

TEXT: Statutory Stakeholder.Betty Woodlands.txt (32/33)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 IPR process doesn't work well everywhere, sometimes just because of turnover of line managers

TEXT: Statutory Stakeholder.Betty Woodlands.txt (46/46)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Nursing input into policy development - BW has had major contribution

TEXT: Statutory Stakeholder.Community Health Council.txt (155/155)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Poor level of domestic services at time of incidents

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (104/108)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 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

TEXT: Statutory Stakeholder.**Code A**.txt (80/80)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Trust aspiring to be a very good employer

TEXT: Stakeholder.Mr and Mrs Ripley 21.11.01.tx (12/16)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 One day nurses were unable to wake him as was Mrs Ripley. Mrs Ripley requested that a Doctor be sought immediately - not available but summoned - waited for 5 hours - told only 7 emergency doctors for whole of South.

TEXT: Stakeholder.**Code A**.txt (97/98)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Appointment arranged for 27 Feb never given name of consultant he was under - told he didn't have one

TEXT: Statutory Stakeholder.Interview with Dr McKenning G (8/15)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Clinical assistant contract (ie GPs employed part-time in hospitals like Dr Barton) is a fairly nebulous, not very robust contract which has been around for about 30 years - simply arrangement where GPs with specialist expertise in particular field help out on short-staffed wards; most GPs who do this sort of work prefer a 'hospital practitioner' contract which are much clearer and allow for more hands-on, supervisory work

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (117/121)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Getting access to consultants: procedure is that 1) ask that short letter requesting consultant visit be put in patients' notes and request passed to consultant's secretary; 2) button-hole in corridor; 3) ring them up directly

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (122/125)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Consultants department 'always accessible'; they always come back to me quickly not too difficult to get GWM consultants to attend patient when requested; more problematic getting consultants from other hospitals

TEXT: Stakeholder.Interview- Mr **Code A** & Mr **Code A** 22/122)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Mr **Code A** felt that nurses could do what they wanted.

TEXT: Stakeholder.Mr and Mrs Ripley 21.11.01.tx (35/40)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 No nurse identified with responsibility for Mr Ripley's care. Mrs Ripley's impression was most were nursing auxiliaries. "I don't blame any of the doctors" - very few fully qualified nurses evident - Doctor would come around each evening to Sultan Ward (Mrs Ripley's GP).

TEXT: Stakeholder.Mr and Mrs Ripley 21.11.01.tx (54/58)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Was not under the care a nurse with specific responsibility for him. According to Mrs R, most of the nurses who dealt with him were nursing auxiliaries - very few fully qualified nurses appeared to be on duty in ward

TEXT: Stakeholder.**Code A**.txt (27/28)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Nursing Accountability
 Nurses should be checked performing as they should.

TEXT: Statutory Stakeholder.Betty Woodlands.txt (37/40)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Reflective practice - ward in 97/98 in Havant. Younger nurses took it on board seriously but older nurses a bit wary of clinical supervision and resistant to reflective practice (not needed because we talk about things anyway so why we doing it)

TEXT: Statutory Stakeholder.Community Health Council.txt (155/155)
 CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)
 Poor level of domestic services at time of incidents

TEXT: Statutory Stakeholder.**Code A**.txt (26/29)
 CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)
 managers or middle managers moving in that direction

informally some still working in old way

TEXT: Stakeholder.Mrs Mackenzie.txt (28/41)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 5. 11 August, 2001: Mrs R admitted to GWM with note from consultant saying that she was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff

6. Shortly after arrival at GWM, put on heavy sedation; became groggy; nurse said that she wasn't lucid

7. Neice came to visit soon after and told that 'she'd had a little fall'; neice asked why no X-ray; seen by a Dr Briggs who worked at same surgery as Dr Barton who recommended morning Xray; family confused as fall apparently happened at 1:30 pm and GWM Xray dept open at that time

TEXT: Statutory Stakeholder.Interview with Dr McKenning G (27/29)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out or hours arrangements: GPs responsible for ensuring appropriate cover; many use deputising services monitored by LMC, particularly for response times

