

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (75/81)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. Max is excellent and defuses complaints.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClf (85/85)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Can always talk to Max Millett or Ian (MD) easily.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (80/82)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
However, his priority over the past year is to arrange a smooth handover to the PCT so haven't had time to go on wards very much

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (86/87)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
My aim is to know every E Grade nurse on a first name basis

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (115/119)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
I think we can demonstrate that we can respond to crises well
What keeps me awake at night? Worries about pressures on beds in area and the uncertain impact of those pressures

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (133/136)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Sees trust board's role as helping staff 'make sense' of any context of care. Not just passing on Government demands but interpreting things for staff and enabling people to deliver.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (137/139)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Also sees self as personal accountability - does not believe in 'one man band'- CG is part of team. Likes to stick with people he knows.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (140/141)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
For elderly people. Need to slide with improvements - long slow slog.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (144/145)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Need open culture - especially for vulnerable people where staff and facilities have lacked investment.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (146/147)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Wanted good access to all best staff - for NEDs. Chair meets staff regularly.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (148/150)
CODE: A Trust Strategic Management.A1 Leadership (G:100)

Happy with Board composition. Works closely with Anne. Executive team meeting two weekly. Notes go to all NEDs.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (92/92)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Max Mill would act as mediator.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (14/16)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Did publicity and seriousness come as a surprise? No already become accustomed to how they would react to their relatives in any of the hospitals.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (24/25)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
The team also took very seriously any complaints especially when effecting patient care.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (39/40)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Visit wards GWMH 4 trips since March. Elderly Med - 3 x since March.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (131/133)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
2 Partnership with voluntary organisations, CHC, as well as internal. In external meetings people speak highly.

TEXT: Site Interviews-Monday.IanReid-Med Dir (180/180)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Enormous respect for Chief Executive.

TEXT: Site Interviews-Monday.JulieJones-Coporate Risk Advi (71/73)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Culture within the Trust? Have never worked anywhere quite like here - work closely to board. Such a high commitment / caring organisation.

TEXT: Site Interviews-Monday. **Code A** Coporate Risk Advi (78/80)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
How invisible are the Board? Annual conferences; staff seminars to launch any new policy - Max always knows every staff members name.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (5/12)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
Nursing Director and Quality retired and CE responsible for Quality at Board level.
Quality Manager x 5 roles = 1. Complaints, 2. Risk Management, 3. Clinical Audit, 4. Quality / patient charter / clinical governance 5. User groups eg CHC. Responsibility of Chief Executive but access to executive team eg Director of Ops for RM systems. Invited to present quality rep to Trust board.

TEXT: Site Interviews-Monday.PeterKing-PersDir (75/77)
CODE: A Trust Strategic Management.A1 Leadership (G:100)
How well - known are Director's to front line staff? PK doesn't wander around meeting people prefers to meet more formally through away days & staff conferences.

TEXT: Site Interview-Thursday.PennyHumphriesHA (12/16)

CODE: A Trust Strategic Management.A1 Leadership (G:100)

Culture at trust:

Charismatic leadership style. Individualistic, very heavily focused on patients and staff. Peter King really has grounded consultation with staff. Good values. Value driven.

TEXT: Site Interview-Thursday.PennyHumphriesHA (17/21)

CODE: A Trust Strategic Management.A1 Leadership (G:100)

Max knows many staff and what they do (walk round). Knows a lot of clients. Cares about needs, environment for patients. Examples of user innovation eg. user involvement in Mental Health. In Learning Disability each client is handled personally for plans.

TEXT: Site Interview-Wednesday.KatieMann-SenStafNursSultan (13/14)

CODE: A Trust Strategic Management.A1 Leadership (G:100)

Close link with Countess Mountbatten hospice. Palliative Care.

TEXT: Site Interview-Friday **Code A** SeniorDiet (88/90)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

Policy has been given a high level of value by senior management – influence practical use of policy.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (151/153)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

appy with Board composition. Works closely with Anne. Executive team meeting two weekly. Notes go to all NEDs.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (154/156)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

Medical Director has always been geriatrician. Some board members been in place since '90s - have good knowledge of NCE issues.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (3/5)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

Account to MMN -> Andy Wood -> Contractor Deputy Director -> Management. Mb of board and operational Mg group.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (31/33)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

Responsibility for Elderly Services at GWMH - Fareham and Gosport - Fiona Camerson. Elderly Medicine - Acute management.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (37/39)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

How is Fiona told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (11/12)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

Delegation - how do you keep track.

Operational Team

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (23/24)

CODE: A Trust Strategic Management.A2 Accountabilities (G:100)

Weekly meeting general manager. 6 GM's. 1 - 1 1/2 hours.

TEXT: Site Interviews-Monday. **Code A** Coporate Risk Advi (14/16)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.

TEXT: Site Interviews-Monday.PeterKing-PersDir (3/4)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 Discussions review main system of accountability. Much soft information PK very close to which / staff reps.

