ECG anxiety-fax ECG to cardiac unit.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday. Code A HC SWDaed	Plenty of information is available on wards for everyone. Philip makes sure all information is available.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday. Code A HC SWDaed	Now have hip protectors & wear leg protectors aswell. Everyone has a tv - ?? to keep ?? ward. Philip has introduced all of these.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Done well on ward.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Rehab activities?? What active rehab with involvement of nurses?
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Patient m/x has changed. More rehabilitation care needed.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Realistic? Not always as able. Same between hospitals. As referring hospital suggests.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Effect on care? Yes eg of man??

Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.VickyBanks-LdClf	Have some benchmarks eg <???) and referral rates. Less on outcomes.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday.VickyBanks-LdClf	Have developed multi disciplinary team assessments, audit results and GP satisfaction with system. Have used results to change and improve practice.
Quality Indicators.C2 Effectiveness & outcomes	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
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.AnneMonk-Chair	Quality. Quality performance indicator. Complaint of bed sore for each complaint. Risk event - rated - where they happen computerised.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews-Monday.Debra Hunt-telephone	use individual care plans for patients and tries to see care on assessment of need.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.DrAltheaLord	Now that nurses have had ALERT course, able to recognise when patient becoming hypotoxic or hypertensive

Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.Eileen Thomas Nursing Dir	Quality of patient care very important- she spends one quarter of time spent on wards
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.IanReid-Med Dir	No feeling of patients being 'written off' helped on their way.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.PennyWells-District Nurse	Daedalus Ward. Patients are in good condition when discharged.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.PennyWells-District Nurse	No patients have been discharged with no pressure sores recently.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.PennyWells-District Nurse	When lady's legs could use compression bandages liaised between District Nurse and Ward Nurse.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday.PennyWells-District Nurse	Bad practice -> according to CGR 1, discuss at ward level, ward management. 2, GP. Feel strongly about bad practice. 3, near miss form / risk form.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Patients may be kept in pain
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday. Code A HCSW	"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.
Quality Indicators.C2	Site Interview-	

Effectiveness & outcomes	Thursday Code A DT	Trend to use MEAMS (Middlesex Elderly Assessment of Mental State), Allens Cognitive Level Test), Liaison, DPMH Service OTS
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday Code A DT	His view in general? I believe this unit is a very good unit. I would have any concerns about a relative staying here.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday Code A DT	Accurate picture should be a good picture.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday Code A DT	Personally would feel devastated if not a good picture because it would mean I've misread it and it would bring into question my reflective practice.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday Code A DT	<p>Assessment of patients</p> <ul style="list-style-type: none"> -Daedalus-good MDT -background notes -speak to nurses/physio -interview forms-functions -ring next of kin -set of goals -home patterns -social networked -further assessment <p>stroke-neurological assessment-cognitive, Rivermead assessment tool, CONTAB assessment tool, Chessington O.T neurological assessment battery, Visual screening test and standard neuro screens.</p>
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday Code A DT	Good at detecting depression- have a scale tool (maybe GDS Geriatric Depression Rating Scale?)

		-Mini mental tool -to detect Cognitive impairment. 1-10 scale.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday.DrQureshi- CltDryad	The sort of problems that came to continuing care - bed sores... Most of the patients fare quite well gave eg of bed sores - healing.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Falls? Individual risk assessment - eg. BP assessment, hip protection.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday.YongPease- StafNursSultan	No example of recent changes which have improved patient care.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday.YongPease- StafNursSultan	Give very good patient care - spend time with them and thank you.
Quality Indicators.C3 Access to services	Site Interview- Friday.AnneHasteClinical manager	we employ staff, ?, continence, care of elderly, palliative care, orthopaedic and intermediate care. NHS a nurse specialising in leg ulcers and postoperative wounds. Awaiting a chronic lung course and some have done nutritional course. Otherwise staff have done health promotion and ITU courses.
Quality Indicators.C3 Access to services	Site Interview- Friday.SharonLundy Telephone Int	Expert input. If already known by Consultant and have an appointment - will keep that up.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Activities coordinator is employed-but she is never there.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Drug assessment Manual? - updated annually. The Shipman Inquiry Care has put back

