

Comm and collaborations.G1 Patients
Site Interview-Friday.BarbraMelrose -Complaints

Handling complaints - Has it changes? Could the McK complaint have been handled differently?

No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. Barbara often writes suggestions for diffusion, widely accepts that things may be modified.

Comm and collaborations.G1 Patients
Site Interview-Friday.EileenThomas-NursingDir

Gerontology nursing programme focuses on attitude change and how nurses relate to patients.

Comm and collaborations.G1 Patients
Site Interview-Friday.EileenThomas-NursingDir

A significant impact on patient care is staff now asking patients and families what they can do for them today. ?????????

Comm and collaborations.G1 Patients
Site Interview-Friday.EileenThomas-NursingDir

We try very hard to meet people in their homes to discuss complaints. We have a much more open approach now to dealing with complaints. We have introduced the principle that each H grade spends 50% of time on clinical work.

Comm and collaborations.G1 Patients
Site Interview-Friday.JoTaylorSenNursDayWard

Increased outreach work so visit patient at home.

Comm and collaborations.G1 Patients
Site Interview-Friday.JoTaylorSenNursDayWard

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

Comm and collaborations.G1 Patients
Site Interview-Friday.Text Jerry Clasby-SenNursColW

Mental health always included relatives and Patients

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed

How would the tactics communicate that no more drugs can be given? Depends on patients personality, speaks to patient and explain, help move them in the bed, massage them, cup of tea & some comfort.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.FionaCameron-Gen Mgr

3 wards have started with Patient satisfaction survey 2 sets of results so far. Now trying to improve out of hours service.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.Linda Woods-Staff NursDaed

Have got communication documents for patient.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday. Code A HCSWDaed

Plenty of information is available on wards for everyone. Philip makes sure all information is available.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.MarilynBarker-ENNursDaed

New admission pack. Care plan sent with patient. Communications? Regular MDT. Notes kept.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed

Individual care - patient asked for views, patients & families involved.
Changed - system now being practiced. Patients involved with their care. Multi disciplinary team meet before a round. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed

Anaigaesia - ??/peg tube (4hrly) ?Need syringe driver, if not effective - still in pain, no peg tube. ?? as part of SD's stroke ??. Pain control specialists - didn't know ?? nurses, only on discharge. Quite difficult process (GP referral).

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.VickyBanks-LdClt

Developed screening mechanisms for patients being admitted from two degree care to avoid inappropriate admissions. Keeps in touch with known patients in two degree care by telephone, by CPN etc.

Comm and collaborations.G1 Patients
Site Interviews- Tuesday.VickyBanks-LdClt

If change in patients condition altered from rehab to continuing care, Dr Banks and CPNs would be involved in decision making.

Comm and collaborations.G1 Patients
Site Interviews-Monday.07.01 Max Millet-CEO

Example of new good practice: management of habitual complainant whom nursing staff could not appease - With his intervention, staff more willing to engage with complainant, less defensively and more constructively: 'there's a real difference in behaviour of front-line staff who now work more cooperatively with patients and their families

Comm and collaborations.G1 Patients
Site Interviews-Monday.07.01 Max Millet-CEO

There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.

Comm and collaborations.G1 Patients
Site Interviews-Monday.AnneMonk-Chair

Sit in groups - with board member, each group.

Comm and collaborations.G1 Patients
Site Interviews-Monday.AnneMonk-Chair

Patient survey. Three types of feedback- 1 Attitude, 2 Clinical aspect, 3 Food and toilet arrangements (not important.) cold lavertory bad backs? piles since Spring - "food is cold" but level unsure of Gosport feedback.

Comm and collaborations.G1 Patients
Site Interview-Thursday: **Code A** -Sp-LangThera

Relationship between relatives, patients and general staff. Sometimes meet family, depends on timing so may not see therapist. Does not create too many problems.

