

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Friday.IanPiper/FionaCameron	Transfer issues add patient focus.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Friday.JoTaylorSenNursDayWard	Assessment process <ul style="list-style-type: none"> <li>- referred by GP, by letter</li> <li>- meeting Wed with MDT</li> <li>- discuss referrals and agree appropriate clinician to assess patient</li> <li>- go to home and assess in day ward and assess condition</li> <li>- element with a whole team approach</li> </ul>
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed	Health call - large problems transferring patients at night. Deteriorating condition - healthcall, reception, 1 hr for telephone response, 5 hr for visit.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed	QA don't like transferring - eg Cardiac Arthymna, 40 min ambulance, ambulance men were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed	Are patients too acute to be here? It changes, Int care - some patients are not stable enough.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed	Medical Input - stop transferring after 6pm on Friday, no clerking Mon-Sat-Sun.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed	During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients in.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.DavidJarrett- LdConslt	Patient flows from acute, every dept, other than Eld Med end to overgloss pts cond/function.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.DavidJarrett- LdConslt	Any pt transferred by Eld Med, med ???? etc & pats/rels understanding OK/realistic.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.DavidJarrett- LdConslt	Dosage - range whip at one time is it fairly usual? Its not usual now & was prob not usual then throughout the service but prob reflects the out of hours commitment of Jane's partners - ie for her colleagues convenience.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.DavidJarrett- LdConslt	Health - complex medical & nursing needs that require specialist input eg swallowing/fits. If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds. Rehab emphasis / eg slow stream stroke rehab.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.FionaCameron-Gen Mgr	Hospitals use - community enabling service - integrating physiotherapy, occupational therapy Social Services "It will happen faster discharge". Hope disclose difficulties relaxed discharge very high??
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	All patients referred through QA not directly from Haslar. #ENDCODE
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Patients discharged early from Acute hospital
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.MarilynBarker-	Patient referral info? Brief synopsis when pt arrives? Introduced, assessment within 2 hrs.

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Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	New admission pack. Care plan sent with patient. Communications? Regular MDT. Notes kept.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Transfer can occur both day and night. Get too many with dementia. Need for inappropriate refer meetings. Need to be looked at.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.VickyBanks-LdClt	Developed screening mechanisms for patients being admitted from two degree care to avoid inappropriate admissions. Keeps in touch with known patients in two degree care by telephone, by CPN etc.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday.VickyBanks-LdClt	Have developed protocols. Stressed team approach. Assessment tool has been developed recently to aid transfer of patients from two degree section. Helps screen patients.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	Dr Lord prefers putting definite deadline for patient ie by date x should go to nursing home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	GWM gets transfers from acute medicine on orthopaedic wards at QA and Haslar.
Guid Prac & Perf Mgnt.E1	Site Interviews-	