		Palliative care. Afraid to use diamorphine now.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Staff feel vulnerable.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Transfers - blue lights - A & E. (Doc's ?? can't ??) eg laceration 999 or to ward. No long waits personally but heard of long wait.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Transfers back to acute at night.
Quality Indicators.C3 Access to services	Site Interview- Thursday Code A Sp-LangThera	Good standard referral system.
Quality Indicators.C3 Access to services	Site Interview- Thursday Code A Sp-LangThera	Open referral system. If swallowing need a medical referral – Dr Yikena or GP Sultan. Appropriate in nature of timing? No inappropriate referral.
Quality Indicators.C3 Access to services	Site Interview- Thursday Code A Sp-LangThera	Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.
Quality Indicators.C3 Access to services	Site Interview- Thursday Code A Sp-LangThera	Admissions – speech therapist from discharged hospital will telephone ahead.
Quality Indicators.C3 Access to services	Site Interview- Thursday Code A Sp-LangThera	There are some complaints about lack of therapy. This could be hindered due to medical reasons – no main reason for this happening.

Quality Indicators.C3 Access to services	Site Interview-Thursday.DrBeasleyGP	Sultan Ward - middle level user.
Quality Indicators.C3 Access to services	Site Interview-Thursday.Joan LockExSisterSultan	came in 1981 as s/n then sister on sultan. In those days just 2 wards and minor theatre
Quality Indicators.C3 Access to services	Site Interview-Thursday.Joan LockExSisterSultan	Then became medial/young disabled/respite Changes 'we coped pretty well' with the change
Quality Indicators.C3 Access to services	Site Interview-Thursday.Joan LockExSisterSultan	PT OT was also available OT came daily (AHP) mixed in
Quality Indicators.C3 Access to services	Site Interview-Thursday.ShellyBrindOT	Referral system No standard, fill out of referral OT would pick up referral
Quality Indicators.C3 Access to services	Site Interview-Thursday.WardClerk Code A	Bed Blocker – Board, nurse tick board, ward clerk assessment notes. When medically able to go home – fax Barbara Robinson.
Quality Indicators.C3 Access to services	Site Interview-Thursday.WardClerk Code A	Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.

Quality Indicators.C3 Access to services	Site Interview-Wednesday.ACShirleyHallmanNurseDryad	Also facilities for number NOF patients not in place.
Quality Indicators.C3 Access to services	Site Interview-Wednesday.DrJosephYikona-StafGradePhysi	Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.
Quality Indicators.C3 Access to services	Site Interview-Wednesday.YongPease-StafNursSultan	Do take respite/chronic patients on a regular basis.
Quality Indicators.C4 Organisation of care	Site Interview-Friday.JoTaylorSenNursDayWard	Waiting list is very long, also been long – need to appropriate with discharge.
Quality Indicators.C4 Organisation of care	Site Interview-Friday.ToniScammell-SenNursCoord	Nurses lacking acute skills. OK for post mix of patients, now getting more older, sicker and more dependent patients. Bartel 3-4 to 2-3 hip replacements 12/3 to 7/8 day. All qualified nurses - 5 through alert course. How did staff respond? Nervous at first.
Quality Indicators.C4 Organisation of care	Site Interviews-Tuesday.AngelaWilson-SenStafNursDaed	Handover, handover of info enough, unsure go to notes.
Quality Indicators.C4 Organisation of care	Site Interviews-Tuesday.BarbaraRobinson-DepGenMgr	Culture of care - (we had to press a little to get the following) Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.
Quality Indicators.C4	Site Interviews-	