Comm and collaborations.G1 Patients
Site Interview-Thursday.Joan LockExSisterSultan

care of patients/pain relief-assessment

Comm and collaborations.G1 Patients
Site Interview-Thursday.Joan LockExSisterSultan

patients asked about any pain
being with them -all had their own way of indicating pain/serenity
if agitated? Find cause by asking
would discuss with doctors to find cause of pain
was there any protocol? General care plan ADL, assessment, all patients were
different with different GPs

Comm and collaborations.G1 Patients
Site Interview-Thursday.Joan LockExSisterSultan

Agitation/confusion-how dealt with?
By talking to them, get someone to sit with them. Was it pain etc- how helped to
maybe the judgement?
Says all patients were different.

Comm and collaborations.G1 Patients
Site Interview-Thursday.Joan LockExSisterSultan

e.g. patient for breast cancer and mental health problem and therefore called in
CPN-patient slapped CPN for not coming in sooner.

Comm and collaborations.G1 Patients
Site Interview-Thursday.Joan LockExSisterSultan

Pyramid-how actually used?
Depend on response she says
Says all were individual
Took time for patients to get used to work
GP would choose drug

Comm and collaborations.G1 Patients
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Relatives and patients on Sultan Ward are very involved in discharge/admission and care
plans.

Comm and collaborations.G1 Patients
Site Interview-Thursday. **Code A** PhysioAss

Admission - seen by Physio - see ??? then physio arranged. Assessment not done with
nurses. Physio can be done in groups or singly according to preference of patients.
Meets all the family. Strongly describes realistic role. She regards contact with patients
as important.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** HCSW

Pain - in those who cannot communicate. Chinese lady - no English. Uses special chart with pictures so she can signal her wants. How is her pain assessed? Staff try and signal by mime - eg point to head or tummy or limb.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** HCSW

"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** HCSW

Not seen any pain assessment tools.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** OT

Client involvement in goal setting. From own point of view would hope that his clients would feel involved and that he does what they want him to do.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** OT

Dilemma around acceptable levels of risk as taken by patients/relatives.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** OT

Example of lady who went home and died 7 days in arms of home carer - as she had wished.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** OT

We see the person and not just their condition.

Comm and collaborations.G1 Patients
 Site Interview-Thursday. **Code A** OT

Tried COPM 18/12 years ago - didn't stick. COPM is Canadian Occupational Performance Model - very client centred.

Comm and collaborations.G1 Patients
Site Interview-Thursday: **Code A** phy

Patients asked what they want from therapy.

Comm and collaborations.G1 Patients
Site Interview-Thursday: **Code A** phy

Patient hard to get it right - always want more.

Comm and collaborations.G1 Patients
Site Interview-Thursday: **Code A** WardClerk

Discharge summary written by staff grade doctor - GP, clinical coder, inpatient, hospital.

Comm and collaborations.G1 Patients
Site Interview-Thursday: **Code A** WardClerk

Patient involvement, contact but peripheral, contact patient affairs relative.

Comm and collaborations.G1 Patients
Site Interview-Wednesday.ACShirleyHallmanNurseDryad

Efforts were made to liaise with relatives and understand their goals for the patient. Not so much focus on what patient wanted - sometimes relatives assured they knew best and could override wishes of patients.

Comm and collaborations.G1 Patients
Site Interview-Wednesday.ACShirleyHallmanNurseDryad

Sometimes patients were cold after their journey and had to be made comfortable. Dr Barton informed. Made sure relatives knew where patients were when moved from other hospitals.

Comm and collaborations.G1 Patients
Site Interview-Wednesday.ACShirleyHallmanNurseDryad

Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Dr Barton would talk to relatives as well and explain what was possible.

Comm and collaborations.G1 Patients
Site INterview-Wednesday.AnitaTubrittSenStafNursDryad

How explicitly is change in care plan taken? Dependent on relatives and team assesses how patients/relatives should know.

Comm and collaborations.G1 Patients
Site INterview-Wednesday.DrQureshi-ClitDryad

End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.

Comm and collaborations.G1 Patients
Site INterview-Wednesday.DrQureshi-ClitDryad

Difficult relatives eg want relations to have different treatment. Treatment is duty of physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.

