

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (105/105)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Very happy working and with job.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStaffNursDaed (84/86)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Culture - personally, old ways V new ways. Politics, not easy to come as a new comer.
 Naval?? influence, more hands on practice - too much bureaucracy.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (110/112)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment,
 monitor standards eg oral health in stroke patients.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (144/145)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Comment huge developments since Clin Gover - got Investors in People Award July 1999.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (68/68)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 when asked again about tension - honestly don't know.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (102/104)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 General comment re: nursing & therapy. Not worked here so can't comment as such, but
 always enjoy coming here, I hear good things.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (107/111)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 When asked if he wanted to say anything else, his view - Staff have been through huge
 turmoil cannot underestimate suffering - staff interviewed under caution??, for hours, ??
 with Dr L feeding in questions.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (59/60)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Clinical Manager very good, looking at self medication 'self contained flat' in ward.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (126/130)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Informal and formal relationships. Staff opinion surveys.
 Points.
 1 Clear set of values. Value used to structure for framework and business views - 4 key
 values.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (134/135)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 3 Distinct audit and staff reports. Show values and good practice.

TEXT: Site Interviews-Monday.IanReid-Med Dir (186/188)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 I think we've got good staff here in Gosport - in time I worked here - I never never found a
 nurse who was not fully committed and Jane cared - she was very caring.

TEXT: Site Interviews-Monday.IanReid-Med Dir (189/190)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Colleague Althea Lord I don't know how she and 3 nurse colleagues have stood up to it all.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (11/14)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 This had led to
 her being demoralised, unhappy with no respect or trust. This has been
 communicated to managers and union rep.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (115/115)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Very demoralised all staff.

TEXT: Site Interview-Thursday.JamesHareChaplain (2/4)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Impression that staff morale very high but has not had much direct contact with staff. He
 arrived in 1999 after incidents.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (36/37)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 'Good make up of staff'
 good team spirit, staff would organise training

TEXT: Site Interview-Thursday. **Code A** HCSW (45/47)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Proud of care given to patients, happy atmosphere, pts do not like leaving ward - extra
 kind to those who never get visitors.

TEXT: Site Interview-Thursday. **Code A** HCSW (91/94)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Sultan staff donate their own milk to give rels drinks who have come a long way.
 Staffing levels - 6 morning - 4 evening - 3T 3NA - 2T 4NA - nearly everyday.

TEXT: Site Interview-Thursday. **Code A** HCSW (99/101)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Sickness? Work extra or get agency. In last month has worked extra twice. Use to get
 "time back", now get paid extra.

TEXT: Site Interview-Thursday. **Code A** HCSW (105/105)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 "We managed quite well" with staffing level.

TEXT: Site Interview-Thursday. **Code A** HCSW (109/109)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 "Her" really sad about the events.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (179/179)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)
 Morale low – press and investigation.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (212/212)
 CODE: C Quality Indicators.C1 Staff attitude (G:100)

Staff very keen to update.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (55/55)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

"We are proud of nurses care that we give here".

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (5/5)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Nicely managed.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (8/8)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Nurses are hardworking.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (12/12)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Caring place

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (14/15)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Team on own ward give excellent care to patients and give a lot of ourselves to the ward".

TEXT: Site INterview-Wednesday **Code A** Porter (17/21)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Things that have "inspired" him to stay in job remain the same, but some things have changed. Eg. attitude of some staff. Feels motivated by doing good for patients. Some staff are not like this - just come to do as little as possible.

TEXT: Site INterview-Wednesday **Code A** Porter (22/23)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Saw problems of staff attitude that occurred, giving rise to original complaints (ie. Mrs Richards).

TEXT: Site INterview-Wednesday **Code A** Porter (24/28)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Some nurses do not want to respond to patients' needs. Would rather have tea and real breaks. Not all staff in Daedalus and Mulberry wards are like this but some. Blatant in not caring. Patients left to care for themselves eg. on Mulberry and Ark Royal.

TEXT: Site INterview-Wednesday **Code A** Porter (29/30)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Sometimes you would think patients are in charge. Patients walk corridors while staff sat in the lounge.

TEXT: Site INterview-Wednesday **Code A** Porter (31/31)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Staff should be interested in what patients are doing.

TEXT: Site INterview-Wednesday **Code A** Porter (44/54)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Was called to ward the day of incident with **Code A** Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. Clinical Manager appeared - he went off to

look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. Clinical manager appeared again - other porter swore at Philip Beed because of their frustration (the porters). Philip's response was to say he would go and look for other nurses.

TEXT: Site Interview-Wednesday **Code A** Porter (69/71)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Feels there is still a lack of interest among nurses. Many times porters are called and nurses have not prepared patients.

TEXT: Site Interview-Wednesday **Code A** Porter (75/77)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

One example of porters being asked to take patient alone because no nurse around yet some were seen coming out of coffee lounge after this.

TEXT: Site Interview-Wednesday **Code A** Porter (78/80)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

No particular time of day that this has happened - more associated with certain members of staff. Some staff are excellent.

