

Comm and collaborations.G1 Patients	Site Interview-Friday.BarbraMelrose - Complaints	Handling complaints - Has it changes? Could the McK complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. Barbara often writes suggestions for diffusion, widely accepts that things may be modified.
Comm and collaborations.G1 Patients	Site Interview-Friday.EileenThomas-NursingDir	Gerontology nursing programme focuses on attitude change and how nurses relate to patients.
Comm and collaborations.G1 Patients	Site Interview-Friday.EileenThomas-NursingDir	A significant impact on patient care is staff now asking patients and families what they can do for them today. ????????
Comm and collaborations.G1 Patients	Site Interview-Friday.EileenThomas-NursingDir	We try very hard to meet people in their homes to discuss complaints. We have a much more open approach now to dealing with complaints. We have introduced the principle that each H grade spends 50% of time on clinical work.
Comm and collaborations.G1 Patients	Site Interview-Friday.JoTaylorSenNursDayWard	Increased outreach work so visit patient at home.
Comm and collaborations.G1 Patients	Site Interview-Friday.JoTaylorSenNursDayWard	Assess patient at home and clarify difference with carers about day centres and day ward.
Comm and collaborations.G1 Patients	Site Interview-Friday.Text Jerry Clasby-SenNursCoIW	Mental health always included relatives and Patients

Comm and collaborations.G1 Patients	Site Interviews- Tuesday. Angela Wilson- SenStaffNursDaed	How would the tactics communicate that no more drugs can be given? Depends on patients personality, speaks to patient and explain, help move them in the bed, massage them, cup of tea & some comfort.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday. Fiona Cameron- Gen Mgr	3 wards have started with Patient satisfaction survey 2 sets of results so far. Now trying to improve out of hours service.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday. Linda Woods- Staff NursDaed	Have got communication documents for patient.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday. SWDaed Code A HC	Plenty of information is available on wards for everyone. Philip makes sure all information is available.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday. Marilyn Barker- ENNursDaed	New admission pack. Care plan sent with patient. Communications? Regular MDT. Notes kept.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday. Pat Wilkin- SenStaffNursDaed	Individual care - patient asked for views, patients & families involved. Changed - system now being practiced. Patients involved with their care. Multi disciplinary team meet before a round. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday. Phillip Beed- ClinMgrDaed	Anaigaesia - ??/peg tube (4hrly) ?Need syringe driver, if not effective - still in pain, no peg tube. ?? as part of SD's stroke ?? Pain control specialists - didn't know ?? nurses, only on discharge. Quite difficult process (GP referral).

Comm and collaborations.G1 Patients	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.
Comm and collaborations.G1 Patients	Site Interviews-Tuesday.VickyBanks-LdClT	If change in patients condition altered from rehab to continuing care, Dr Banks and CPNs would be involved in decision making.
Comm and collaborations.G1 Patients	Site Interviews-Monday.07.01 Max Millet-CEO	Example of new good practice: management of habitual complainant whom nursing staff could not appease - With his intervention, staff more willing to engage with complainant, less defensively and more constructively: 'there's a real difference in behaviour of front-line staff who now work more cooperatively with patients and their families
Comm and collaborations.G1 Patients	Site Interviews-Monday.07.01 Max Millet-CEO	There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.
Comm and collaborations.G1 Patients	Site Interviews-Monday.AnneMonk-Chair	Sit in groups - with board member, each group.
Comm and collaborations.G1 Patients	Site Interviews-Monday.AnneMonk-Chair	Patient survey. Three types of feedback- 1 Attitude, 2 Clinical aspect, 3 Food and toilet arrangements (not important.) cold lavatory bad backs? piles since Spring - "food is cold" but level unsure of Gosport feedback.
Comm and collaborations.G1 Patients	Site Interview-Thursday Code A Sp-	Relationship between relatives, patients and general staff. Sometimes meet family,