Patient transfer	Monday.DrAltheaLord	All referrals for transfer approved by registrar or Consultant. Dr Lord would sometimes visit patients at Haslar before transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	Getting more patients with fractured neck of femur and dementia.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	When Dr Lord contacted usually about need to move patient to acute.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.DrAltheaLord	Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.IanReid-Med Dir	Back in 1998 if patients become medically unwell after transfer - Jane would d/w referring dr/hospital and treated appropriately and referred back to Haslar / acute hospital if receded. Can get patients back into acute if necessary.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.PennyWells-District Nurse	Written discharge policy? DN - Yes/presume.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.PennyWells-District Nurse	Developing Care pathways? No, nothing has happened yet.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday.PennyWells-District Nurse	Money was funded by lottery so DN were key staff reasons for it being DN lead.
Guid Prac & Perf Mgnt.E1 Patient transfer	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.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday.DrBeasleyGP	Closure of Haslar led to pressure to QA and transfer too early. Potential problem of transferring back and pharmacy.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview-Thursday.Joan LockExSisterSultan	Plans 'Do they really need this?' Cites example of old person on lots of benzodiazepines which she and GP reduced
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> physioAss	Over 5-6 months more demented patients on Daedalus. Got number ??? but less strokes. Get Acutely ill patients - physios can support that they are "not for rehab". Not ????? - not retained rehab ward.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> DT	Days of discharging against our advice etc. have gone but ward always under pressure.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> OT	Example of discharge delayed 6/12 because lack of resources for care package but happening less often.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> DT	Patients discharge delays There has been delayed by specialist equipment- Healthcare responsibility not a common occurrence.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> phy	Stepping Stones project to improve shift between hospital and home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> - WardClerk	Admissions – relatives get comfortable with patients being at hospital, delay finding nursing homes.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <b>Code A</b> - WardClerk	Transfer of patients from Q&A – only involved in telling Q&A how many beds available.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <b>Code A</b> WardClerk	No choices who GWMH accepts
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <b>Code A</b> WardClerk	Transport organised by ward clerk – inflexible, no stretchers available, patients discharge can be delayed due to transport, records.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <b>Code A</b> WardClerk	Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Continence – Bartel, walking.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <b>Code A</b> WardClerk	Q&A can often give a Bartel higher than expected so people will accept into Daedalus – care plan, drug prescription. Notes often come in a mess.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.DebbieBarker- StafNurseDryad	Multidisciplinary discharge meetings "as and when" Consultant ward round does not always result in a meeting
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.DebbieBarker- StafNurseDryad	More medically unstable patients coming - causes additional problems.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.DrJosephYikona- StafGradePhysi	If patient becoming poorly before he leaves will ask ward manager to inform acute trust and arrange for transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.DrJosephYikona- StafGradePhysi	If immediate panic, will ring A + E at QA and call for ambulance.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Agreed with nursing staff that in emergency, ambulance will be called. Has happened in only one case since he's been at GWMH.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Has been aware of sicker patients coming in from QA.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Rarely informed in advance of transfer of complex serious cases.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrQureshi- CltDryad	But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrQureshi- CltDryad	Any concerns about medical cover after five o clock.? If somebody medically unwell and needing active intervention then more beds to acute.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrQureshi- CltDryad	What is transfer process? Process controlled by office at QA (10 secretaries) 9 - 5 - oversee all admissions / transfers. Do not send patients to GWMH unannounced.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.DrQureshi- CltDryad	Complicated process - not only our team, but social services involved as well. Some need funding - social services decide and sometimes patients have to wait. Some fall short of the amount that social services can give. Some need 'top up' of finance from DoH - even longer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.KatieMann-	Discharges delayed due to lack of care package.

	SenStafNursSultan	
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.LynBarrat- StafNursDryad	Dryad supposed to be continuing care from its start -> (we feel with loss of last Radcliffe patient recently) lots of inappropriate referrals.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.LynBarrat- StafNursDryad	Getting lost of Fractured neck of femur, slow stream stroke patients. Get some Daedalus patients prior to discharge.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.LynBarrat- StafNursDryad	Getting a lot of inappropriate admissions, patients with dementia - mental health wards always full.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Patients have changed. No longer there for years as in Redcliffe annexe. Activity increased, more go to nursing homes - space for more acute beds.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Patient admission/transfer. Usually by day.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.MMChrisJoiceNur seExStaffNurs	Good relationship between GWM and community - yes. Reasonably good relatives - good insight. Can approach all GWMH staff. Discharge arrangements work fairly well - most problems are from bigger hospitals - not here.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.MMChrisJoiceNur seExStaffNurs	Transfer - feels over rosy-picture in 1998 - expectation high - yes. Emotional support - colleagues able.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.TinaDouglas- StafNursSultan	Care whilst waiting for discharge? Normal regime - ?? team meet, discuss pt, etc - care plans.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.TLDrRavindraneC onsult	Type of patients admitted. All patients seen by geriatrician before admission. Time gap (2-3 weeks) between consultant assessment in acute ward and transfer to GWM. Do not update or re-assess before actual transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.TLDrRavindraneC onsult	referral form is filled in on day of transfer. Nurses from each ward to speak to each other. If conditions changed, further transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday.TLDrRavindraneC onsult	Source of referrals can be from other sources, Br Banks, Dr Yikona or patients own GP.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interviews- Tuesday. <b>Code A</b> 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.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interviews- Monday.DrAltheaLord	Subsequently expectation that patients get more therapy than GWM can provide.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interviews- Monday.DrAltheaLord	We started doing rehab before we were funded to do it.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday.JamesHareChaplain	Activities co-ordinator at St Christopher's plays games with patients (?????) and runs quizzes. General impression of own is that of high morale and level of commitment

		among staff so very surprised at media coverage and spate of enquiries like CHI's. Jan Peach is his line manager who supervises him in role as psychiatric chaplain.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday ss <b>Code A</b> PhysioA	8 years. Trained on job. Help in outpatients and District. Now working orthopaedics. Sees patients on Daedalus and at home.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday ss <b>Code A</b> PhysioA	Running step-down groups to the community. Meets once a month - tea dances etc, one man attending Yoga class.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday ss <b>Code A</b> PhysioA	Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday ss <b>Code A</b> PhysioA	Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday ss <b>Code A</b> OT	patients categories if patient wrongly referred for rehab-medically unwell-Bartel of 1 criteria for bed planning
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	Change/move rehab - 4/5 years ago. Next change - intermediate care 14/15 months ago - and staff became team leader.

Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	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.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	Freedom to follow people through - what happened - to change service - organisational change - why to NSF - intermediate care national policies.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	Formal assessment tool - use balance Burg scale. Falls - look on tools. Locally tools JAD score.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	Joint amendment tool for Parkinsons - more work on good assessment tools.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	CES multi-disciplinary assessment tool - local tool.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	What drives better practice? Validated tools - NSF, government, service plans.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	How engaged in goal setting? Work to be done, trying to do multi-disciplinary to work 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.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	Prioritise rehab - ie. early strokes, orthopaedic patients can hand over to nurses.

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Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday phy <b>Code A</b>	Barthel Score used as a rough guide.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH. Was admitted for terminal care but Dryad rehabilitated patient. Dryad often gets patients for continuing care but rehabilitated. Occasionally patients been tried for rehab but medical condition deteriorates and no rehab.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Often patients transferred for rehab who are completely incapable of rehab.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.DrQureshi- CltDryad	But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.LynBarrat- StafNursDryad	OTs show nurses what exercises expected for patients. She does no find it easy to do the work although nurses do try to help patients exercise regularly.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.LynBarrat- StafNursDryad	Limited OT input - make arrangements for washing and dressing assessment but OT doesn't come physically on to the ward - they used to do so in the past but now we seldom see them.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.LynBarrat- StafNursDryad	Speech and language therapists, dieticians advisable and will come and see patients on ward.

Guid Prac & Perf Mgnt.E10 Rehabilitation	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.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Some day-time activities occur
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Dryad? Continuing care and palliative care. Long length of stay/cohort of patients. Change started.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interviews- Tuesday.DavidJarrett- LdConslt	CC - HA/SS agreement. Continuing care criteria?
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interviews- Tuesday.DavidJarrett- LdConslt	Health - complex medical & nursing needs that require specialist input eg swallowing/fits. If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds. Rehab emphasis / eg slow stream stroke rehab.
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	If a patient goes into continuing care, they stay on the ward or no care package for them.
Guid Prac & Perf Mgnt.E11	Site Interview-	

Continuing care	Thursday <b>Code A</b> OT	patients categories if patient wrongly referred for rehab-medically unwell-Bartel of 1 criteria for bed planning
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Thursday <b>Code A</b> - WardClerk	Daedalus – never heard of letter about status of care. (ref. Other Dr Q???? letter sent from admin re: continuity of care status.)
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.DrQureshi- CltDryad	Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.
Guid Prac & Perf Mgnt.E11 Continuing 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 death, 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.
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.DrQureshi- CltDryad	Says that when patient is transferred to continuing care bed that a letter is issued administration outlining that being moved to continuing care bed, what that means and includes that status may change.
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	[No input in policy development yet - but maybe because new].
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.LynBarrat- StafNursDryad	Dryad supposed to be continuing care from its start -> (we feel with loss of last Radcliffe patient recently) lots of inappropriate referrals.

Guid Prac & Perf Mgnt.E11 Continuing 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.
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.LynBarrat- StafNursDryad	Would like someone to organise activities, outings.
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.TLDrRavindraneC onsult	Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.
Guid Prac & Perf Mgnt.E2 DNR	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Information on DNR - nurse will ask, check notes, nothing in notes resuscitate. Eg patient will CA. Patient requested to be resuscitated, become critical - ward staff were uncertain to resuscitate. Angela insisted resuscitation to begin. Healthcall, GP & relatives were called in the morning and it was decided not to resuscitate.
Guid Prac & Perf Mgnt.E2 DNR	Site Interviews- Monday.PennyWells-District Nurse	If someone requested no resuscitation DN would speak to GP and senior ward nurse.
Guid Prac & Perf Mgnt.E2 DNR	Site Interviews- Monday.PennyWells-District Nurse	No policy to cover the scenario.
Guid Prac & Perf Mgnt.E2	Site Interview-	