TEXT: Site Interview-Wednesday **Code A** Porter (81/82)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Surprised there are not more patient complaints about staff eg. staff did not appear to pretend to work hard.

TEXT: Site Interview-Wednesday **Code A** Porter (83/86)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Patients comments (to porters) eg. buzzers - most staff will always answer them but a few staff will say things like "oh they are always buzzing there is nothing to worry about".

TEXT: Site Interview-Wednesday **Code A** Porter (115/116)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Long-term staff still in post so this contributes to continuation of culture of lack of caring.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (76/76)

CODE: C Quality Indicators.C1 Staff attitude (G:100)

Its improved over 8 years. N practice improved.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (37/39)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)

Assess patient at home and clarify difference with carers about day centres and day ward.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (42/49)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)

Assessment process

- 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

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (112/113)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Feel care here is good - if relative of his here - would have no worries.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (13/19)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 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.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (38/40)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 how do you recognise deterioration. All trained staff have done diet course. Basic assessment and report to doctor. Possible readmission to acute ward.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (69/70)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Alert courses used to assess of sudden deterioration. ECG anxiety-fax ECG to cardiac unit.

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (66/68)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Plenty of information is available on wards for everyone. Philip makes sure all information is available.

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (93/95)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Now have hip protectors & wear leg protectors aswell. Everyone has a tv - ?? to keep ?? ward. Philip has introduced all of these.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (33/33)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Done well on ward.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (42/43)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Rehab activities?? What active rehab with involvement of nurses?

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (48/49)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Patient m/x has changed. More rehabilitation care needed.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (21/22)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Realistic? Not always as able. Same between hospitals. As referring hospital suggests.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (68/68)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Effect on care? Yes eg of man??

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (72/76)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Patients with confusion on - significant problem at night time? Yes eg. Impact on other

patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (56/57)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Have some benchmarks eg <???) and referral rates. Less on outcomes.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (58/60)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Have developed multi disciplinary team assessments, audit results and GP satisfaction with system. Have used results to change and improve practice.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (59/63)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (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.AnneMonk-Chair (20/22)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Quality. Quality performance indicator. Complaint of bed sore for each complaint. Risk event - rated - where they happen computerised.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (21/22)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 use individual care plans for patients and tries to see care on assessment of need.

TEXT: Site Interviews-Monday.DrAltheaLord (67/69)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Now that nurses have had ALERT course, able to recognise when patient becoming hypotoxic or hypertensive

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (19/20)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Quality of patient care very important- she spends one quarter of time spent on wards

TEXT: Site Interviews-Monday.IanReid-Med Dir (167/168)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 No feeling of patients being 'written off' helped on their way.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (56/57)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Daedalus Ward. Patients are in good condition when discharged.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (68/69)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 No patients have been discharged with no pressure sores recently.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (77/78)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 When lady's legs could use compression bandages liaised between District Nurse and Ward Nurse.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (103/105)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Bad practice -> according to CGR 1, discuss at ward level, ward management. 2, GP.
 Feel strongly about bad practice. 3, near miss form / risk form.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (194/194)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Patients may be kept in pain

TEXT: Site Interview-Thursday. **Code A** HCSW (52/56)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 "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.

TEXT: Site Interview-Thursday. **Code A** DT (143/145)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Trend to use MEAMS (Middlesex Elderly Assessment of Mental State), Allens Cognitive Level Test), Liaison, DPMH Service OTS

TEXT: Site Interview-Thursday. **Code A** DT (156/158)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 His view in general? I believe this unit is a very good unit. I would have any concerns about a relative staying here.

TEXT: Site Interview-Thursday. **Code A** DT (165/165)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Accurate picture should be a good picture.

TEXT: Site Interview-Thursday. **Code A** OT (166/168)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Personally would feel devastated if not a good picture because it would mean I've misread it and it would bring into question my reflective practice.

TEXT: Site Interview-Thursday. **Code A** OT (87/100)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Assessment of patients
 -Daedalus-good MDT
 -background notes
 -speak to nurses/physio
 -interview forms-functions
 -ring next of kin
 -set of goals
 -home patterns
 -social networked
 -further assessment
 stroke-neurological assessment-cognitive, Rivermead assessment tool,CONTAB assessment tool, Chessington O.T neurological assessment battery, Visual screening test and standard neuro screens.

TEXT: Site Interview-Thursday. **Code A** DT (123/126)
 CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)
 Good at detecting depression- have a scale tool (maybe GDS Geriatric Depression

Rating Scale?)

-Mini mental tool -to detect Cognitive impairment. 1-10 scale.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (9/11)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)

The sort of problems that came to continuing care - bed sores... Most of the patients fare quite well gave eg of bed sores - healing.

TEXT: Site Interview-Wednesday.TinaDouglas-StaffNursSultan (49/50)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)

Falls? Individual risk assessment - eg. BP assessment, hip protection.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (86/87)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)

No example of recent changes which have improved patient care.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (90/91)

CODE: C Quality Indicators.C2 Effectiveness & outcomes (G:100)

Give very good patient care - spend time with them and thank you.