	LangThera	depends on timing so may not see therapist. Does not create too many problems.
Comm and collaborations.G1 Patients	Site Interview-Thursday.Joan LockExSisterSultan	care of patients/pain relief-assessment
Comm and collaborations.G1 Patients	Site Interview-Thursday.Joan LockExSisterSultan	patients asked about any pain being with them –all had their own way of indicating pain/serenity if agitated? Find cause by asking would discuss with doctors to find cause of pain was there any protocol? General care plan ADL, assessment, all patients were different with different GPs
Comm and collaborations.G1 Patients	Site Interview-Thursday.Joan LockExSisterSultan	Agitation/confusion-how dealt with? By talking to them, get someone to sit with them. Was it pain etc- how helped to maybe the judgement? Says all patients were different.
Comm and collaborations.G1 Patients	Site Interview-Thursday.Joan LockExSisterSultan	e.g. patient for breast cancer and mental health problem and therefore called in CPN-patient slapped CPN for not coming in sooner.
Comm and collaborations.G1 Patients	Site Interview-Thursday.Joan LockExSisterSultan	Pyramid-how actually used? Depend on response she says Says all were individual Took time for patients to get used to work GP would choose drug
Comm and collaborations.G1	Site Interview-	

Patients	Thursday.JoDunleavystaffnurs SultanNt	Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.
Comm and collaborations.G1 Patients	Site Interview- Thursday Code A PhysioA ss	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.
Comm and collaborations.G1 Patients	Site Interview- Thursday Code A HCSW	Pain - in those who cannot communicate. Chinese lady - no English. Uses special chart with pictures so she can signal her wants. How is her pain assessed? Staff try and signal by mime - eg point to head or tummy or limb.
Comm and collaborations.G1 Patients	Site Interview- Thursday Code A HCSW	"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.
Comm and collaborations.G1 Patients	Site Interview- Thursday Code A HCSW	Not seen any pain assessment tools.
Comm and collaborations.G1 Patients	Site Interview- Thursday Code A DT	Client involvement in goal setting. From own point of view would hope that his clients would feel involved and that he does what they want him to do.
Comm and collaborations.G1 Patients	Site Interview- Thursday Code A DT	Dilemma around acceptable levels of risk as taken by patients/relatives.
Comm and collaborations.G1	Site Interview-	

Patients	Thursday: Code A OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.
Comm and collaborations.G1 Patients	Site Interview- Thursday: Code A OT	We see the person and not just their condition.
Comm and collaborations.G1 Patients	Site Interview- Thursday: Code A OT	Tried COPM 18/12 years ago - didn't stick. COPM is Canadian Occupational Performance Model - very client centred.
Comm and collaborations.G1 Patients	Site Interview- Thursday: Code A phy	Patients asked what they want from therapy.
Comm and collaborations.G1 Patients	Site Interview- Thursday: Code A phy	Patient hard to get it right - always want more.
Comm and collaborations.G1 Patients	Site Interview- Thursday: Code A WardClerk	Discharge summary written by staff grade doctor – GP, clinical coder, inpatient, hospital.
Comm and collaborations.G1 Patients	Site Interview- Thursday: Code A WardClerk	Patient involvement, contact but peripheral, contact patient affairs relative.
Comm and collaborations.G1 Patients	Site Interview- Wednesday.ACShirleyHallmanNurseDryad	Efforts were made to liaise with relatives and understand their goals for the patient. Not so much focus on what patient wanted - sometimes relatives assured they knew best and could override wishes of patients.
Comm and collaborations.G1	Site Interview-	

Patients	Wednesday.ACShirleyHallmanNurseDryad	Sometimes patients were cold after their journey and had to be made comfortable. Dr Barton informed. Made sure relatives knew where patients were when moved from other hospitals.
Comm and collaborations.G1 Patients	Site Interview-Wednesday.ACShirleyHallmanNurseDryad	Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Dr Barton would talk to relatives as well and explain what was possible.
Comm and collaborations.G1 Patients	Site Interview-Wednesday.AnitaTubrittSenStaffNursDryad	How explicitly is change in care plan taken? Dependent on relatives and team assesses how patients/relatives should know.
Comm and collaborations.G1 Patients	Site Interview-Wednesday.DrQureshi-CltDryad	End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
Comm and collaborations.G1 Patients	Site Interview-Wednesday.DrQureshi-CltDryad	Difficult relatives eg want relations to have different treatment. Treatment is duty of physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.
Comm and collaborations.G1 Patients	Site Interview-Wednesday.GinnyDay-SenStaffNursDryad	Communication - when beginning employment, communications could be improved. Now improved.
Comm and collaborations.G1 Patients	Site Interview-Wednesday.LynBarrat-StaffNursDryad	Patients tell us that "they're grateful to us".

