

Comm and collaborations.G1 Patients	Stakeholder 2	Mother - also not put in the picture, about care
Comm and collaborations.G1 Patients	Stakeholder 10	Main concern is culture on Ward especially manner of staff with patients and relatives
Comm and collaborations.G1 Patients	Stakeholder 10	On one visit Mr [Code A] wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. Mrs [Code A] came close to tears 6/8 Feb told off for using buzzers
Comm and collaborations.G1 Patients	Stakeholder 12	In the Dolphin ward this was through patient questionnaires, specialist groups and carers day.
Comm and collaborations.G2 Relative & carers	Doc 28	I was kept fully informed about how they were and the treatment needed.
Comm and collaborations.G2 Relative & carers	Stakeholder 1	Mr [Code A] asked if [Code A] was being treated as terminally ill the nurse appeared flustered and avoided eye contact with Mr [Code A]
Comm and collaborations.G2 Relative & carers	Stakeholder 1	The nurse returned after speaking to a colleague and confirmed that [Code A] was being treated as if he was terminally ill.
Comm and collaborations.G2 Relative & carers	Stakeholder 2	Nurses not talked to family about care
Comm and collaborations.G2	Stakeholder 2	

Relative & carers		Had seen different care in other hospitals Georges Ward - completely different eg. way they spoke to father so much better
Comm and collaborations.G2 Relative & carers	Stakeholder 2	Mother - also not put in the picture, about care
Comm and collaborations.G2 Relative & carers	Stakeholder 3	Philip, charge nurse- on the bring in some fish for lunch - already had her lunch
Comm and collaborations.G2 Relative & carers	Stakeholder 3	"An old ladies smell"  Fell out of wheelchair not told daughter Potassium - hated it Other patients said had been unkind to mother - if not drink potassium wont put nebuliser on.
Comm and collaborations.G2 Relative & carers	Stakeholder 5	Thursday morning- wife taken to side by the sister and told wife that the father would die within a week. This was within 24hrs of coming to the GWMH and then he died that Sunday night.
Comm and collaborations.G2 Relative & carers	Stakeholder 6	Family received no support from GWMH staff after told them that she would die.
Comm and collaborations.G2 Relative & carers	Stakeholder 6	Nurse just said ' I'm surprised that she lasted this long'
Comm and collaborations.G2 Relative & carers	Stakeholder 7	Didn't tell him what drugs mother on. Good idea to tell us when admin opiates.

Comm and collaborations.G2 Relative & carers	Stakeholder 8	Dr Lord - not able to see her - shyed her away. Used words did not understand.
Comm and collaborations.G2 Relative & carers	Stakeholder 9	Mrs <b>Code A</b> asked if he could come home or go into care home. He wasn't an invalid before. Consultant told her it would take a long time to arrange care package and he would die anyway. Seemed they wanted her out of the way. Suggested she go on holiday.
Comm and collaborations.G2 Relative & carers	Stakeholder 9	Saw Ward Sister on two occasions - told her no question of his ever coming home but advised her to go on holiday and build up strength for when he came home.
Comm and collaborations.G2 Relative & carers	Stakeholder 9	Two days before he died, took Mr <b>Code A</b> off all antibiotics, said his condition was all clear. Speech therapist rang Mrs <b>Code A</b> and suggested Mrs <b>Code A</b> go home, saying it could be quickly arranged. Night before Mrs <b>Code A</b> died charge nurse said only two nurses on. There never seemed any shortage of staff. Rarely saw ward sister.
Comm and collaborations.G2 Relative & carers	Stakeholder 10	Had promised to leave cards at reception - they weren't there Told that she would have to go and collect them herself
Comm and collaborations.G2 Relative & carers	Stakeholder 10	I wasn't trying to be awkward and I just wanted best care for my husband and wanted it to be consistent
Comm and collaborations.G2 Relative & carers	Stakeholder 10	Inability to communicate reluctance to share information – mistrust arose – information denied

Comm and collaborations.G2 Relative & carers	Stakeholder 10	Asked to leave ward when [Code A] was eating as it made other patients embarrassed to have her there
Comm and collaborations.G2 Relative & carers	Stakeholder 10	15 Feb asked to see consultant nurse said he'd arranged it but never did
Comm and collaborations.G2 Relative & carers	Stakeholder 11	<p>5. 11 August, 2001: Mrs [Code A] 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</p> <p>6. Shortly after arrival at GWM, put on heavy sedation; became groggy; nurse said that she wasn't lucid</p> <p>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</p>
Comm and collaborations.G2 Relative & carers	Stakeholder 11	11. When family objected to administration of diamorphine, Dr Barton reacted angrily saying that Mrs [Code A] was her patient and that it was her decision to make; there was no reference to fact that mother had haematoma at that stage; family wanted to get her back to Haslar
Comm and collaborations.G2 Relative & carers	Stakeholder 11	Mrs [Code A] recommends that Staff need traqining in dealing with next of kin; need for sensitivity about treating families and patients with dignity eg right to wear own clothes (eg Health care assistant insisted that Mrs [Code A] eat a dinner she'd ordered from the canteen despite the fact that Mrs M upset as