Organisation of care	Tuesday. Code A HCSW Suit Ngt	Finds changeover meetings very useful, particularly as patients change quite regularly.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.JaneWilliams- NursClt	In 1992 - 'HOTN' a spur to rehab clinics. Stroke service started in 1993. Had a practice focus. Daedalus took on new stroke model of care in 1994 (converted continuing care beds) - 8 beds.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.JaneWilliams- NursClt	For patients? Now an organised service. 1997 nurse specialist. Working with staff and relatives.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.JaneWilliams- NursClt	Rehab -> continuing care decision.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Mornings are a rush, but more time for admin and social services preferred. More time to talk to patients and relatives
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday. Code A HC SWDaed	Problem of ward becoming bed blocked. Change in role since incident with patients. Nurses now much friendlier towards pts. Eg pts?? who need feeding may need to wait until meals have been served to others.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday. Code A HC SWDaed	Eg pts?? who need feeding may need to wait until meals have been served to others.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday. Code A HC SWDaed	Sometimes only 5 nurses a week 24 hrs. Roles?? Workloads very heavy.

Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday. Code A HC SWDaed	Pts have bells in lounge so that they can call nurse if needed. Philip had these installed.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Patient referral info? Brief synopsis when pt arrives? Introduced, assessment within 2 hrs.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Inconsistent. Need to move on but Dryad Hill ?? action?? Nursing homes ok.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Action? In chair, Dept. OT kitchen balance, ward acts.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	Arrival on ward and ward change of use? Now 8:8:8 extra staff skills and competencies developed to complement. Slow stream rehab skills. All pts now have a rehab care plan.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	Rehab can't care? Who takes decision? Weekly multi disc team - cons/ s? grade, nurses and AHP's - 2 per week. Good attendance. Then discussion with pt/relative recorded in Med/Nursing notes. What format? Brief record of decisions and actions, plus diary.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Daedulus: IC. 8 stroke & rehab. FF on pullway. 1/2 terminally ill. How know reason? In office & in notes.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Transfers back to acute at night.

Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.VickyBanks-LdClf	Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good relationships with GP colleagues.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.VickyBanks-LdClf	Part of wide network of psychology of old age (8 months).
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.VickyBanks-LdClf	Have waiting list at present because of rest home and nursing home closures. Have beds 'blocked' by patients and pressure on EMI beds to admit.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday.VickyBanks-LdClf	If patient cannot be handled on ward will admit to EMI ward for a few days to manage behaviour. EMI Nurses will interact more.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.AnneMonk-Chair	How are falls, pressure sores - Risk system shows it up. Clinical governance panel minutes - CHC member presents and waiting lists. Get compliments as well.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.DrAltheaLord	Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.DrAltheaLord	Numbers of cases rising, complexity growing hence workload rise in 98.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.JeffWatling- ChiefPharmacist	Comments on culture of care 98 vs NOW - "I wouldn't know."

Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	Lady came to Daedalus on ward conference about home help but consultant discharged her within 48 hours. - So many issues not enough time to equip properly.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	Medical staff felt could go. Social services had funding and that was why discharged so quickly.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	College experience. Lady on ward wants to be at home - need time for equip - late notice the lady was given, short notice to get equipment together.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	Admission - District Nurse - send in notes, but patients get admitted without District Nurse knowing - but notes will follow.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	Acute and Comm - Yes/presume. Working policy formulated - working party - community and acute.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	Respite. Patients could use Sultan for respite ie stroke, parkinson's.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday.PennyWells-District Nurse	Lady could not go home with terminal illness - but safety was too high - so admitted to Sultan to pass away.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	Historically 1970s hospital very different. Had operating theatres he did 2 sessions per

		week anaesthetics all beds GP.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	1980s elderly medicine acquired beds - loosely described as slow stream rehab. All GPS took turns in looking after.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	In 1980s slow stream geriatrics on 4 sites, N'wich House, then GWMH rebuilt '92 - Drayad and Daedalus 44 beds, Radcliffe.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	Case mix drifted over the years leading to a number of problems.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	Daedalus meant to be rehab. Dryad so called continuity care. The concept of slow stream went out of the window (Act of Parliament ... Bartel less than 3) which led to faster throughput of patients.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	Over past 2/3 years there has been an acute shortage of elderly beds exacerbated by closure of Haslar acute medical beds. Patients increasingly transferred across, not medically stabilised.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	Complexity of individual cases - regularly patients on drips etc. did not happen 5/6 years prior.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	So workload complexity increased - what about staffing/infrastructure? Dr B asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH -

		presents a number of problems - so scream and howl at lot. Had word with Dr Banks (could he make a room soundproof?).
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.DrBeasleyGP	GP/Direct admin Pall care Convalesce Step down
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.JamesHareChaplain	Would very much like to be more actively involved in patient care planning as he feels patients' spiritual needs are neglected. However, he has never been asked to do so at GWM or volunteered. This is in contrast with other community hospitals he serves.
Quality Indicators.C4 Organisation of care	Site Interview-Thursday.Joan LockExSisterSultan	Medial/postop/surgery 2 year some medial, ENT,GP patients/young/or respite/or terminal
Quality Indicators.C4 Organisation of care	Site Interview-Thursday.Joan LockExSisterSultan	Then became medial/young disabled/respite Changes 'we coped pretty well' with the change
Quality Indicators.C4 Organisation of care	Site Interview-Thursday.Joan LockExSisterSultan	looked after by own GP In 1999-wide-range-cancer/terminal/transfer from Haslar-Q/A-St mary's- SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.
Quality Indicators.C4 Organisation of care	Site Interview-Thursday.Joan LockExSisterSultan	Complexity of patients Had a range of staff to manage G,F,SNs,Students

Quality Indicators.C4 Organisation of care	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Admission - ask what time they go to bed - what normal lifestyle is - drink and food patterns - hygiene patterns - body check - physical assessment
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	Her general amount. In hospital for 23 yrs. Currently on Sultan ward for 12yrs. Before that at Northcott Annexe. Older people throughout.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	Busier over 2 years - more needs. Case mix used to be "premonia" - now early post-aggregative?? cases - all takes longer need accompanying by trained staff. Help with feeding, care, comfort, bell handy, HCSW pop in to check patients including those too unwell/unable to communicate their needs. Staff help each other.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	Busier over 2 years - more needs. Case mix used to be "premonia" - now early post-aggregative?? cases - all takes longer need accompanying by trained staff. Help with feeding, care, comfort, bell handy, HCSW pop in to check patients including those too unwell/unable to communicate their needs. Staff help each other.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.
Quality Indicators.C4	Site Interview-	

Organisation of care	Thursday: Code A HCSW	What happens if feeding is impossible? Get on to chart, dietician, doctor, drip.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A OT	Ellen K is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dryad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A OT	He is specialist in complex disability management at GWMH, so his work is in Dryad and Sultan primarily.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A OT	When asked about pressures including workload what goes, what is the lower priority? Lower priority is formal report writing, clerical support started 18/12 and now a lot better.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A OT	Concern that way in which OT is organised ward training to d/w several OTs. Review process? D/w head OT.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A OT	BGs here still tend to be ward based, at Haslar more speciality and Elderly. MH still traditional model.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A OT	Occupation. Diversional label. OT have tended to drop because of lack of numbers. Deadalus have no OT input/training to Activity Co-ordinator Post. Dryad ??? not perceived need on ward.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HA	Wandered about sufficient rotation of staff through areas. Isolated community ie. fresh

		ideas. Incisiveness? NA raised with Trust a senior manager and NGD in Clinical numbers and they did.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.PhilipBeedclinicMgr Daed	If patients are being considered for discharge - interventions will be recorded for 48 to inform the proposed care package.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday.PhilipBeedclinicMgr Daed	Improved cooked breakfast - discussed to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday phy Code A	Instead of just seeing patient on wards which was frustrating, now ran follow-through to see patient at home or day hospital, lots of mixing and matching.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday phy Code A	Prioritise rehab - ie. early strokes, orthopaedic patients can hand over to nurses.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday phy Code A	Falls assessment - big thing - more awareness leads to referrals.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday phy Code A	OT - follow patient from QA (ortho) PT - follow patient home to here OT - neuro OT in house
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday.ACShirleyHallma nNurseDryad	Had away day to discuss issues. Ward ended up as a bit of a mix of continuity care patients and rehab. Had change of consultant - this prompted the change from continuity care to rehab.

Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Other staff were willing to help rehab (ie. the Physios and OTs) but did not have time.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	Three teams. Team of 8, 6 and 6, 3 E grades. Consultant Ward rounds Tuesday afternoon. Staff Grade Porter, Monday to Friday 1/2 hour physiotherapy a day, OT if patient home discharge planned.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	Toilet arrangement. No bells in lounge, except one on the wall, can cause problems. But big lounge opposite nursing station, small day room not so accessible.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	More medically unstable patients coming - causes additional problems.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrQureshi- CltDryad	Nicely managed.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrQureshi- CltDryad	The systems are there. There are policies there in office. Nurses and Doctors know of it - follow it. In some instances, better than seen elsewhere.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrQureshi-	Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly

	Cltdryad	progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrQureshi- Cltdryad	Bed pressures - are you seeing patients in ward transferred inappropriately? Continuing care criteria - usually would expect somebody coming into continuing care to stay there until RIP, but other who could -> residential care but finding recently that some in continuing care setting are those who are not suitable and can be discharged.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrQureshi- Cltdryad	It is the same process of looking after patients throughout their illness - need different settings at different times.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.DrQureshi- Cltdryad	Other end of discharge process eg discharge to nursing homes.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Ward Description. Continuing care - ward before Nursing Homes -> medical needs -> waiting for nursing home.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Nights - healthcall - local practice cover - healthcall. Response times - poor.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	1988 - No change in expectations of rehab.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from Dr Banks - very formal support, informal support.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.KatieMann- SenStafNursSultan	Young chronic sick, respite care, Not an elderly service unit. Consultants quite frequently come in to give second opinion. Links with oncology and orthopaedics.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.KatieMann- SenStafNursSultan	Care plans not as up to date as they might be. Assessment of ADLs and Discharge planning. Already Care Package?
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Based on Dryad, occasionally on other wards. For a period did work days after a period of sick leave. Relapse of Rheumatoid Arthritis since act 25.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Four at night e + D + HCSW recent months. Before that E + HCSW.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Patients can get agitated/noisy/stroppy at night - deals with it but prefers physically ill patients, not mental health.
Quality Indicators.C4	Site INterview-	

Organisation of care	Wednesday.MargaretWigfall-ENNursDryadNt	Handovers occur - most senior nurse from preceding shift.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MargaretWigfall-ENNursDryadNt	Agency nurses - used, participates in explaining matters. Most have worked here before.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MargaretWigfall-ENNursDryadNt	MRSA time taken to tog up and detog to answer phone or attend to patients who have called.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday Code A Porter	Noticed that patients on Mulberry not always observed. One old patient had left 3 piles of excreta on carpet that staff appeared to be unaware of.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MMChrisJoiceNurseExStaffNurs	Difficulties on the ward - very high dependency patients - lot of care and not enough staff. Very sick continuity care patients.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MMChrisJoiceNurseExStaffNurs	Systems Waterflow scores for pressure areas. Dybal nutrition scale.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM Code A HCSWDryad	HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM Code A HCSWDryad	Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.

Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM HCSWDryad	Code A	Have employed +2 more NAs. Hard work very sick patients. How manage feeds - do use patients. Ward meetings, atmosphere on ward - S&L very good.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM HCSWDryad	Code A	Pureed food looks awful - dieticians not come on to ward. Records - enter a care plan what eaten. Have food charts. HCA - we remove plates and wipe up. 1998 - how found out - pubs (word of mouth) - very angry at scare-mongering.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM HCSWDryad	Code A	Mental health people - now look after them - not really skilled - get few psychiatric patients - take over spill form psych. Wards - no-one from mental health wards. Training in challenging behaviour? No.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM HCSWDryad	Code A	Use of agency staff - cost - need more feedback if not OK to senior staff.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM HCSWDryad	Code A	What do if felt not good practice on ward? Eg. care/attitude. Would respond to team leader Jan Peach handled well and resolved the situation.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.TLDrRavindraneC onsult		Previously ward was Continuity Care - now rehab only.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.TLDrRavindraneC onsult		Rehab, Continuity Care, Palliative Care blends together.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.YongPease-		Do take respite/chronic patients on a regular basis.