DNR	Thursday.JoDunleavystaffnurs SultanNt	DNR - unless stated resus - hard to talk about - GP should inform - Patients and carers not sure about resus - Resus policy should be reviewed weekly
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Status change - updates - boards in office - communicated verbally
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Thursday. <b>Code A</b> OT	Sultan ward starting taking less medically stable patients - "new" nurse care. DNR status confusion led to investigation led to it being recognised that they needed clear protocol and documented process.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Thursday. <b>Code A</b> OT	carer and relative involvement-DNR -OT would read notes -Clearly documented and accessible to OT -no space on OT form to write about DNR or end of life arrangements
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	If patient becoming seriously unwell, Dr Yikona will speak to Dr Lord and make arrangements for finding bed at QA.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Patients arrive at GWMH from QA with care plan - Dr Yikona follows advice set out in it.
Guid Prac & Perf Mgnt.E2	Site INterview-	

DNR	Wednesday.DrJosephYikona- StafGradePhysi	Concerned about activity of patients coming over recently - he's ended up with more unstable patients than his colleagues at QA. Could have as many as 22 seriously ill, dependent patients at a time.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Some patients so unstable they are sent back.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.LynBarrat- StafNursDryad	Decision always made after discussion on DNR.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.LynBarrat- StafNursDryad	Need to decide what to do when patient leaves the ward.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.LynBarrat- StafNursDryad	Always recorded in medical notes and also in nursing notes - regularly reviewed.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.LynBarrat- StafNursDryad	Keep files on patients in which DNR status recorded.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.YongPease- StafNursSultan	Resuscitation status not always clear cut. GP not clear - sometimes.
Guid Prac & Perf Mgnt.E2 DNR	Site INterview- Wednesday.YongPease- StafNursSultan	Forty five GP's - confusing and different ways of doing things.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday.AnneHasteClinical manager	Palliative care- relatives are normally involved in decision-making. Understandably checked. Work with hospice and Dr Dubion regarding palliative care.

Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday <b>Code A</b> Phar ma	<b>Code A</b> goes to the Rowans? Opened 1996. the greenbank - Palliative Care Guidelines - across the Trust.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday <b>Code A</b> Phar ma	<b>Code A</b> knows about syringe-drivers, drug info from QA and on call pharmacy service.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday <b>Code A</b> Phar ma	Not seen Countess Mountbatten guidelines.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday <b>Code A</b> Phar ma	Policy Implementation. Now at Rowans and here - doctor writes specific doses.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday.JaneWilliams- NursClt	Question protocols for palliative care for stroke/non-stroke patients.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Palliative care- decision between the whole team with relatives If coming to a rehab ward-should recover
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	Assessed then message give to relatives. Reassessed - ??? ??? relatives.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	Now, (summer 2000) new policy on SD's now reviewed daily.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday.VickyBanks-LdClt	IE enough time to do things properly.

Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday.DrAltheaLord	(Countess Mountbatten (Dr Beewee) specialist) contacted by phone. Often does visit to GWM to see patient.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday.DrAltheaLord	Dr Vardon (Associate Specialist) in palliative care at GWM) leads training on palliative care.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday.DrAltheaLord	Problems arose with heavy workload precipitated by Haslar.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday.PennyWells-District Nurse	Palliative Care. Policies? At home?
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday <b>Code A</b> Sp- LangThera	Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday.FionaWalker- SenStafNursSultNt	Patients and Palliative care - 1-2-6 - motoneurone, MS, cancer, Parkinsons, old age
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday.FionaWalker- SenStafNursSultNt	Strategy for palliative care – policy, no particular strategy.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday.FionaWalker-	Assessment – symptom control, access Countess Mount Batten

	SenStafNursSultNt	
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday.JamesHareChaplain	He has not been involved in multi-disciplinary work with respect to patients' care including palliative care and preparation for death.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday <b>Code A</b> OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday <b>Code A</b> OT	Speciality OT at Rowan and Mountbatten ???????
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	Practical examples of policies and their application on ward.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	All care of elderly posts (he has specific palliative care training)
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Get second opinions on palliative care - Rings consultants at Countess Mounbatten - They will sometimes then visit (however Dr Yikona must still get permission from patients GP before he does so, - has had to get such advice every 4 -8 weeks.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	However can also consult Palliative Care Manual (prepared by Countess Mounbatten Doctors).
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.DrJosephYikona-	Also consults Portsmouth Healthcare Trust Manual on Palliative care on administration of