Comm and collaborations.G1 Patients	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Some patients decline/refuse pain killers because of the 98/99 events and suffer accordingly.
Comm and collaborations.G1 Patients	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Patient/nurse relationship has changed but dislikes indiscriminate use of Christian names - prefers to ask for patients preference, whilst fashion seems to be to use first name - "these young nurses think nothing of it".
Comm and collaborations.G1 Patients	Site INterview- Wednesday.MM: Code A HCSWDryad	HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.
Comm and collaborations.G1 Patients	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.
Comm and collaborations.G1 Patients	Site INterview- Wednesday.YongPease- StafNursSultan	Staff in general training how to communicate with patients? No.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday.BarbraMelrose - Complaints	If discrepancy, both staff report and complaint sent to relatives. Staff may need to sign letter,. Sometimes additional matters e.g. apologies are addressed.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday.BarbraMelrose - Complaints	Handling complaints - Has it changes? Could the McK complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. Barbara often writes suggestions for diffusion, widely accepts that things may be modified.

Comm and collaborations.G2 Relative & carers	Site Interview- Friday.BarbraMelrose - Complaints	If there is a 'difficult complaint' tactic 'Do our best not to get involved'- try to be as patient as possible-try to manage as effectively as we can.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday.BarbraMelrose - Complaints	Complaint letter should be positive and concerning about complaint and complaintant thanked.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday.JoTaylorSenNursDayW ard	Increased outreach work so visit patient at home.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday. Code A Senior Diet	Under new guidelines – communicate with relatives to prepare food for patient at home.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	But if B Robinson raised this Dr B was remorseful. Gave us more than we paid her for. Great loss.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.DavidJarrett- LdConslt	Breaking bad news to relatives - I think it is very important, I personally spend a lot of time - including Reg & Ho Dr's, can't really comment re: GWMH.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.DavidJarrett- LdConslt	Any pt transferred by Eld Med, med ???? etc & pats/rels understanding OK/realistic.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.DavidJarrett-	But other specialities often med input has been quite junior and image given to rels

	LdConslt	unrealistic. Can't really comment re: Haslar as do not tend to transfer to Petersfield (ie ?? rehab facilities).
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Recognises need to talk to families. But some nurses probably did not.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.JaneWilliams- NursClt	Answer: team focus inv. carer move, earlier involvement of relatives. Encouraged openness and honesty.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Agitated patients should go to EMI ward, staff not psychiatrically trained. Relatives need support
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	Palliative care- decision between the whole team with relatives If coming to a rehab ward-should recover
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.LindaBaldacchinoHC SWDaed	Plenty of information is available on wards for everyone. Philip makes sure all information is available.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Comm Mitt rels action?? Apply personal values. 1st time PB - do it or? sit in??
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Done well on ward.
Comm and collaborations.G2	Site Interviews- Tuesday.Pat	

Relative & carers	Wilkin-SenStaffNursDaed	Individual care - patient asked for views, patients & families involved. Changed - system now being practiced. Patients involved with their care. Multi disciplinary team meet before a round. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	Eg of rehab - cont care?
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.VickyBanks-LdClt	Spent a lot of time talking to relatives - to mediate and explain what was happening to patients.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.VickyBanks-LdClt	Gave example of patients relatives involved over decisions re internal feeding.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday.VickyBanks-LdClt	If change in patients condition altered from rehab to continuing care, Dr Banks and CPNs would be involved in decision making.
Comm and collaborations.G2 Relative & carers	Site Interviews-Monday.07.01 Max Millet-CEO	There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DavidLee-Complaints Conveynor	Psychological effect of relatives not accepting relatives immortality resulting in reaction which has been seen.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DrAltheaLord	Need to ensure that information is communicated with relatives more clearly.

Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DrAltheaLord	Have learned from complaints to be more frank about drugs.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DrAltheaLord	It's a fine balance between being too negative and honest (re patients prospects)
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DrAltheaLord	Has found that consultants spending too much time on ward talking to family.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DrAltheaLord	New policy. Relatives now seen routinely at end of ward round for 15 minute appointments.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.DrAltheaLord	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Comm and collaborations.G2 Relative & carers	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.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.IanReid-Med Dir	Likewise, staff give relatives unrealistic expectations re: potential of rehabilitation.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday.LesleyHumphrey- Quality Manage	Vexations comp. Policy - came out of R group - decided not to use ROG <??> policy.

Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. LangThera Code A Sp-	Service - disvager/swallowing - speech therapy 60/40 - work with patient and family, inpatients and outpatients
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. LangThera Code A Sp-	Relationship between relatives, patients and general staff. Sometimes meet family, depends on timing so may not see therapist. Does not create too many problems.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. LangThera Code A Sp-	Will try and contact relatives if they do not see them physically.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday.JamesHareChaplain	Mary (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). James not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
Comm and collaborations.G2 Relative & carers	Site Interview-Thursday.Joan LockExSisterSultan	Discussion with Relatives Talk or phone. how to handle unrealistic expectations of relatives? Went on about getting people home DN and specialist bed and keeping bed open- can come back We believe she would tell relatives what had been done rather than negotiating/discussing options before they would be settled.
Comm and collaborations.G2 Relative & carers	Site Interview-Thursday.Joan LockExSisterSultan	Over-optimism of relatives

		Would try and discuss. Try for another week then see Can still be proposed by unexpected recovery and get relatives to do caring on the ward and see for themselves.
Comm and collaborations.G2 Relative & carers	Site Interview-Thursday.Joan LockExSisterSultan	Keeping relatives informed Problem with infrequent visitors who do not understand. GPs would be involved
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Spends a lot of time making relatives feel confident due to press coverage.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday Code A PractDevlFacil	Complaints from relatives that nurses were not listening. For change request, any staff can suffer this, but needn't be confirm as system approach. Critical incident to Trust Board Action Plan with Trust Board. Critical Incident training feedback and training, facilities action plans is not happening in all hospitals in particular, not Gosport. Suggest asking Clinical Network Group. Nurses sometimes fail to recognise good practice.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday Code A physioA ss	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.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday Code A physioA	Relatives are encouraged to go to the gym. Go with patients on Home Trial visits as

	ss	required to observe patient care/exercises. Used to work closely with Ots who used to have their own office at GWMH.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. Code A OT	Dilemma around acceptable levels of risk as taken by patients/relatives.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. Code A OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday.PhilipBeedclinicMgr Daed	Syringe Drivers Who decides on the use of Syringe driver - medical and nursing always involved patient / family member
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday.PhilipBeedclinicMgr Daed	If family say no - what happens - would pass to a consultant and arrange for a meeting
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. Code A - WardClerk	Relative involvement – updates done by nursing staff often have to ring back relative because nurse is too busy.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday. Code A - WardClerk	No phone log system after Ward Clerk goes home.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Efforts were made to liaise with relatives and understand their goals for the patient. Not so much focus on what patient wanted - sometimes relatives assured they knew best and could override wishes of patients.

Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Sometimes patients were cold after their journey and had to be made comfortable. Dr Barton informed. Made sure relatives knew where patients were when moved from other hospitals.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Dr Barton would talk to relatives as well and explain what was possible.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Gave example of patient who came for rehab and this was son's expectation but patient was in a much more poorly condition. Felt son had been given unrealistic expectations from previous hospital.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Relatives learn about care by meeting with doctor, meeting with consultant and meeting with staff. Communications before and after transfer.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	How explicitly is change in care plan taken? Dependent on relatives and team assesses how patients/relatives should know.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	Relatives can see Consultant by appointment. If patient deteriorates relatives advised. Pro-Active.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.DrQureshi- Cltdryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level

		- can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.DrQureshi- CltDryad	Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	There is reluctance by relatives to move to Nursing Home.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Communications - relatives. Support for staff. No formal training. Learn on job. Personal learning. Elderly care course.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.LynBarrat- StafNursDryad	How do you know? We get comments from relatives saying how pleased they are with the care. I've never seen people look so happy.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.LynBarrat- StafNursDryad	We always discuss pain relief with relatives.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.LynBarrat- StafNursDryad	Hold meeting with family where they are informed about pain management drugs.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Talk to relatives. Good rapport with "regular" relatives. Sultan Ward - dramatic improvement was "nursing home" better???
Comm and collaborations.G2	Site INterview-	

Relative & carers	Wednesday.TinaDouglas- StafNursSultan	Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.TinaDouglas- StafNursSultan	But - a relatives room is needed, relative facilities.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.TLDrRavindraneC onsult	Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.YongPease- StafNursSultan	Inform relatives if using syringe driver.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.YongPease- StafNursSultan	Staff in general training how to communicate with patients? No.
Comm and collaborations.G3 Primary care	Site Interview- Friday.AnneHasteClinical manager	47 GPs- where there are new policies, they are relayed to GPs through one liaison (Dr Burgess). He has an interest in legal issues, other GPs use him as a resource.
Comm and collaborations.G3 Primary care	Site Interview- Friday.AnneHasteClinical manager	Discussion about Resus Issues. Some Gps reluctant to make decision regarding DNR and end of life.
Comm and collaborations.G3 Primary care	Site Interview- Friday.AnneHasteClinical manager	GPs usually come in daily
Comm and collaborations.G3 Primary care	Site Interview- Friday.AnneHasteClinical	good rapport with GPs

	manager	
Comm and collaborations.G3 Primary care	Site Interview- Friday.JoTaylorSenNursDayW ard	Increased outreach work so visit patient at home. Good links with GP practice.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.DrAltheaLord	Out of hours. Increased workload - nurse on ward would contact GP and ask for help.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.DrAltheaLord	When Dr Lord contacted usually about need to move patient to acute.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.DrAltheaLord	Dr Lord feels she has good relationship with GPs in area.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Work with someone who is due to be admitted - Sultan.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Personally. Need for nasal canular for patient at home - dryad staff were very helpful.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Daedalus. No bad experience in communication. As District Nurse do not get involved in case conferences earlier enough.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Lady came to Daedalus on ward conference about home help but consultant discharged her within 48 hours. - So many issues not enough time to equip properly.

Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	College experience. Lady on ward wants to die at home - need time for equip - late notice the lady was given, short notice to get equipment together.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Admission - District Nurse - send in notes, but patients get admitted without District Nurse knowing - but notes will follow.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	What would concern you? When patients falling or feel unsafe, help and support, dehydration } all hypothetically.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Time is big problem for organising an opportunity to meet.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PennyWells-District Nurse	Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.
Comm and collaborations.G3 Primary care	Site Interviews- Monday.PeterKing-PersDir	Old GP contacts not very specific about duties, also didn't pay enough to cover extra duties adequately.
Comm and collaborations.G3 Primary care	Site Interview- Thursday.DrBeasleyGP	Communication - no formal line.
Comm and collaborations.G3	Site Interview-	

Primary care	Thursday.DrBeasleyGP	Communication to Trust any channel? Does not appear to be.
Comm and collaborations.G3 Primary care	Site Interview-Thursday.Joan LockExSisterSultan	was there any protocol? General care plan ADL, assessment, all patients were different with different GPs
Comm and collaborations.G3 Primary care	Site Interview-Thursday.Joan LockExSisterSultan	Pyramid-how actually used? Depend on response she says Says all were individual Took time for patients to get used to work GP would choose drug
Comm and collaborations.G3 Primary care	Site Interview- Thursday. Code A OT	Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.
Comm and collaborations.G3 Primary care	Site Interview- Thursday. Code A phy	Waits in community - out patients - v. bad. Can be a year.
Comm and collaborations.G3 Primary care	Site Interview- Thursday. Code A WardClerk	Discharge summary written by staff grade doctor – GP, clinical coder, inpatient, hospital.
Comm and collaborations.G3 Primary care	Site Interview- Thursday. Code A WardClerk	Then staff grade doctor dictation summary. It can take a week before summary is released should be 48 hours. Not audited. Jackie discharge summary is typed, signed off and sent to GP.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.BarbaraRobinson-	Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a