	StafNursSultan	
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday.YongPease- StafNursSultan	Forty five GP's - confusing and different ways of doing things.
Quality Indicators.C5 Humanity of care	Site Interview- Friday Code A Senior Diet	Often nurses too busy and food out of reach. Now resolved.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Patient seems to be in more pain because of the reluctance to use larger amounts of drugs within the band range.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Nursing is made harder because people are in pain. Nursing is easier when the person is pain free and more comfortable.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Culture of care - (we had to press a little to get the following) Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment, monitor standards eg oral health in stroke patients.

Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.DavidJarrett- LdConslt	Feel care here is good - if relative of his here - would have no worries.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. Code A HCSW SunTngt	Confident that alarm system is good but not all patients are able to use them, we give them a bell so they will call for help.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. Code A HC SWDaed	Do more for help - under supervision. Involved in real ???. Put pts at ease.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. Code A HC SWDaed	Make sure pts are fed and clothes are clean.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. Code A HC SWDaed	Policy in ward in rehab so try to get pts in normal routine. Pts go to lounge etc. Ladies have hair done & men encouraged to shave. Have quiet room for those who want it.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Weigh them, offer help with eating and drinking by ancilliary staff if needed.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.
Quality Indicators.C5 Humanity of care	Site Interviews-Monday.Debra Hunt-telephone	If there was more staff they would like to pamper patients a bit more

Quality Indicators.C5 Humanity of care	Site Interviews-Monday.Debra Hunt-telephone	Is very aware of patients nutritional needs and all patients are weighed on admission and then regularly accordingly.
Quality Indicators.C5 Humanity of care	Site Interviews- Monday.Eileen Thomas Nursing Dir	efforts to encourage more patient participation: groups set up and annual conferences
Quality Indicators.C5 Humanity of care	Site Interview- Thursday. Code A Sp- LangThera	Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.FionaWalker- SenStafNursSultNt	Patient care would be compromised eg. time spending with patients lacking. 2 trained nurses has upped staffing levels, levels are ideal now but still need a G grade.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Patient in lounges cause for concern. Usually unattended by staff and unoccupied with no help in using remote control. Patients in lounge either mobile of catheterisation so some patients may be unable to use lounge because of need for help in using the toilet.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Chaplaincy team also has a 2nd volunteer who visits patients on wards.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Most of attendees from Mulberry, Sultan and Daedalus wards.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Maintains list of contacts with other churches/faiths we can contact them if necessary. It

		hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Services are broadcast to ward on Radio Haslar.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Mary (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). James not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Not happy about patients who are left in lounge with TV blaring but no staff. Feels they should get help at least in changing channel or adjusting volume.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JamesHareChaplain	Would very much like to be more actively involved in patient care planning as he feels patients' spiritual needs are neglected. However, he has never been asked to do so at GWM or volunteered. This is in contrast with other community hospitals he serves.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Admission - ask what time they go to bed - what normal lifestyle is - drink and food patterns - hygiene patterns - body check - physical assessment