TEXT: Site Interview-Friday.AnneHasteClinical manager (10/15)

CODE: C Quality Indicators.C3 Access to services (G:100)

we employ staff, ?, continence, care of elderly, palliative care, orthopaedic and intermediate care. NHS a nurse specialising in leg ulcers and postoperative wounds. Awaiting a chronic lung course and some have done nutritional course. Otherwise staff have done health promotion and ITU courses.

TEXT: Site Interview-Friday.SharonLundy Telephone Int (13/14)

CODE: C Quality Indicators.C3 Access to services (G:100)

Expert input. If already known by Consultant and have an appointment - will keep that up.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (80/81)

CODE: C Quality Indicators.C3 Access to services (G:100)

Activities coordinator is employed-but she is never there.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (38/40)

CODE: C Quality Indicators.C3 Access to services (G:100)

Drug assessment Manual? - updated annually. The Shipman Inquiry Care has put back Palliative care. Afraid to use diamorphine now.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (47/47)

CODE: C Quality Indicators.C3 Access to services (G:100)

Staff feel vulnerable.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (58/60)

CODE: C Quality Indicators.C3 Access to services (G:100)

Transfers - blue lights - A & E. (Doc's ?? can't ??) eg laceration 999 or to ward. No long waits personally but heard of long wait.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (89/89)

CODE: C Quality Indicators.C3 Access to services (G:100)

Transfers back to acute at night.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (5/5)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Good standard referral system.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (59/62)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Open referral system. If swallowing need a medical referral – Dr Yikena or GP Sultan. Appropriate in nature of timing? No inappropriate referral.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (65/67)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (70/71)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Admissions – speech therapist from discharged hospital will telephone ahead.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (85/87)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 There are some complaints about lack of therapy. This could be hindered due to medical reasons – no main reason for this happening.

TEXT: Site Interview-Thursday.DrBeasleyGP (180/180)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Sultan Ward - middle level user.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (3/5)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 came in 1981 as s/n then sister on sultan. In those days just 2 wards and minor theatre

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (9/11)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Then became medial/young disabled/respite
 Changes
 'we coped pretty well' with the change

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (42/43)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 PT OT was also available
 OT came daily (AHP) mixed in

TEXT: Site Interview-Thursday: **Code A** OT (12/14)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Referral system
 No standard, fill out of referral
 OT would pick up referral

TEXT: Site Interview-Thursday: **Code A** WardClerk (42/44)
 CODE: C Quality Indicators.C3 Access to services (G:100)
 Bed Blocker – Board, nurse tick board, ward clerk assessment notes. When medically able to go home – fax Barbara Robinson.

TEXT: Site Interview-Thursday. **Code A** WardClerk (54/56)

CODE: C Quality Indicators.C3 Access to services (G:100)

Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (52/52)

CODE: C Quality Indicators.C3 Access to services (G:100)

Also facilities for number NOF patients not in place.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (100/102)

CODE: C Quality Indicators.C3 Access to services (G:100)

Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (5/5)

CODE: C Quality Indicators.C3 Access to services (G:100)

Do take respite/chronic patients on a regular basis.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (64/65)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Waiting list is very long, also been long – need to appropriate with discharge.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (51/57)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Nurses lacking acute skills. OK for post mix of patients, now getting more older, sicker and more dependent patients. Bartel 3-4 to 2-3 hip replacements 12/3 to 7/8 day. All qualified nurses - 5 through alert course. How did staff respond? Nervous at first.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStaffNursDaed (89/89)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Handover, handover of info enough, unsure go to notes.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (93/99)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Culture of care - (we had to press a little to get the following)

Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Sult Ngt (41/42)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Finds changeover meetings very useful, particularly as patients change quite regularly.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClt (3/6)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

In 1992 - 'HOTN' a spur to rehab clinics. Stroke service started in 1993. Had a practice focus. Daedalus took on new stroke model of care in 1994 (converted continuing care beds) - 8 beds.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClt (9/10)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

For patients? Now an organised service. 1997 nurse specialist. Working with staff and relatives.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursCit (20/20)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Rehab -> continuing care decision.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (6/8)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Mornings are a rush, but more time for admin and social services preferred. More time to talk to patients and relatives

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (29/33)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Problem of ward becoming bed blocked. Change in role since incident with patients.
Nurses now much friendlier towards pts.
Eg pts?? who need feeding may need to wait until meals have been served to others.

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (42/43)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Eg pts?? who need feeding may need to wait until meals have been served to others.

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (46/47)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Sometimes only 5 nurses a week 24 hrs. Roles?? Workloads very heavy.

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (88/89)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Pts have bells in lounge so that they can call nurse if needed. Philip had these installed.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (11/12)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Patient referral info? Brief synopsis when pt arrives? Introduced, assessment within 2 hrs.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (40/41)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Inconsistent. Need to move on but Dryad Hill ?? action?? Nursing homes ok.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (44/44)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Action? In chair, Dept. OT kitchen balance, ward acts.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (9/12)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Arrival on ward and ward change of use? Now 8:8:8 extra staff skills and competencies developed to complement. Slow stream rehab skills. All pts now have a rehab care plan.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (13/18)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Rehab can't care? Who takes decision? Weekly multi disc team - cons/ s? grade, nurses and AHP's - 2 per week. Good attendance. Then discussion with pt/relative recorded in Med/Nursing notes.
What format? Brief record of decisions and actions, plus diary.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (18/20)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Daedulus: IC. 8 stroke & rehab. FF on pullway. 1/2 terminally ill. How know reason? In office & in notes.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (90/90)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Transfers back to acute at night.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (11/13)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good relationships with GP colleagues.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (14/15)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Part of wide network of psychology of old age (8 months).

