

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 1	Mr Code A rang Code A 's GP to let him know that Nat had been transferred to the GWMH, however, there has been no reply to his phone call.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 3	- optimistic.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Last May 2000 Mr Ripley was unable to walk - Mrs Ripley could not manage so arranged for him to go to Haslar. Was in high dependency bed but Haslar said could not spare bed for someone not acutely ill. Moved him to War Memorial Hospital.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Breathing irregular and at one point appeared to stop. Mr Ripley's relatives told that Mr Ripley's condition 'very, very serious', "massive mid-brain stroke". Requested that he be sent to Haslan - Mr Ripley in dreadful pain throughout journey to Haslan.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Mrs Ripley rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslan for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Q & A spoke to family to prepare them about their father never returning home but would move onto a nursing home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Father was being sent to GWMH for rehabilitation and reoperation. The Q & A felt that he could not do anymore

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Father was transported by passenger transport, which took 1-1/2 hours wars to ward. - This was the largest distance he will have travelled so he felt very frightened.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Mr [Code A] questions why his father was moved from Q & A if he was so ill.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Mr [Code A] questions why his father was moved from Q & A if he was so ill. The family felt that if the family had known that their father was so ill they would not have had him moved from the Q & A.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 6	Hospital claimed that Mrs P is very serious pain following her transfer from Q & A.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 7	Transfer - Haslar - GW - next day 12/11/98. 8 1/2 hours oral morphine 20 mg - if that poorly why transfer? Did not ask Mr [Code A]'s name and address. By Tuesday in coma.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 7	Make sure patients physically fit to transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 10	Readmitted to Haslar
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 10	Concerned about transfer from GWM to Haslar

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	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
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	Mrs R had not been treated as a patient for remobilization as she should have been according to advice from consultant geriatrician at Haslar, 3 days after her hip operation
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	Also upset about the arrangements for her second transfer from Haslar to GWM when she was carried on nothing more than a sheet; there was also nothing on her notes on arrival at GWM to indicate that she had pneumonia
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Had physio - eating properly and having normal conversation. Walking with a frame at Haslar.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Convalescence with view to discharge to nursing home
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Discharge note from Haslar - was about convalescence
Guid Prac & Perf Mgnt.E1 Patient transfer	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
Guid Prac & Perf Mgnt.E1	Stakeholder 13	

Patient transfer		Discharge letter from Haslar to GWMH - now fully weight bearing and zimmer needs total care, is continent - and explanation of fidgeting = need toilet and recommended more physio.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 14	Patint Transfer Waited all day for mother to be moved. When got to St Mary's had "terrible procedure." Therefore GWMH neglected her.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 17	Patient Transfer Dislocated hip at Gosport War Memorial Hospital before 2:00 pm - transferred to Haslar at 10:00
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Community Health Council.txt	Vice chairs has picked out concerns about GP's when patients at War Memorial hanging on to beds there and making discharge more difficult
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Dr McKenning G	They get correspondence out quickly; usually see and sort out patients due for discharge efficiently; communications between GWM and primary care not frequent but 'generally good': 'We're not left carrying the can'
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Dr McKenning G	GWM discharge summaries are timely and clear and do not leave GPs to sort things out
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Dr McKenning G	Serious bed crisis in Portsmouth area and signs are it will get worse: 250 beds to be lost in area by 2002; he predicts even greater move to 'dump' patients in community hospitals; 'we're not being given the resources we need to deliver services; pressure to get patients out of acute hospital beds (probably fuelled by pressure to increase FCE completions)

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Dr McKenning G	Inappropriate discharge of acutely ill patients into low intensity beds; there are 'many' such patients in GWM wards
Guid Prac & Perf Mgnt.E1 Patient transfer	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
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Dr Warner.22.1	Very critical of 'inappropriate referrals' of patients by SHOs at the QA
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Dr Warner.22.1	problems at GWM magnified by virtual closure of Haslar feel that trust administrators 'after our beds all the time'. Have a much lower bed occupancy at GWM (82-84%) than other hospitals in trust (Queen Alexandra is 110%).
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview.Nicky Pendleton.22.	GWM would not accept patients for step down from acute hospitals unless patient capable of moving from bed to chair - they later abandoned this policy reluctantly
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Majority of patients from acute care moved to GWM came from Haslar or St Mary's; seldom referred by geriatrician until intermediate care policy intro'd and more liaison between GWM and Haslar consultants

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- John Perkins	Patient Transfer Transfer - hospital organises - either family bring or ambulance/taxi - no prob. Works well
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Rose Cook	Patient Transfer No complaints about discharge War Mem. - patients and happy quite happy to stay at WMH. Not that keen to come out.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Rose Cook	Patient Transfer Arrangements to visit GWMH. Pre-referral work well for assessment.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Wards would notify him that patient becoming more stable and ready for move back home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Consultant view, OT, nursing staff, physiotherapist would also Care management assessment would be don't and placement either at home or nursing home
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP-Tony's team would have greater contact even sultan.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Concerned me that vision was transferred between QA and WMH especially where patient moved out of district.