Quality Indicators.C5 Humanity of care	Site Interview- Thursday. Code A HCSW	Example - one pt is violent, plead with her to have a shower, resists help to be fed, will not eat food then complains that food has gone cold, so they reheat. Try gentle persuasion, verbal, when in shower they are able to clean room. She is waiting for Mulberry Ward.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday. Code A HCSW	Could a patient miss nutrition - food is watched - not taken away til intake is observed/noted.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday. Code A - phy	How engaged in goal setting? Work to be done, trying to do multi-disciplinary to much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Patients arriving on ward - greeted by nurses and procedures explained.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Care in hospital is very good.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.DrQureshi- CltDryad	On the whole, the emphasis seems to be on the patients.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.LynBarrat- StafNursDryad	Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to

		them and read to them.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Diversional Therapy. Patients often have difficulty participating.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Patient/nurse relationship has changed but dislikes indiscriminate use of Christian names - prefers to ask for patients preference, whilst fashion seems to be to use first name - "these young nurses think nothing of it".
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	Staff should be interested in what patients are doing.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	Was called to ward the day of incident with Mrs Richards. Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. Clinical Manager appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. Clinical manager appeared again - other porter swore at Philip Beed because of their frustration (the porters). Philip's response was to say he would go and look for other nurses.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	Feels there is still a lack of interest among nurses. Many times porters are called and nurses have not prepared patients.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	One example of porters being asked to take patient alone because no nurse around yet some were seen coming out of coffee lounge after this.

Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	Patients comments (to porters) eg. buzzers - most staff will always answer them but a few staff will say things like "oh they are always buzzing there is nothing to worry about".
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	Noticed that patients on Mulberry not always observed. One old patient had left 3 piles of excreta on carpet that staff appeared to be unaware of.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	Porters have no involvement in taking meals away from ward so cannot comment on whether it is eaten.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday Code A Porter	If he sees patients walking unsteadily - will call for help. Will fill in form if patient actually falls and porter is involved.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.MM Code A HCSWDryad	Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.MM Code A HCSWDryad	Pastor Mary does some bereavement work - is great can access her and is good.
Quality Indicators.C6 Environment	Site Interview- Friday.MaxMillett-CEO	Some Trust wide physical environment are very poor.
Quality Indicators.C6 Environment	Site Interviews- Tuesday Code A HC SWDaed	Thinks there is a risk associated with some pts who may be demented. Ward is not locked. Staff cannot control patients who wander off etc. Has no concern about patient care at present. Care is excellent - would put her mother on

		ward!
Quality Indicators.C6 Environment	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	When not treated, what pt's do?? Get bored, staffing pressure. Recently good mix of 'chatters'.
Quality Indicators.C6 Environment	Site Interviews- Monday Code A -Coporate Risk Advr	Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.
Quality Indicators.C6 Environment	Site Interview- Thursday Code A HCSW	Policy of 0.75pt of milk/patient - insufficient for beverages for relatives - who complained. Cover's all the days beverages. Different to first case above.
Quality Indicators.C6 Environment	Site Interview- Thursday Code A HCSW	In Daedalus - rels can do drinks and in Dryad, but not in Sultan ward.
Quality Indicators.C6 Environment	Site Interview- Thursday Code A HCSW	Sultan staff donate their own milk to give rels drinks who have come a long way. Staffing levels - 6 morning - 4 evening - 3T 3NA - 2T 4NA - nearly everyday.
Quality Indicators.C6 Environment	Site Interview- Thursday Code A OT	How do patients spend their day? -watch television -no occupational opportunities/no prog -activities co-coordinator-but does not do anything specifically
Quality Indicators.C6 Environment	Site Interview- Thursday Code A - WardClerk	Mornings Code A activities co-ordinator.

Quality Indicators.C6 Environment	Site Interview- Wednesday.DrQureshi- CltDryad	Good place - clean.
Quality Indicators.C6 Environment	Site Interview- Wednesday.DrQureshi- CltDryad	Clean place - nice smelling. "Distinctly top class place".
Quality Indicators.C6 Environment	Site Interview- Wednesday.DrQureshi- CltDryad	I asked him about activities / occupational opportunities on the ward - not sure he initially understood - referred to rehab - clarified that meant stimulation, activities etc in general - not sure he really understood question, but I understood him to say that not so important in continuing care as type of patients, feels pattern/level similar to other continuing care environments; says relatives can take the initiative, can take on outings etc.
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A Porter	Security on ward - there are alarmed doors - sometimes patients will get out even so. Attitude of nurses is mainly cause of concern eg. not responding to patients.
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A Porter	Does think that food delivery to wards is not coordinated well enough across hospital wards not always ready so that food can be kept warm and served in optimum condition.
Quality Indicators.C6 Environment	Site Interview- Wednesday.TinaDouglas- StafNursSultan	Wanderers? Closed doors, no bell, no "spenialing"?? - staffing resources.
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday. Code A - HCSW Suit Ngt	" I feel the care we give is exceptional, Gosport people are lucky to have us here".
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday.JaneNeville-Ex-	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come