TEXT: Site Interviews-Monday.PeterKing-PersDir (10/12)
 CODE: A Trust Strategic Management.A2 Accountabilities (G:100)
 Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (2/21)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Significant evidence of systems change
 (1) pain management
 (2) clinical practice development
 (3) leadership programme
 Clearer indication of reasons for not initiating internal inquiry. Treated as medical incident. Would not happen now as Clinical Governance Group/Risk Management Group would identify it earlier.
 In absence of robust clinical indicators for nursing rely on verbal, informal reporting with those she meets regularly. But benchmarking/essence of care standards being introduced.
 Good examples of efforts to involve and consult patients and carers more regularly on patient care and policy development.
 Good evidence of learning from complaints. Staff workshops to discuss and reflect on complaints.

TEXT: Site Interview-Friday.MaxMillett-CEO (32/33)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Blockage investment in elderly mental health & inherited under resources service.

TEXT: Site Interview-Friday. **Code A** Pharma (49/54)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Policy Development. Always a pharmacist involved. Paula involved. Drug policy covers both Trusts.
 VL not involved in Policy Development. Included policies have a link pharmacist eg. S C Phillips. Eg. Paul - alcohol withdrawal policy, named pharmacist? Who for syringe driver.

TEXT: Site Interview-Friday. **Code A** Pharma (103/103)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Review in progress of pharmacy services for PCT change.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (66/68)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Examples of impact of shared good practice b/w two community hospitals. At year awayday. Asked nurse - topics - rehab, nutrition.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClf (65/66)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Was part of process of developing change plan. Describes it as being messy.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClf (81/82)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Changing shape for PCT development has meant some key figures are now now around.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClf (111/111)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Redcliffe House was EMI moved to GWH.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (3/10)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 How does he know the hospital is safe now?
 He has made major changes in last couple of years; quality management system used to be very paper-driven with little impact on the wards and noone leading the job with the time to do it properly (nurse director used to have responsibility in addition to her other roles). Now have whole new QMS with responsibility shared by senior management

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (19/23)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Eileen Thomas appointed to ensure evidence-based good practice introduced and integrated into clinical practice; now he is confident that clinical practice on the wards is safer : getting direct feedback of this through network set up by Eileen throughout the trust

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (29/30)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Nurse director has 'uncovered some very uncomfortable things'

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (101/107)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Have invested much time in developing risk management systems to minimise mishaps; when warning signs that things getting bad (eg in winter pressure periods) focused review of elderly medicine was instigated; review found that trust falling below safe staffing levels so triggered action plan which included closing beds and recruiting more nurses from overseas

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (6/8)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Devolved Budget Structure. Managed by locality and service. Joint account to FD and Fareham and Gosport locality.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (9/11)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Local flexible management?
 Autonomous and good communication with e@ division. So long as comply with policies.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (15/15)
 CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
 Surplus monies? - look at Trust finance as a whole.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (16/18)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
Trust OVP. Broke even since 1994. 2001 - 2002 difficult year. Elderly medicine experience pressures -> recruitment, drugs.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (20/21)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
CRAZ progs? SAFF. Give activity - kept central and tried to prevent impact on operational divisions.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (22/22)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
2 - 3 years no stress on meeting targets.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (23/25)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
Elderly services? Medicine. 97 - imbalance some issues. 18 months - 2 years Finances have got worse -> services grown -> recruitment down / agency bills up.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (26/28)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
Corporate response toward deficit -> new General Manager -> action plan = ongoing budget into balance -> agency and drugs.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (29/30)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
2001 -2002 = 1 million pound but after plan £330,000 overspend.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (43/44)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
SAFF negotiations being tough? Effect on Elderly Medicine -? Last year no increased input.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (45/45)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
2 - 3 years ago SAFF input into elderly medicine.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (46/47)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
Investment for Int Care in Daedalus? Designated Int Care - national money general review.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (52/55)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
Elderly people's services balance. No money from CRAZ and SAFF. How address balance - review MSE office budget, agency usage, use of Trust Fund. Mainly short term.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (64/66)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)
It will be prevented by NSF, PAMS, F + G and E HAMP PCT relate to Hampshire as far as social services are concerned.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (67/67)
CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Operational issues with new model in PCT

TEXT: Site Interviews-Monday.IanReid-Med Dir (88/90)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

There are groups within PCT and District-wide for non acute aspects of Elderly Medicine.
% 3 geographical areas.

TEXT: Site Interviews-Monday.IanReid-Med Dir (183/185)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Strategic reserve - whenever there is a problem that needs to be addressed - Trust comes up with money and is very supportive.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (74/76)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Services from Pharmacy have improved to Elderly Care Wards at QA - no resource to put in more time to "outposts" eg GWMH.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (77/77)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

SAFF process not helping bolter Pharmacy Services.

TEXT: Site Interviews-Monday.PeterKing-PersDir (42/44)

CODE: A Trust Strategic Management.A3 Direction & planning (G:100)

Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.

TEXT: Site Interview-Friday.AnneHasteClinical manager (93/94)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

All information there is for drugs and palliative care from pharmacies and hospices

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (68/74)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. Max is excellent and defuses complaints.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (31/31)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Increased outreach work so visit patient at home.