TEXT: Statutory Stakeholder.Interview with Dr McKenning G (27/34)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out or hours arrangements: GPs responsible for ensuring appropriate cover; many use deputising services monitored by LMC, particularly for response times

Particularly concerned about Healthcall which is used by many Portsmouth-area services which relies increasingly on standby doctor as becoming more difficult to fill regular rota

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (108/109)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out-of-hours arrangements: patients covered by an on-call GP from patients' own family practice

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (110/111)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Can't handle emergencies out-of-hours: admit them straight away to QA A&E

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (112/113)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Healthcall doctors don't have access to GWM beds out of hours

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (114/115)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 A lot of hours medicine practised pragmatically and not by the book

TEXT: Statutory Stakeholder.**Code A**.txt (82/83)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Working time directive (EWTD) Management has invested a lot of time educating staff about working hours & benefits of EWTD

TEXT: Statutory Stakeholder.Tele Int- Dr Pennell (9/11)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out of hours arrangements
 Out of hours - used to cover stopped - now. Healthcall called in - GP told is excellent.

TEXT: Statutory Stakeholder.Betty Woodlands.txt (16/16)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 No 'us and them' feeling between unions and management at GWM

TEXT: Statutory Stakeholder.Interview.Nicky Pendleton.22. (59/61)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Protocols for cot sides developed in late 90s (need to check date): it was a good example of pulling together all staff involved in elderly care

TEXT: Documentation.Letter from **Code A** (9/10)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Characterised by a complete lack of support from her employers.

TEXT: Statutory Stakeholder.Betty Woodlands.txt (16/16)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 No 'us and them' feeling between unions and management at GWM

TEXT: Statutory Stakeholder.Betty Woodlands.txt (21/21)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Lots of support systems for staff (counselling in wards) in house training

TEXT: Statutory Stakeholder.Betty Woodlands.txt (42/43)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Term-time contracts to enable patients to look after children- more family - friendly working- now largely adopted.

TEXT: Statutory Stakeholder.Betty Woodlands.txt (49/50)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Staff don't mind whistle blowing - they know they will be given support. Its taken very very seriously

TEXT: Statutory Stakeholder.Betty Woodlands.txt (54/54)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Domestic abuse policy - used as benchmark around the country

TEXT: Statutory Stakeholder.Betty Woodlands.txt (56/56)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Occupational health easily accessible for staff facing difficulties

TEXT: Statutory Stakeholder.Betty Woodlands.txt (63/64)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Ellen Barnes, Nursing Director has supported nurses with police inquiry to the full

TEXT: Statutory Stakeholder.Community Health Council.txt (147/147)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Staff have taken a real bashing at Gosport

TEXT: Statutory Stakeholder. **Code A** .txt (4/4)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Staff at GWM feeling very battered And bruised'

TEXT: Statutory Stakeholder. **Code A** .txt (75/75)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Trust has gone out of its way year after years to meet pay results

TEXT: Statutory Stakeholder. **Code A** .txt (77/78)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Trust has always allowed employees who wished to can move from CP To Whitley Council Concept

TEXT: Statutory Stakeholder. **Code A** .txt (82/83)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Working time directive (EWTD) Management has invested a lot of time educating staff about working hours & benefits of EWTD

TEXT: Statutory Stakeholder. **Code A** .txt (114/114)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Immediate support from Pat for OT's when problems rise.

TEXT: Statutory Stakeholder. **Code A** .txt (114/117)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Immediate support from Pat for OT's when problems rise.

Independent counselling service for staff completely independent of trust (up to 6 counselling sessions available)

TEXT: Statutory Stakeholder. **Code A** .txt (121/121)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Chaplaincy service - intergrated into teams - open accessible & visible

TEXT: Statutory Stakeholder. **Code A** .txt (123/123)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Human scale - people know each other - like a family unit

TEXT: Statutory Stakeholder.Tele Int- Steve Barnes. txt (26/29)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 GWM has a good record in supporting staff at senior management level; not so sure about behaviour of middle managers. 'Why pick on such a good trust to investigate?'