	DepGenMgr	list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer. "We get pushed an awful lot by Portsmouth".
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.MarilynBarker- ENNursDaed	Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)
Comm and collaborations.G4 Acute	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	If lacerations can no longer suture so book through ambulance service. If colleague dial 999. If deteriorating cond. D/W Dr on call who decides on action and who can send direct to ward.

Comm and collaborations.G4 Acute	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.
Comm and collaborations.G4 Acute	Site Interviews- Monday.DrAltheaLord	Out of hours contact with duty geriatrician at QA.
Comm and collaborations.G4 Acute	Site Interviews- Monday.IanPiper-Ops Dir	Elderly services - HA/ Trust/ Acute. Communication in the past.
Comm and collaborations.G4 Acute	Site Interviews- Monday.IanReid-Med Dir	Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.
Comm and collaborations.G4 Acute	Site Interviews- Monday.PennyWells-District Nurse	Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.
Comm and collaborations.G4 Acute	Site Interview-Thursday.Joan LockExSisterSultan	Some patients referred with over ambitious treatment
Comm and collaborations.G4 Acute	Site Interview- Thursday Code A OT	Transfer of Information -notes are sent over -database-technological only up and running since June 2001. Notes should carry stamp of treating OT Database in not computer linked.
Comm and collaborations.G4	Site Interview-	

Acute	Thursday WardClerk Code A	Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Continence – Bartel, walking.
Comm and collaborations.G4 Acute	Site INterview- Wednesday.DrQureshi- CltDryad	Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
Comm and collaborations.G4 Acute	Site INterview- Wednesday.DrQureshi- CltDryad	Interface with acute? 4 elderly medicine consultants visit GWMH - all involved with acute - people referred - part of continuing management includes day hospital as well.
Comm and collaborations.G4 Acute	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Communication - when beginning employment, communications could be improved. Now improved.
Comm and collaborations.G4 Acute	Site INterview- Wednesday.MM HCSWDryad Code A	HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.
Comm and collaborations.G5 HA	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??
Comm and collaborations.G5 HA	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer.

		"We get pushed an awful lot by Portsmouth".
Comm and collaborations.G5 HA	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Haslar transfers - some arrived poorly and with unrealistic expectations - relatives told "for rehabilitation" when in reality "they were terminal". One complainant produced leaflets "has anyone else been killed in this hospital". Also left leaflets around the town. He would come into the dining room and was a favourite of the dining room staff.
Comm and collaborations.G5 HA	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Haslar patients came with unrealistic expectations. Dr Lord visited them and transfer usually took a week.
Comm and collaborations.G5 HA	Site Interviews- Monday.IanPiper-Ops Dir	Elderly services - HA/ Trust/ Acute. Communication in the past.
Comm and collaborations.G5 HA	Site Interview- Wednesday.GinnyDay- SenStaffNursDryad	Pain mainly palliatives. - Refer to advise Mount Batton Centre, Palliative Care Centre, Hospice people, speaks to staff grade - refers to Mount Batton. Advisor should attend patient and report.
Comm and collaborations.G6 Haslar	Site Interviews- Tuesday.FionaCameron-Gen Mgr	Pressure for Haslar now better managed. Something called Alert Course training, all qualified staff have been there.
Comm and collaborations.G6 Haslar	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Comm and collaborations.G6	Site Interviews-	