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (39/41)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Have waiting list at present because of rest home and nursing home closures. Have beds 'blocked' by patients and pressure on EMI beds to admit.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (130/132)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 If patient cannot be handled on ward will admit to EMI ward for a few days to manage behaviour. EMI Nurses will interact more.

TEXT: Site Interviews-Monday.AnneMonk-Chair (23/25)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 How are falls, pressure sores - Risk system shows it up. Clinical governance panel minutes - CHC member presents and waiting lists. Get compliments as well.

TEXT: Site Interviews-Monday.DrAltheaLord (11/12)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.

TEXT: Site Interviews-Monday.DrAltheaLord (176/177)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Numbers of cases rising, complexity growing hence workload rise in 98.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (72/73)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Comments on culture of care 98 vs NOW - "I wouldn't know."

TEXT: Site Interviews-Monday.PennyWells-District Nurse (21/23)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 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.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (27/28)

CODE: C Quality Indicators.C4 Organisation of care (G:100)
Medical staff felt could go. Social services had funding and that was why discharged so quickly.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (31/34)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
College experience.
Lady on ward wants to be at home - need time for equip - late notice the lady was given, short notice to get equipment together.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (39/41)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Admission - District Nurse - send in notes, but patients get admitted without District Nurse knowing - but notes will follow.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (48/49)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Acute and Comm - Yes/presume. Working policy formulated - working party - community and acute.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (50/51)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Respite. Patients could use Sultan for respite ie stroke, parkinson's.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (58/60)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Lady could not go home with terminal illness - but safety was too high - so admitted to Sultan to pass away.

TEXT: Site Interview-Thursday.DrBeasleyGP (20/22)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Historically 1970s hospital very different. Had operating theatres he did 2 sessions per week anaesthetics all beds GP.

TEXT: Site Interview-Thursday.DrBeasleyGP (23/25)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
1980s elderly medicine acquired beds - loosely described as slow stream rehab. All GPS took turns in looking after.

TEXT: Site Interview-Thursday.DrBeasleyGP (33/35)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
In 1980s slow stream geriatrics on 4 sites, N'wich House, then GWMH rebuilt '92 - Drayad and Daedalus 44 beds, Radcliffe.

TEXT: Site Interview-Thursday.DrBeasleyGP (36/37)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Case mix drifted over the years leading to a number of problems.

TEXT: Site Interview-Thursday.DrBeasleyGP (38/41)
CODE: C Quality Indicators.C4 Organisation of care (G:100)
Daedalus meant to be rehab. Dryad so called continuity care. The concept of slow stream went out of the window (Act of Parliament ... Bartel less than 3) which led to faster throughput of patients.

TEXT: Site Interview-Thursday.DrBeasleyGP (42/45)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

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.

TEXT: Site Interview-Thursday.DrBeasleyGP (50/51)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Complexity of individual cases - regularly patients on drips etc. did not happen 5/6 years prior.

TEXT: Site Interview-Thursday.DrBeasleyGP (64/69)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

So workload complexity increased - what about staffing/infrastructure? Dr B asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH - presents a number of problems - so scream and howl at lot. Had word with Dr Banks (could he make a room soundproof?).

TEXT: Site Interview-Thursday.DrBeasleyGP (181/184)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

GP/Direct admin

Pall care

Convalesce

Step down

TEXT: Site Interview-Thursday.JamesHareChaplain (135/139)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Would very much like to be more actively involved in patient care planning as he feels patients' spiritual needs are neglected. However, he has never been asked to do so at GWM or volunteered. This is in contrast with other community hospitals he serves.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (6/8)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Medial/postop/surgery

2 year some medial, ENT,GP patients/young/or respite/or terminal

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (12/14)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Then became medial/young disabled/respite

Changes

'we coped pretty well' with the change

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (21/25)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

looked after by own GP

In 1999-wide-range-cancer/terminal/tansfer from Haslar-Q/A-St mary's-SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (34/35)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Complexity of patients

Had a range of staff to manage G,F,SNs,Students

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (143/148)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)

Admission

- ask what time they go to bed
- what normal lifestyle is
- drink and food patterns
- hygiene patterns
- body check - physical assessment

TEXT: Site Interview-Thursday. **Code A** HCSW (8/10)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Her general amount. In hospital for 23 yrs. Currently on Sultan ward for 12yrs. Before that at Northcott Annexe. Older people throughout.