		her mother was dying)
Comm and collaborations.G2 Relative & carers	Stakeholder 13	Convalescence with view to discharge to nursing home
Comm and collaborations.G2 Relative & carers	Stakeholder 13	Permission was given by Mrs [Code A] for morphine for mother
Comm and collaborations.G2 Relative & carers	Stakeholder 13	Information given from the family eg difficult to know when needed toilet eg agitated and then given oramorph. How info passed on? - continent before.
Comm and collaborations.G2 Relative & carers	Stakeholder 14	Relatives and Carers Communication with family was appalling. Was rude. St Mary's where she died.
Comm and collaborations.G2 Relative & carers	Stakeholder 14	Relatives and Carers Never given impression would not come home - was surely to get back on her feet again.
Comm and collaborations.G2 Relative & carers	Stakeholder 14	Relatives and Carers Nurses should keep patients and families up to date. Explain care plan to family.
Comm and collaborations.G2 Relative & carers	Stakeholder 15	Relatives and Carers Learnt Collingwood dealt with dementia - 1st heard of it. Spoke to Alzheimer's Association.

Comm and collaborations.G2 Relative & carers	Stakeholder 16	No-one told him what drug was. Not able to question and discuss with sister.
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Community Health Council.txt	CHC has concerns about communication between staff & partners & staff & relatives
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Community Health Council.txt	Many elderly patients at War Memorial coming from outside local area which may have resulted problems over getting informatio to relatives about patients as GP not nearby
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Interview.Nicky Pendleton.22.	When at Gosport, Nicky spent 'a lot of time on communications with relatives'
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Fareham & Gosport have produced very good written material; also produced very good gap analysis for stroke service with action plan for change; not as good on falls; they were one of the first localities to start user and carer involvement work; only locality with community implementation strategy
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Tele Int- Dr Pennell	Relatives & Carers Door open to contact families if have concerns. Next of kin environment.
Comm and collaborations.G2 Relative & carers	Stakeholder 20	Relatives and Carers Relatives never get told about drugs - only if have cheek to ask.
Comm and collaborations.G2 Relative & carers	Stakeholder 20	Relatives & Carers Air of secrecy - not nurses - it's the doctors.

Comm and collaborations.G3 Primary care	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'
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with Dr McKenning G	GWM discharge summaries are timely and clear and do not leave GPs to sort things out
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with Dr Warner.22.1	Gosport-area GPs have always worked together on GWM LMC to develop and agree protocols on admitting to Sultan ward
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with Dr Warner.22.1	When LMC is made aware of such referrals, tend to complain to consultant at QA  There is a clear admitting protocol, at least for GPs; try to admit patients before 12 to allow instructions to be given to nursing staff  Describes communications between GWM and local GPs as 'generally poor' Eg of patient admitted after 4; impossible for GP to see her so patient sent home
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with Dr Warner.22.1	Nurses will fax GP if test result indicates change in medication necessary; medication changes sometimes agreed over the phone as long as GP attends within 2 working days
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with Dr Warner.22.1	trust directors rarely attend LMC meetings; things would be better between trust and GPs if trust clinical governance lead attended

Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview.Nicky Pendleton.22.	in some areas, like Petersfield, very good procedure for dealing with GPs
Comm and collaborations.G3 Primary care	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.
Comm and collaborations.G3 Primary care	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
Comm and collaborations.G4 Acute	Stakeholder 11	5. 11 August, 2001: Mrs <span style="border: 1px dashed black; padding: 0 2px;">Code A</span> 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
Comm and collaborations.G4 Acute	Stakeholder 12	Q & A PDF contributed to the GWMH PD programme.
Comm and collaborations.G4 Acute	Stakeholder 12	Two groups would meet at least once a month
Comm and collaborations.G4 Acute	Statutory Stakeholder.Interview with Dr Warner.22.1	When LMC is made aware of such referrals, tend to complain to consultant at QA
Comm and collaborations.G6 Haslar	Stakeholder 13	Discharge note from Haslar - was about convalescence



Comm and collaborations.G6 Haslar	Stakeholder 13	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.
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Tony War	Wards would notify him that patient becoming more stable and ready for move back home.
Comm and collaborations.G7 Social services	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
Comm and collaborations.G7 Social services	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.
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Tony War	GWM staff through social services should get patients out faster, but real problem getting beds in community
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Tony War	Also face recruitment/retention crisis- problem getting social workers and care staff
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Tony War	Improving care pathways NB and working on the supply side of problem in terms of community beds.

Comm and collaborations.G7 Social services	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
Comm and collaborations.G9 Joint working	Documentation.BettyWoodland	You asked how the Trust communicates with Staff and as I sorted this policy out I realised it was one of the occasions when the Trust utilised the Pay-System to get important messages / new information about changes/ introduce new policies etc to staff, leaflets outlining the policy etc are attached to all Staff Members Pay-slips so everyone receives the information on the same day and no one is missed as we all receive a pay slip, the Trust has used this as a form of communication for some years now.