Haslar	Tuesday.JaneNeville-Ex-StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Comm and collaborations.G6 Haslar	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.
Comm and collaborations.G6 Haslar	Site Interviews- Monday.DrAltheaLord	With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.
Comm and collaborations.G6 Haslar	Site Interviews- Monday.IanPiper-Ops Dir	Elderly services - HA/ Trust/ Acute. Communication in the past.
Comm and collaborations.G6 Haslar	Site Interviews- Monday.IanReid-Med Dir	Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.
Comm and collaborations.G6 Haslar	Site Interview- Thursday.PennyHumphriesHA	Other? Mental Health Patient from Haslar for Trauma & Orthopaedics investigation murdered by husband. Investigation OK.
Comm and collaborations.G6 Haslar	Site Interview- Thursday: Code A OT	Transfer of Information -notes are sent over -database-technological only up and running since June 2001. Notes should carry stamp of treating OT Database in not computer linked.
Comm and collaborations.G6	Site Interview-	

Haslar	Thursday WardClerk Code A -	Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Contenance – Bartel, walking.
Comm and collaborations.G6 Haslar	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Communication - when beginning employment, communications could be improved. Now improved.
Comm and collaborations.G7 Social services	Site Interview-Friday.Text Jerry Clasby-SenNursColW	MDT- all ward rounds- ward clerk also attends MDT Monthly reflective practice meeting and appointment social worker to ward
Comm and collaborations.G7 Social services	Site Interviews- Monday.IanPiper-Ops Dir	No successful CREZ programmes. Very pragmatic approach to CREZ by keeping health level of reserve. Ie. Recurring 1/2 - 3/4 million on turnover of 100 million. Ie CPR training received 80,000 recurring funds.
Comm and collaborations.G7 Social services	Site Interviews- Monday.PennyWells-District Nurse	Medical staff felt could go. Social services had funding and that was why discharged so quickly.
Comm and collaborations.G7 Social services	Site Interview- Thursday Code A OT	Good relationship with SS - why? Previously out of area hospital referrals - Patrick/team picked up this led to doing joint visits - he also does joint visits to support SS OTA. He gets frustrated with care managers sometimes - is not lack of willingness but have not got resources.
Comm and collaborations.G7 Social services	Site Interview- Thursday Code A OT	Integration of health and social OT services? Rosemary's dream/vision was possibility last year but did not happen. Probably longer term it will.

Comm and collaborations.G7 Social services	Site Interview- Thursday Code A DT	Next plan for restructuring his job - as of April 2002 will be seconded 2/7 per week to social services.
Comm and collaborations.G7 Social services	Site Interview- Thursday Code A DT	Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.
Comm and collaborations.G7 Social services	Site Interview- Thursday Code A phy	Where is give going to be? Pressure is going to be outside in community.
Comm and collaborations.G7 Social services	Site Interview- Thursday Code A phy	MDT - huge impact - social worker day longer, any old social worker turns up.
Comm and collaborations.G7 Social services	Site Interview- Thursday Code A WardClerk	Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.
Comm and collaborations.G7 Social services	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.
Comm and collaborations.G7 Social services	Site INterview- Wednesday.DrQureshi- CltDryad	On top of funding - st has to be topped up.
Comm and collaborations.G7 Social services	Site INterview- Wednesday.DrQureshi-	Role of social services - not much experience of it yet, social services the same

	CltDryad	everywhere
Comm and collaborations.G7 Social services	Site INterview- Wednesday.GinnyDay- SenStafNursDryad	Discharged from Q + A - admitted to Social Services but when -> GWMH - Social Services will remove from list so GWMH needs to admit to Social Services again.
Comm and collaborations.G7 Social services	Site INterview- Wednesday.KatieMann- SenStafNursSultan	25% of bed blockage due to lack of care package.
Comm and collaborations.G8 Nursing homes	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	2 patients awaiting, nursing home 'residential care places'.
Comm and collaborations.G9 Joint working	Site Interview- Friday.AnneHasteClinical manager	MDT-OTs, physio, speech & language therapist- weekly meetings. GPs sometime got to meeting particularly with regard to discharge. Not all GPs use this facility. EMI consultant sometime comes in.
Comm and collaborations.G9 Joint working	Site Interview- Friday.AnneHasteClinical manager	All information there is for drugs and palliative care from pharmacies and hospices
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	Good MDT Team Working Regular Meeting with Medics, Therapists, Clinicians
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	Always good relationship between day and medical wards.
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW	Mulberry ward is the ward with most contact.