TEXT: Site Interview-Thursday. **Code A** HCSW (25/30)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Busier over 2 years - more needs. Case mix used to be "premonia" - now early post-aggregative?? cases - all takes longer need accompanying by trained staff. Help with feeding, care, comfort, bell handy, HCSW pop in to check patients including those too unwell/unable to communicate their needs. Staff help each other.

TEXT: Site Interview-Thursday. **Code A** HCSW (31/36)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Busier over 2 years - more needs. Case mix used to be "premonia" - now early post-aggregative?? cases - all takes longer need accompanying by trained staff. Help with feeding, care, comfort, bell handy, HCSW pop in to check patients including those too unwell/unable to communicate their needs. Staff help each other.

TEXT: Site Interview-Thursday. **Code A** HCSW (57/61)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

"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.

TEXT: Site Interview-Thursday. **Code A** HCSW (78/79)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

What happens if feeding is impossible? Get on to chart, dietician, doctor, drip.

TEXT: Site Interview-Thursday. **Code A** OT (31/35)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Ellen K is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dryad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.

TEXT: Site Interview-Thursday. **Code A** OT (41/42)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

He is specialist in complex disability management at GWMH, so his work is in Dryad and Sultan primarily.

TEXT: Site Interview-Thursday. **Code A** OT (58/61)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

When asked about pressures including workload what goes, what is the lower priority?

Lower priority is formal report writing, clerical support started 18/12 and now a lot better.

TEXT: Site Interview-Thursday: **Code A** OT (70/71)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Concern that way in which OT is organised ward training to d/w several OTs. Review process? D/w head OT.

TEXT: Site Interview-Thursday: **Code A** OT (72/73)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 BGs here still tend to be ward based, at Haslar more speciality and Elderly. MH still traditional model.

TEXT: Site Interview-Thursday: **Code A** OT (152/155)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Occupation. Diversional label. OT have tended to drop because of lack of numbers. Deadalus have no OT input/training to Activity Co-ordinator Post. Dryad ??? not perceived need on ward.

TEXT: Site Interview-Thursday.PennyHumphriesHA (36/39)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Wandered about sufficient rotation of staff through areas. Isolated community ie. fresh ideas. Incisiveness? NA raised with Trust a senior manager and NGD in Clinical numbers and they did.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (27/29)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 If patients are being considered for discharge - interventions will be recorded for 48 to inform the proposed care package.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (58/60)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Improved cooked breakfast - discussed to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.

TEXT: Site Interview-Thursday: **Code A** phy (10/13)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 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.

TEXT: Site Interview-Thursday: **Code A** phy (87/88)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Prioritise rehab - ie. early strokes, orthopaedic patients can hand over to nurses.

TEXT: Site Interview-Thursday: **Code A** phy (109/110)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Falls assessment - big thing - more awareness leads to referrals.

TEXT: Site Interview-Thursday: **Code A** phy (111/113)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 OT - follow patient from QA (ortho)
 PT - follow patient home to here
 OT - neuro OT in house

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (53/56)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Had away day to discuss issues. Ward ended up as a bit of a mix of continuity care patients and rehab. Had change of consultant - this prompted the change from continuity care to rehab.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (57/58)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Other staff were willing to help rehab (ie. the Physios and OTs) but did not have time.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (8/11)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Three teams. Team of 8, 6 and 6, 3 E grades. Consultant Ward rounds Tuesday afternoon. Staff Grade Porter, Monday to Friday 1/2 hour physiotherapy a day, OT if patient home discharge planned.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (48/50)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Toilet arrangement. No bells in lounge, except one on the wall, can cause problems. But big lounge opposite nursing station, small day room not so accessible.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (53/54)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 More medically unstable patients coming - causes additional problems.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (103/105)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (6/6)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Nicely managed.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (16/18)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 The systems are there. There are policies there in office. Nurses and Doctors know of it - follow it. In some instances, better than seen elsewhere.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (24/27)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 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.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (90/96)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 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 RIP, 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.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (127/129)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

It is the same process of looking after patients throughout their illness - need different settings at different times.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (133/134)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Other end of discharge process eg discharge to nursing homes.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (19/21)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Ward Description. Continuing care - ward before Nursing Homes -> medical needs -> waiting for nursing home.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (60/62)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (65/66)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Nights - healthcall - local practice cover - healthcall. Response times - poor.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (69/71)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (78/78)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

1988 - No change in expectations of rehab.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (111/115)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

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.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (9/12)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Young chronic sick, respite care, Not an elderly service unit. Consultants quite frequently come in to give second opinion. Links with oncology and orthopaedics.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (25/27)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Care plans not as up to date as they might be. Assessment of ADLs and Discharge planning. Already Care Package?

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (3/5)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Based on Dryad, occasionally on other wards. For a period did work days after a period of sick leave. Relapse of Rheumatoid Arthritis since act 25.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (6/7)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Four at night e + D + HCSW recent months. Before that E + HCSW.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (27/29)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Patients can get agitated/noisy/stroppy at night - deals with it but prefers physically ill patients, not mental health.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (43/44)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Handovers occur - most senior nurse from preceding shift.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (45/46)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Agency nurses - used, participates in explaining matters. Most have worked here before.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (59/60)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 MRSA time taken to tog up and detog to answer phone or attend to patients who have called.