	StafGradePhysi	drugs.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.DrQureshi- CltDryad	They are concise. Tell you what to do in black and white. They are on the ward and need to consult if come across problem. I haven't come across any problems.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.DrQureshi- CltDryad	Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Sometimes Countess Mount Batten come out and give advice. Ceradualed?? normally have plan for pain.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.TLDrRavindraneC onsult	Has close relationship with palliative care consultant. Dr Ravindrane assesses the patients. Can discuss with Dr Lord.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.YongPease- StafNursSultan	Palliative care book - guidelines what patients already on - patch or driver. Palliative care variable - in for more than 24 hours or in couple of weeks.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday.AnneHasteClinical manager	Nutrition assessment on admission for every patient. Score high due to multiple pathologies and age recognises health problems. Evaluated and reassessed regularly. Families are encouraged to come in and help

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday. AnneHasteClinical manager	Hoping to introduce Buffet breakfast
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Poor practice in nutrition.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Community dietician for F&G. Only 1 Tuesday. Managed community dieticians. Many outpatients. Inpatients very small – in patients was not organised. Also was committed to Dolphin new unit system in place – many was being funded.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	3 wards 1 day a week. Daedalus – stroke patterns had dedicated support on nutrition/feeding. Sultant and Dryad – called for critical incidents or special problems with feeding – responded when called.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Dieticians worked between kitchens and patients.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Dryad and Sultan – felt they did not need dietician and was not involved in care planning.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior	Dryad and Sultan – felt they did not need dietician and was not involved in care

	Diet	<p>planning.</p> <p>New policy for feeding people (Tony Thorne funding input). Ward must have scales – scales were not on all wards.          NOW - weighed on admission</p> <ul style="list-style-type: none"> <li>- documented nurses notes</li> <li>- reviewed monthly</li> <li>- nurse – nutrition rep.</li> </ul> <p>All present on Dolphin in 98.</p>
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Often nurses too busy and food out of reach. Now resolved.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Now working on learning disabilities so aware of policies of trust and aware policy of feeding in place.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Nutritional assessment and admission – numerical score.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Relied on relatives before for feeding.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Under new guidelines – communicate with relatives to prepare food for patient at home.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Policy has been given a high level of value by senior management – influence practical use of policy.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Nutritional reps meeting – 6 months - regular update training - access to info.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	People were aware of nutrition but it was the system that enabled practice.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday <b>Code A</b> Senior Diet	Admits that practice in 98/99 on feeding patients very poor, that patients not given essential care in feeding.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <b>Code A</b> HCSW Sult Ngt	Has no involvement with feeding patients. Completes food & fluid chart when brings patient a drink.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday.JanPeach-ServMgr	Nutrition audit? Nurse were following standards. What would happen if guideline were not followed? Jan hear from Tony - Tony spoken to individual, spoken to clinical man, review and remedial work. ?? updates
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday.JanPeach-ServMgr	Nutrition - availability of short order of snacks was more available here than at St Christopher.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Meals not always early, ordered out of hours. No snack boxes on ward.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	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.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	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.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: <b>Code A</b> HC SWDaed	Make sure pts are fed and clothes are clean. Have hot & cold drinks whenever they want.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: <b>Code A</b> HC SWDaed	Eg pts?? who need feeding may need to wait until meals have been served to others.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: <b>Code A</b> HC SWDaed	Patients not eating or drinking.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Help given with eating if needed. Weigh them, offer help with eating and drinking by ancilliary staff if needed.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews-Monday.Debra Hunt-telephone	Is very aware of patients nutritional needs and all patients are weighed on admission and then regularly accordingly.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday: <b>Code A</b> Sp- LangThera	Disagreements about NG and Peg feeding.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday. <b>Code A</b> HCSW	Feeling NVQ has been done - knows about thickened fluid. Helps patients with feeding "they always get their food". Uses build up or other supplements.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday. <b>Code A</b> OT	Was lack of protocol re: hydration, but now have protocol.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday. Philip Beed clinic Mgr   Daed	Improved cooked breakfast - to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday. Debbie Barker- Staf Nurse Dryad	All patients get fed - sometimes need supervision.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday. Katie Mann- Sen Staf Nurs Sultan	Nutrition. Well cared for. Nutritional assessment on admission. Weigh on admission and at least monthly.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday. Tina Douglas- Staf Nurs Sultan	All dependant pts on food & chart? 48 hrs then reviewed. Dietician involved - good input from dietician.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday. Tina Douglas- Staf Nurs Sultan	Meals ordering is complex, tick sheet 2 days ahead (bar?? Sheet) ?? - nursing staff - beeper or who??
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Friday. Eileen Thomas- Nursing Dir	MDT working, shared records essential, recent training essential, records not currently shared between medical and nursing staff.

Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Friday.ToniScammell- SenNursCoord	Will have APEX on new computer system for pathology results. Also will be connected to Email system.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday.FionaCameron-Gen Mgr	Service Manager calls Fiona when there are complaints. 5 complaints received re three wards. Documentation of interaction with relatives has improved.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday.JanPeach-ServMgr	At St Christ had audited themselves and found Doc were less to be desired so monitoring findings & will translate to GWMH.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Care plans in the office. OT and speech therapist and language. Neck a Femur have care pathway-come through MDT
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday. <b>Code A</b> HC SWDaed	Everything is recorded including.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Summary of MDT put into nursing record - separate notes for action physio OT & Docs.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Written plan record left on ward & verbal record.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews-Monday.Debra Hunt-telephone	use individual care plans for patients and tries to see care on assessment of need.

Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Monday.DrAltheaLord	Documentation of required dose ranges, 'wasn't particularly good'.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Monday.IanReid-Med Dir	Health records Manager and Imt T Director have done a lot of work to ensure processes secure and that minimum level of info available to only those who need it.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Thursday <b>Code A</b> DT	Patients documents Beds notes-care plan Nurse notes-care plan Reports Therapy Section MDT Notes Homes and assessments
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Thursday <b>Code A</b> - WardClerk	Answers phone, sorts patients notes, patients notes will include doctor, nursing, OT/Physio, END medical records can be dispersed to variety of places – Q&A, St Mary's GWMH.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday.DrQureshi- CltDryad	Eg - system of recording - eg form provided - completed monthly by team.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday.GinnyDay- SenStafNursDryad	Patients come with a care plan.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday.LynBarrat- StafNursDryad	Physiotherapist makes assessment and puts it in medical notes.

Guid Prac & Perf Mgnt.E5 Patient records	Site INterview- Wednesday.LynBarrat- StafNursDryad	Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.
Guid Prac & Perf Mgnt.E5 Patient records	Site INterview- Wednesday.LynBarrat- StafNursDryad	Always recorded in medical notes and also in nursing notes - regularly reviewed.
Guid Prac & Perf Mgnt.E5 Patient records	Site INterview- Wednesday.LynBarrat- StafNursDryad	Keep files on patients in which DNR status recorded.
Guid Prac & Perf Mgnt.E6 Continance	Site Interviews- Tuesday. <b>Code A</b> HCSW Sult Ngt	Encourage patients to call for help when they need to use commode or go to the toilet.
Guid Prac & Perf Mgnt.E6 Continance	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	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.
Guid Prac & Perf Mgnt.E6 Continance	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Continance - regular toileting. Continance pads supplied if needed. Catheterisation on basis of clinical need.
Guid Prac & Perf Mgnt.E7 Trust perf mgnt	Site Interview- Friday.EileenThomas- NursingDir	"Good Medicines Policy" held up by working with other issues but aim to implement soon. It will be audited – need to focus on big clinical issues in audit.
Guid Prac & Perf Mgnt.E7 Trust perf mgnt	Site Interview- Friday.EileenThomas-	Cases of poor performance identified earlier. Getting evidence on poor attendance

	NursingDir	and behaviour is very hard – does depend on people telling us.
Guid Prac & Perf Mgnt.E7 Trust perf mgnt	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Critical Incidences - Risk assessment form - filled out Jan Deach, Toni Scammel. No feedback.
Guid Prac & Perf Mgnt.E8 Consent	Site Interview-Thursday.Joan LockExSisterSultan	Consent Admission- tact consent to treatment Most patients already transferred with treatment started elsewhere Documentation for consent? Yes for surgery but not medical treatment
Guid Prac & Perf Mgnt.E9 Control of Infection	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	MRSA -wear gloves aprons and aprons are colour coded
Guid Prac & Perf Mgnt.E9 Control of Infection	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH.
Guid Prac & Perf Mgnt.E9 Control of Infection	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	Nutrition and infection control good - patients screened. Daedalus and Dryad the same on patient control.
Guid Prac & Perf Mgnt.E9 Control of Infection	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	MRSA time taken to tog up and detog to answer phone or attend to patients who have called.