	ard	
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	Meeting on Tuesday about care pathways.
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	Assessment process <ul style="list-style-type: none"> - referred by GP, by letter - meeting Wed with MDT - discuss referrals and agree appropriate clinician to assess patient - go to home and assess in day ward and assess condition - element with a whole team approach
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	Joint training with OT, with ???
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	Never share information with three wards.
Comm and collaborations.G9 Joint working	Site Interview- Friday.JoTaylorSenNursDayW ard	MDT training – other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.
Comm and collaborations.G9 Joint working	Site Interview- Friday. Code A Senior Diet	Enablement team Full-time dietician At wards, St Christopher and Community plus MDT meetings.
Comm and collaborations.G9 Joint working	Site Interview- Friday.ToniScammell-	Team Working - how can Toni make it happen. ASW works on ward herself to role

	SenNursCoord	model behaviour. Doesn't think they have got it right yet. Would like documentation to be better across the board - everyone adhering to same core plan. One of issues is to get that sense of working together for integrated goal setting and person centred goal setting, wants to get people working together. Her physio on nursing documentation groups. Hopes this will lead to multi-professional documentation and goal setting.
Comm and collaborations.G9 Joint working	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Improved communication. Had 2 H grades helping - St Christophers Fareham & Mental Health. B Robinson was at GWMH.
Comm and collaborations.G9 Joint working	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	MDT met 2 x week, also met to get activities going. Plan care, meet families, 1 consultant Dr Lord did 2 ward rounds per week.
Comm and collaborations.G9 Joint working	Site Interviews- Tuesday.Linda Woods-Staff NursDaed	ward meetings with agenda. Concerns listened to.
Comm and collaborations.G9 Joint working	Site Interviews-Monday.Andy Wood-Dir of Finance	How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.
Comm and collaborations.G9 Joint working	Site Interviews-Monday.Andy Wood-Dir of Finance	Corporate. Culture -> Trust - distinct culture, open devolved, 4 key practice values - very facilitative.
Comm and collaborations.G9 Joint working	Site Interview- Thursday. Code A Sp- LangThera	Tendency need for unilateral agreement.
Comm and collaborations.G9	Site Interview-	

Joint working	Thursday Code A Sp-LangThera	Link with MDT working <ul style="list-style-type: none"> - Meeting on Daedalus ward Monday and Thursday. - Attend meeting based on patients. - No meetings attendance on Sultan and Dryad.
Comm and collaborations.G9 Joint working	Site Interview- Thursday Code A HCSW	Care Plan contained the above problems.
Comm and collaborations.G9 Joint working	Site Interview- Thursday Code A DT	joint equipment services request can be faxed and received the next day
Comm and collaborations.G9 Joint working	Site Interview- Thursday Code A DT	Communication is v.good, v.informal. and comfortable about passing information good or bad Finding out trust strategy News letters Updates through pensions Inductions- Found out changes about the PCT Feels informed
Comm and collaborations.G9 Joint working	Site Interview- Thursday Code A phy	How engaged in goal; setting? Work to be done, trying to do multi-disciplinary to much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.
Comm and collaborations.G9 Joint working	Site INterview- Wednesday.AnitaTubrittSenStafNursDryad	Policies – Head of department meeting, clinical managers meeting, memo notice board, manager identified policy and alert staff to folder.
Comm and collaborations.G9	Site INterview-	

Joint working	Wednesday.GinnyDay-SenStafNursDryad	Policy translations - new changes - talked at mg meetings, minutes from mg meeting - D Ward meeting, memos sent out.
Comm and collaborations.G9 Joint working	Site INterview-Wednesday.GinnyDay-SenStafNursDryad	MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.
Comm and collaborations.G9 Joint working	Site INterview-Wednesday.GinnyDay-SenStafNursDryad	MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from Dr Banks - very formal support, informal support.
Comm and collaborations.G9 Joint working	Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs	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.