TEXT: Site Interview-Wednesday. **Code A** Porter (94/96)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Noticed that patients on Mulberry not always observed. One old patient had left 3 piles of excreta on carpet that staff appeared to be unaware of.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (30/32)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Difficulties on the ward - very high dependency patients - lot of care and not enough staff. Very sick continuity care patients.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (49/50)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Systems Waterflow scores for pressure areas. Dybal nutrition scale.

TEXT: Site Interview-Wednesday.MM **Code A** HCSWDryad (26/30)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 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.

TEXT: Site Interview-Wednesday.MM **Code A** HCSWDryad (41/43)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.

TEXT: Site Interview-Wednesday.MM **Code A** HCSWDryad (56/59)
 CODE: C Quality Indicators.C4 Organisation of care (G:100)
 Have employed +2 more NAs.
 Hard work very sick patients. How manage feeds - do use patients. Ward meetings, atmosphere on ward - S&L very good.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (60/65)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Pureed food looks awful - dieticians not come on to ward.

Records - enter a care plan what eaten. Have food charts. HCA - we remove plates and wipe up. 1998 - how found out - pubs (word of mouth) - very angry at scare-mongering.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (81/84)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Mental health people - now look after them - not really skilled - get few psychiatric patients - take over spill form psych. Wards - no-one from mental health wards. Training in challenging behaviour? No.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (85/86)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Use of agency staff - cost - need more feedback if not OK to senior staff.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (87/89)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

What do if felt not good practice on ward? Eg. care/attitude. Would respond to team leader Jan Peach handled well and resolved the situation.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (36/36)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Previously ward was Continuity Care - now rehab only.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (37/38)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Rehab, Continuity Care, Palliative Care blends together.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (6/6)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Do take respite/chronic patients on a regular basis.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (17/18)

CODE: C Quality Indicators.C4 Organisation of care (G:100)

Forty five GP's - confusing and different ways of doing things.

TEXT: Site Interview-Friday: **Code A** SeniorDiet (51/52)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Often nurses too busy and food out of reach. Now resolved.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStaffNursDaed (34/38)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStaffNursDaed (39/41)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Patient seems to be in more pain because of the reluctance to use larger amounts of drugs within the band range.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStaffNursDaed (44/46)

CODE: C Quality Indicators.C5 Humanity of care (G:100)
Nursing is made harder because people are in pain. Nursing is easier when the person is pain free and more comfortable.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (100/106)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Culture of care - (we had to press a little to get the following)
Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (113/115)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment, monitor standards eg oral health in stroke patients.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (114/115)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Feel care here is good - if relative of his here - would have no worries.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (43/45)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Confident that alarm system is good but not all patients are able to use them, we give them a bell so they will call for help.

TEXT: Site Interviews- Tuesday **Code A** HCSW Daed (34/36)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Do more for help - under supervision. Involved in real ???.
Put pts at ease.

TEXT: Site Interviews- Tuesday **Code A** HCSW Daed (37/37)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Make sure pts are fed and clothes are clean.

TEXT: Site Interviews- Tuesday **Code A** HCSW Daed (80/83)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
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.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (69/70)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Weigh them, offer help with eating and drinking by ancillary staff if needed.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (77/81)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (47/48)
CODE: C Quality Indicators.C5 Humanity of care (G:100)
If there was more staff they would like to pamper patients a bit more

TEXT: Site Interviews-Monday.Debra Hunt-telephone (52/54)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Is very aware of patients nutritional needs and all patients are weighed on admission and then regularly accordingly.

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (21/22)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

efforts to encourage more patient participation: groups set up and annual conferences

TEXT: Site Interview-Thursday **Code A** Sp-LangThera (65/67)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (26/30)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Patient care would be compromised eg. time spending with patients lacking.

2 trained nurses has upped staffing levels, levels are ideal now but still need a G grade.

TEXT: Site Interview-Thursday.JamesHareChaplain (17/22)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Patient in lounges cause for concern. Usually unattended by staff and unoccupied with no help in using remote control. Patients in lounge either mobile of catheterisation so some patients may be unable to use lounge because of need for help in using the toilet.

TEXT: Site Interview-Thursday.JamesHareChaplain (32/33)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Chaplaincy team also has a 2nd volunteer who visits patients on wards.

TEXT: Site Interview-Thursday.JamesHareChaplain (38/39)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Most of attendees from Mulberry, Sultan and Daedalus wards.

TEXT: Site Interview-Thursday.JamesHareChaplain (44/47)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Maintains list of contacts with other churches/faiths we can contact them if necessary. It hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.

TEXT: Site Interview-Thursday.JamesHareChaplain (60/60)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Services are broadcast to ward on Radio Haslar.

TEXT: Site Interview-Thursday.JamesHareChaplain (104/113)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

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.

TEXT: Site Interview-Thursday.JamesHareChaplain (120/122)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Not happy about patients who are left in lounge with TV blaring but no staff. Feels they should get help at least in changing channel or adjusting volume.