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	We would prefer patients to be placed locally
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Nursing trust homes down sized considerably
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Private owners pushed out because of new housebuilding policy
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Significant delays in discharge because of difference in finding placement on vacancies
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Trying to develop intermediate facilities to move people out of hospital block purchasing beds in nursing homes-facing problems of cost as many properties putting prices up as demand rises resets market price The social services department has to meet any price for nursing home bed
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	GWM staff through social services should get patients out faster, but real problem getting beds in community
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Very concerned about inappropriate discharges- banding an preferentially unsure practice
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Tony War	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong

		enough
Guid Prac & Perf Mgnt.E2 DNR	Stakeholder 9	Did not explain DNR policy at War Memorial.
Guid Prac & Perf Mgnt.E3 Palliative 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
Guid Prac & Perf Mgnt.E3 Palliative care	Statutory Stakeholder.Interview with Dr Warner.22.1	GWM elderly wards 'not as specialist as true palliative care' centres although 'staff at GWM more than capable of providing that care - I feel more than comfortable about their staff in dealing with that sort of care
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 2	Mum made sure there every meal time - to help - if not wouldn't eat Left vitamin drinks out of reach - on one occasion Left there for 3 days
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Downhill quite quickly, had help feeding and drinking - in notes didn't happen never seen patients helped to eat, bell rarely near her to access. Only one in ward.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Overloaded fluid - ballooned and on nebulizer and diuretics - legs broke. Out - bandaged and then no physio.
Guid Prac & Perf Mgnt.E4	Stakeholder 3	

Nutrition & Fluids		Philip, charge nurse- on the bring in some fish for lunch - already had her lunch
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Not given anything to drink, choking Last four to six weeks no liquid in throat - thirsty, did swab mouth Notes said couldn't talk - no saliva
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Lack of food let to deterioration and fluid overload
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Mrs Ripley rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslan for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 6	As far as Mr P is aware his mother was not given any food until the time she died- believes she died of starvation and dehydration
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 7	Visitor friend told her dehydrating? - went to sister/nurse - why not on drip? - not one available on ward - security ejected.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 7	29/11 - no food/liquid - died 3/11.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 8	Food on table and left, no one helped her to eat.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	care. Only saw him helping patients eat twice.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	They would wheel patients to dining tables, just put the dinner in front of them and then leave. There did not appear to be any shortage of staff and they were gathered around nurses station laughing and chatting.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	At no time, did I see any staff in the dining room to help patients to eat. Nurses would then clean plates away and patients would have nothing to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 10	although he'd only just been weaned off pureed foods, they insisted on giving him sandwiches every night, wasn't allowed a knife to cut them up in small pieces
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 10	Asked to leave ward when Code A was eating as it made other patients embarrassed to have her there
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 11	8. After Xray at GWM which found dislocation but no fracture Mrs R taken back to Haslar where doctors queried fact that she was de-hydrated; after eating full breakfast she went back to GWM; family happy with decision for her to return there
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 11	Wonders why she wasn't put on a drip for nutrition and fluids; contacted Lesley Humphreys to find out; Mrs H told them that Dr Barton would have explained reasons to them (she had not)

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 13	No water and food for last four days of life - not able to speak
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 14	Nutrition and Fluids Nursing notes say not eaten 8 days - no fluid drank. In notes said depressed. Nursing notes say had been sick.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 14	Nutrition and Fluids Dietician support needed. Do the paperwork but not helped to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	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
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 7	In medical notes - arrested trying to feed mother. Her assault. Discrepancies between Medical Records and nursing notes.
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 11	Obtained mother's medical notes from both Haslar and GWM; Halar's a 'very high standard; with lots of detail' whereas GWM's 'absolutely abysmal' - nothing seemed to be in order; concerned about discrepancies in recording time of her mother's fall at GWM and in the administration of drugs; dates don't tally; some notes appear to have been written after her death; recorded that she had eaten porridge for breakfast on the day of her death when that would have been physically impossible
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 13	1st entry on admission sheet - happy for death certification. Was going in post-op 'well'

		patient for convalescence. Written by Doctor. Is this a cover for hospital with no 24 hour cover
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 5	At the GWMH father was on an intravenous drip that was administered on the Friday and he was also catheterised.
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Decided he needed re – catheterising
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Nurse performed procedure and didn't do it properly started bleeding profusely from penis
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Kept bleeding – consultant at Haslar Didn't know why it had happened
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Asked for nurses help in taking Mr [redacted] to toilet 3 separate occasions – did not receive help for a long time and staff complained.
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	On one visit Mr [redacted] wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. Mrs [redacted] came close to tears 6/8 Feb told off for using buzzers
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 11	When she arrived at GWM she was mobile (with aid of nurses or zimmer), continent (wanted to go to toilet and asked nurses) and could make herself understood
Guid Prac & Perf Mgnt.E6	Stakeholder 13	

Continence		More to be added with team Information given from the family eg difficult to know when needed toilet eg agitated and then given oramorph. How info passed on? - continent before.
Guid Prac & Perf Mgnt.E8 Service perf mgnt	Stakeholder 3	GWMH phone her daughter up asked to bring thickener, milk shakes - took it up in the fridge - still be there and throw it away.
Guid Prac & Perf Mgnt.E8 Service perf mgnt	Stakeholder 3	Tube and peg - did get asked for consent - gave it
Guid Prac & Perf Mgnt.E8 Service perf mgnt	Stakeholder 9	Set aside special toilets for patients with MRSA but saw staff moving in and out without washing hands.
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Stakeholder 3	Lady next door has mothers nightdress on - co-infection - lady had infested sore
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Statutory Stakeholder.Betty Woodlands.txt	IPR process doesn't work well everywhere, sometimes just because of turnover of line managers
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Statutory Stakeholder.Patrick Carroll.txt	Appraisal cycle process trust is 'Investor In People' centred
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Statutory Stakeholder.Patrick Carroll.txt	Approval cycle built into business process - all staff have IPR's