TEXT: Site Interview-Friday.MaxMillett-CEO (36/38)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Blockage with Acute Trusts - relationships and cooperation on strokes good. Pathingway
Much hope with neck & femur etc.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (124/124)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

CC - HA/SS agreement. Continuing care criteria?

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (54/58)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Example of good practice: Government panic about mixed sex wards recently: visit by department; Max says very impressed by clarity and conviction of staff explanation about measures taken to minimise or avoid mixing sexes

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (88/90)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (120/124)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

I think we can demonstrate that we can respond to crises well

What keeps me awake at night? Worries about pressures on beds in area and the uncertain impact of those pressures

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (157/161)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

RO - 'leave item alone'. Performance Previews. Whole system is documented by acute trust. RO informed of pv suicides - unexpected deaths. Main interface over reprovision of NH acute facilities where RO have been helpful.#

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (165/167)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Performance Management by RO. In PR terms - acute trust has dominated. This trust have always met all targets, so not been focus of RO attention.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (168/169)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Happy RO 'has kept off their backs' but have offered help when necessary.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (170/171)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

HA - good links have been established to ensure support for resources -> H.C.E

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (172/175)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Have had to develop collaborative relationships with HA, but also be aware of 'whole systems' requirements eg. cannot have excellent services for elderly at expense of others.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (176/177)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Problems re winter pressure - trying to ensure seamless working between acute medicine and elderly.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (183/188)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Not sure what more managers or clinicians could have done to improve relationships between primary and secondary care. There have been some successful Integrated Care Pathways developed - but best examples of ICPs are where 2 degree care has not had to be involved.

TEXT: Site Interviews-Monday.DrAltheaLord (89/89)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

It's important getting contributions from all agencies.

TEXT: Site Interviews-Monday.DrAltheaLord (201/204)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

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.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (61/62)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Assessment – symptom control, access Countess Mount Batten

TEXT: Site Interview-Thursday.JamesHareChaplain (27/31)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Based at GWM on Thursday and Sunday. 2 chaplaincy assistants here have just been recruited to help him in all trust work and prior to James' appointment. GWM had part-time Free Church chaplain who still works there on a voluntary basis.

TEXT: Site Interview-Thursday.PennyHumphriesHA (27/29)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Local player? Good. Dr Barton very difficult. Good relationship with Max. H Econ. Meetings. Fights causes strongly.

TEXT: Site Interview-Thursday: **Code A** OT (28/30)

CODE: A Trust Strategic Management.A4 Health econ partnerships (G:100)

Health and Social Service, OT services going to be integrated?- Not sure if it will happen any more but close links anyway-good working relationship.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (166/167)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

User and carer attendance. User carer groups have now been set up.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (2/6)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Users and Carers/Strategy and Framework - user and carers framework document developed 12 months ago.

- set up cross trust obligations and requirements

- option doing two things - engaging users.

- framework piloted at St James Hospital

TEXT: Site Interview-Friday.IanPiper/FionaCameron (9/13)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Gerontological NP - advisory group - first stab at planning input into users and carers

strategy. Director of Elderly Medicine - have worked into QAs PALS and user fold. Users on clinical governance groups.

TEXT: Site Interview-Friday.MaxMillett-CEO (18/20)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Patient care experience should have clear pathway of care. Clinical governance will be collection of Trusts - over a wide area.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (198/201)

CODE: A Trust Strategic Management.A5 patient & public partners (G:100)

Have very active service user groups in adult MH. Good links with CHC chain. Believes

trust has been effective at involving local community and local groups.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (48/49)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Investment in outside capital? Historical equipping budget - £50,000 - £100,000.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (50/51)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Local - GWMH supported by Trust Fund and league of friends. Estates.

TEXT: Site Interviews-Monday.AnneMonk-Chair (35/36)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Some questions passed on if said services question outcome and practice.

TEXT: Site Interviews-Monday.DrAltheaLord (35/36)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Open day. Public invited to see GWM therapy facilities.

TEXT: Site Interview-Thursday.JaneParvin Senior Person (74/80)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 User and carer involvement - what who are the drivers. Barbara Johnson - older people services, Jane Wilkinson - Fiona, Eileen Tuchous.

TEXT: Site Interview-Thursday: **Code A** PractDev/Facil (90/93)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Developer group patient involvement, feels strongly that they should be multi-disciplinary, should involve patient. ???? lady from Petersfield Insight will give an enourmous.

TEXT: Site Interview-Thursday: **Code A** phy (85/86)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Where is give going to be? Pressure is going to be outside in community.

TEXT: Site Interview-Thursday: **Code A** -phy (98/103)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Work with groups of patients, plan which patients for 6 sessions eg. tea dances, nativity plays etc., more confidence to do things. Want to keep themselves fit.
 Contact Nicky Super 3 manager - ???? G&F pt stroke spec.

TEXT: Site Interview-Thursday: **Code A** WardClerk (48/50)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (23/24)
 CODE: A Trust Strategic Management.A5 patient & public partners (G:100)
 Good link with district nurses until recently shared notes.