TEXT: Site Interview-Thursday.JamesHareChaplain (130/134)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Would very much like to be more actively involved in patient care planning as he feels patients' spiritual needs are neglected. However, he has never been asked to do so at GWM or volunteered. This is in contrast with other community hospitals he serves.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (149/154)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Admission

- ask what time they go to bed
- what normal lifestyle is
- drink and food patterns
- hygiene patterns
- body check - physical assessment

TEXT: Site Interview-Thursday. **Code A** HCSW (37/41)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Example - one pt is violent, plead with her to have a shower, resists help to be fed, will not eat food then complains that food has gone cold, so they reheat. Try gentle persuasion, verbal, when in shower they are able to clean room. She is waiting for Mulberry Ward.

TEXT: Site Interview-Thursday. **Code A** HCSW (76/77)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Could a patient miss nutrition - food is watched - not taken away til intake is observed/noted.

TEXT: Site Interview-Thursday. **Code A** -phy (63/68)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (69/70)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Patients arriving on ward - greeted by nurses and procedures explained.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (209/209)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Care in hospital is very good.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (7/7)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

On the whole, the emphasis seems to be on the patients.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (116/118)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (97/100)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

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.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (18/19)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Diversional Therapy. Patients often have difficulty participating.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (63/67)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

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".

TEXT: Site INterview-Wednesday **Code A** Porter (32/32)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Staff should be interested in what patients are doing.

TEXT: Site INterview-Wednesday **Code A** Porter (33/43)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Was called to ward the day of incident with **Code A** Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. Clinical Manager appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. Clinical manager appeared again - other porter swore at Philip Beed because of their frustration (the porters). Philip's response was to say he would go and look for other nurses.

TEXT: Site INterview-Wednesday **Code A** Porter (66/68)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Feels there is still a lack of interest among nurses. Many times porters are called and nurses have not prepared patients.

TEXT: Site INterview-Wednesday **Code A** Porter (72/74)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

One example of porters being asked to take patient alone because no nurse around yet some were seen coming out of coffee lounge after this.

TEXT: Site INterview-Wednesday **Code A** Porter (87/90)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Patients comments (to porters) eg. buzzers - most staff will always answer them but a few staff will say things like "oh they are always buzzing there is nothing to worry about".

TEXT: Site INterview-Wednesday **Code A** Porter (91/93)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Noticed that patients on Mulberry not always observed. One old patient had left 3 piles of excreta on carpet that staff appeared to be unaware of.

TEXT: Site INterview-Wednesday **Code A** Porter (100/101)

CODE: C Quality Indicators.C5 Humanity of care (G:100)

Porters have no involvement in taking meals away from ward so cannot comment on whether it is eaten.

TEXT: Site Interview-Wednesday. **Code A** Porter (106/108)
 CODE: C Quality Indicators.C5 Humanity of care (G:100)
 If he sees patients walking unsteadily - will call for help. Will fill in form if patient actually falls and porter is involved.

TEXT: Site Interview-Wednesday.MM **Code A** HCSWDryad (44/46)
 CODE: C Quality Indicators.C5 Humanity of care (G:100)
 Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.

TEXT: Site Interview-Wednesday.MM **Code A** HCSWDryad (74/75)
 CODE: C Quality Indicators.C5 Humanity of care (G:100)
 Pastor Mary does some bereavement work - is great can access her and is good.

TEXT: Site Interview-Friday.MaxMillett-CEO (35/35)
 CODE: C Quality Indicators.C6 Environment (G:100)
 Some Trust wide physical environment are very poor.

TEXT: Site Interviews- Tuesday **Code A** HCSWDaed (75/79)
 CODE: C Quality Indicators.C6 Environment (G:100)
 Thinks there is a risk associated with some pts who may be demented. Ward is not locked. Staff cannot control patients who wander off etc.
 Has no concern about patient care at present. Care is excellent - would put her mother on ward!

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (47/48)
 CODE: C Quality Indicators.C6 Environment (G:100)
 When not treated, what pt's do?? Get bored, staffing pressure. Recently good mix of 'chatters'.

TEXT: Site Interviews-Monday.JulieJones-Coporate Risk Advi (33/35)
 CODE: C Quality Indicators.C6 Environment (G:100)
 Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.

TEXT: Site Interview-Thursday. **Code A** HCSW (82/84)
 CODE: C Quality Indicators.C6 Environment (G:100)
 Policy of 0.75pt of milk/patient - insufficient for beverages for relatives - who complained. Cover's all the days beverages. Different to first case above.

TEXT: Site Interview-Thursday. **Code A** HCSW (87/88)
 CODE: C Quality Indicators.C6 Environment (G:100)
 In Daedalus - rels can do drinks and in Dryad, but not in Sultan ward.

TEXT: Site Interview-Thursday. **Code A** HCSW (95/98)
 CODE: C Quality Indicators.C6 Environment (G:100)
 Sultan staff donate their own milk to give rels drinks who have come a long way. Staffing levels - 6 morning - 4 evening - 3T 3NA - 2T 4NA - nearly everyday.