	StaffNursDaed	over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Quality Indicators.C7 Pos patient exp	Site Interviews-Tuesday.JaneNeville-Ex-StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Quality Indicators.C7 Pos patient exp	Site Interviews-Tuesday.JaneNeville-Ex-StaffNursDaed	QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.
Quality Indicators.C7 Pos patient exp	Site Interviews-Tuesday.Linda Woods-StaffNursDaed	Indicators of good nursing practice-'talk to the patients- relatives are happy'
Quality Indicators.C7 Pos patient exp	Site Interviews-Tuesday.MarilynBarker-ENNursDaed	Activity coordinator. Bingo music 2 times a week.
Quality Indicators.C7 Pos patient exp	Site Interviews-Tuesday.VickyBanks-LdClt	This has been a significant change since 98 - involvement of patients / relatives in decisions re patient care.
Quality Indicators.C7 Pos patient exp	Site Interviews-Monday.PennyWells-District Nurse	Daedalus Ward. Patients are in good condition when discharged.
Quality Indicators.C7 Pos patient exp	Site Interview-Thursday Code A OT	Example of patient (and husband) on Daedalus who wanted to go home. Set up and organised equipment etc. within 24 hours.

Quality Indicators.C7 Pos patient exp	Site Interview-Thursday. phy Code A	Stepping Stones project to improve shift between hospital and home.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.AnitaTubrittSenStafNursDryad	Teamworking character. Very caring team put patients first but let down by documentation. Number of pictures that commented on care, relatives of patients that return and visit.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.GinnyDay-SenStafNursDryad	On arrival patients treated with dignity.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.GinnyDay-SenStafNursDryad	Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.LynBarrat-StafNursDryad	How do you know? We get comments from relatives saying how pleased they are with the care. I've never seen people look so happy.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.LynBarrat-StafNursDryad	Patients tell us that "they're grateful to us".
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.LynBarrat-StafNursDryad	Patients look well cared for. Fairly short staffed at moment.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.LynBarrat-StafNursDryad	Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to them and read to them.

Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt	Patient care. Privacy is better - better requested over the years.
Quality Indicators.C7 Pos patient exp	Site Interview-Wednesday. Code A Porter	Was called to ward the day of incident with Mrs Richards. Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. Clinical Manager appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. Clinical manager appeared again - other porter swore at Philip Beed because of their frustration (the porters). Philip's response was to say he would go and look for other nurses.
Quality Indicators.C8 Neg patient exp	Site Interviews-Tuesday.JaneNeville-Ex-StaffNursDaed	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Quality Indicators.C8 Neg patient exp	Site Interviews-Tuesday.JaneNeville-Ex-StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Quality Indicators.C8 Neg patient exp	Site Interviews-Tuesday.JaneNeville-Ex-StaffNursDaed	QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.
Quality Indicators.C8 Neg patient exp	Site Interviews-Tuesday.MarilynBarker-ENNursDaed	When not treated, what pt's do?? Get bored, staffing pressure. Recently good mix of 'chatters'.

Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	In retention & despite being trained do make catheterisation - could not proceed man uncomfortable & in pain.
Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.
Quality Indicators.C8 Neg patient exp	Site INterview- Wednesday.GinnyDay-SenStafNursDryad	There is reluctance by relatives to move to Nursing Home.
Quality Indicators.C8 Neg patient exp	Site INterview- Wednesday.GinnyDay-SenStafNursDryad	Nights - healthcall - local practice cover - healthcall. Response times - poor.