TEXT: Site Interview-Thursday. **Code A** OT (127/131)

CODE: C Quality Indicators.C6 Environment (G:100)

How do patients spend their day?

-watch television

-no occupational opportunities/no prog

-activities co-coordinator-but does not do anything specifically

TEXT: Site Interview-Thursday: **Code A** WardClerk (108/108)

CODE: C Quality Indicators.C6 Environment (G:100)

Mornings Sue Ford activities co-ordinator.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (4/4)

CODE: C Quality Indicators.C6 Environment (G:100)

Good place - clean.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (13/14)

CODE: C Quality Indicators.C6 Environment (G:100)

Clean place - nice smelling. "Distinctly top class place".

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (231/239)

CODE: C Quality Indicators.C6 Environment (G:100)

I asked him about activities / occupational opportunities on the ward - not sure he initially understood - referred to rehab - clarified that meant stimulation, activities etc in general - not sure he really understood question, but I understood him to say that not so important in continuing care as type of patients, feels pattern/level similar to other continuing care environments; says relatives can take the initiative, can take on outings etc.

TEXT: Site INterview-Wednesday **Code A** Porter (97/99)

CODE: C Quality Indicators.C6 Environment (G:100)

Security on ward - there are alarmed doors - sometimes patients will get out even so.

Attitude of nurses is mainly cause of concern eg. not responding to patients.

TEXT: Site INterview-Wednesday **Code A** Porter (102/105)

CODE: C Quality Indicators.C6 Environment (G:100)

Does think that food delivery to wards is not coordinated well enough across hospital wards not always ready so that food can be kept warm and served in optimum condition.

TEXT: Site INterview-Wednesday.TinaDouglas-StaffNursSultan (51/52)

CODE: C Quality Indicators.C6 Environment (G:100)

Wanderers? Closed doors, no bell, no "spenialing"?? - staffing resources.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (36/37)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

" I feel the care we give is exceptional, Gosport people are lucky to have us here".

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (48/52)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

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.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (53/55)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain

clarification - but not too often.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (69/73)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

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.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (76/77)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Indicators of good nursing practice-'talk to the patients- relatives are happy'

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (49/49)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Activity coordinator. Bingo music 2 times a week.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (133/135)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

This has been a significant change since 98 - involvement of patients / relatives in decisions re patient care.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (54/55)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Daedalus Ward. Patients are in good condition when discharged.

TEXT: Site Interview-Thursday **Code A** OT (91/93)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Example of patient (and husband) on Daedalus who wanted to go home. Set up and organised equipment etc. within 24 hours.

TEXT: Site Interview-Thursday **Code A** phy (94/95)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Stepping Stones project to improve shift between hospital and home.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (54/58)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Teamworking character. Very caring team put patients first but let down by documentation. Number of pictures that commented on care, relatives of patients that return and visit.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (41/41)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

On arrival patients treated with dignity.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (119/121)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (19/21)

CODE: C Quality Indicators.C7 Pos patient exp (G:100)

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.

TEXT: Site INterview-Wednesday.LynBarrat-StaffNursDryad (23/23)
 CODE: C Quality Indicators.C7 Pos patient exp (G:100)
 Patients tell us that "they're grateful to us".

TEXT: Site INterview-Wednesday.LynBarrat-StaffNursDryad (24/25)
 CODE: C Quality Indicators.C7 Pos patient exp (G:100)
 Patients look well cared for. Fairly short staffed at moment.

TEXT: Site INterview-Wednesday.LynBarrat-StaffNursDryad (101/104)
 CODE: C Quality Indicators.C7 Pos patient exp (G:100)
 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.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (61/62)
 CODE: C Quality Indicators.C7 Pos patient exp (G:100)
 Patient care. Privacy is better - better requested over the years.

TEXT: Site INterview-Wednesday. **Code A** Porter (55/65)
 CODE: C Quality Indicators.C7 Pos patient exp (G:100)
 Was called to ward the day of incident with **Code A** Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. Clinical Manager appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. Clinical manager appeared again - other porter swore at Philip Beed because of their frustration (the porters). Philip's response was to say he would go and look for other nurses.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (56/60)
 CODE: C Quality Indicators.C8 Neg patient exp (G:100)
 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.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (61/63)
 CODE: C Quality Indicators.C8 Neg patient exp (G:100)
 Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (74/78)
 CODE: C Quality Indicators.C8 Neg patient exp (G:100)
 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.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (50/51)
 CODE: C Quality Indicators.C8 Neg patient exp (G:100)
 When not treated, what pt's do?? Get bored, staffing pressure. Recently good mix of 'chatters'.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (69/71)
 CODE: C Quality Indicators.C8 Neg patient exp (G:100)

In retention & despite being trained do make catheterisation - could not proceed man uncomfortable & in pain.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (82/86)

CODE: C Quality Indicators.C8 Neg patient exp (G:100)

Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (28/29)

CODE: C Quality Indicators.C8 Neg patient exp (G:100)

There is reluctance by relatives to move to Nursing Home.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (63/64)

CODE: C Quality Indicators.C8 Neg patient exp (G:100)

Nights - healthcall - local practice cover - healthcall. Response times - poor.