Comm and collaborations.G1 Patients
Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Communication - when beginning employment, communications could be improved. Now improved.

Comm and collaborations.G1 Patients
Site INterview-Wednesday.LynBarrat-StafNursDryad

Patients tell us that "they're grateful to us".

Comm and collaborations.G1 Patients
Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt

Some patients decline/refuse pain killers because of the 98/99 events and suffer accordingly.

Comm and collaborations.G1 Patients
Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt

Patient/nurse relationship has changed but dislikes indiscriminate use of Christian names - prefers to ask for patients preference, whilst fashion seems to be to use first name - "these young nurses think nothing of it".

Comm and collaborations.G1 Patients
Site INterview-Wednesday.MM: **Code A** HCSWDryad

HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.

Comm and collaborations.G1 Patients
Site Interview-Wednesday.TinaDouglas-StaffNursSultan

Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.

Comm and collaborations.G1 Patients
Site Interview-Wednesday.YongPease-StaffNursSultan

Staff in general training how to communicate with patients? No.

Comm and collaborations.G2 Relative & carers
Site Interview-Friday.BarbraMelrose -Complaints

If discrepancy, both staff report and complaint sent to relatives. Staff may need to sign letter,. Sometimes additional matters e.g. apologies are addressed.

Comm and collaborations.G2 Relative & carers
Site Interview-Friday.BarbraMelrose -Complaints

Handling complaints - Has it changes? Could the McK complaint have been handled differently?
No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. Barbara often writes suggestions for diffusion, widely accepts that things may be modified.

Comm and collaborations.G2 Relative & carers
Site Interview-Friday.BarbraMelrose -Complaints

If there is a 'difficult complaint' tactic 'Do our best not to get involved'- try to be as patient as possible-try to manage as effectively as we can.

Comm and collaborations.G2 Relative & carers
Site Interview-Friday.BarbraMelrose -Complaints

Complaint letter should be positive and concerning about complaint and complainant thanked.

Comm and collaborations.G2 Relative & carers
Site Interview-Friday.JoTaylorSenNursDayWard

Increased outreach work so visit patient at home.

Comm and collaborations.G2 Relative & carers
Site Interview-Friday **Code A** SeniorDiet

Under new guidelines - communicate with relatives to prepare food for patient at home.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

But if B Robinson raised this Dr B was remorseful. Gave us more than we paid her for. Great loss.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.DavidJarrett-LdConslt

Breaking bad news to relatives - I think it is very important, I personally spend a lot of time - including Reg & Ho Dr's, can't really comment re: GWMH.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.DavidJarrett-LdConslt

Any pt transferred by Eld Med, med ???? etc & pats/rels understanding OK/realistic.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.DavidJarrett-LdConslt

But other specialities often med input has been quite junior and image given to rels unrealistic. Can't really comment re: Haslar as do not tend to transfer to Petersfield (ie ?? rehab facilities).

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

Recognises need to talk to families. But some nurses probably did not.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.JaneWilliams-NursClT

Answer: team focus inv. carer move, earlier involvement of relatives. Encouraged openness and honesty.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.Linda Woods-Staff NursDaed

Agitated patients should go to EMI ward, staff not psychiatrically trained. Relatives need support

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.Linda Woods-Staff NursDaed

Palliative care- decision between the whole team with relatives
If coming to a rehab ward-should recover

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday. **Code A** HCSWDaed

Plenty of information is available on wards for everyone. Philip makes sure all information is available.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.MarilynBarker-ENNursDaed

Comm Mitt rels action?? Apply personal values. 1st time PB - do it or? sit in??

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.MarilynBarker-ENNursDaed

Done well on ward.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed

Individual care - patient asked for views, patients & families involved.
Changed - system now being practiced. Patients involved with their care. Multi disciplinary team meet before a round. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed

Eg of rehab - cont care?

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.VickyBanks-LdCl

Spent a lot of time talking to relatives - to mediate and explain what was happening to patients.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.VickyBanks-LdClt

Gave example of patients relatives involved over decisions re internal feeding.

Comm and collaborations.G2 Relative & carers
Site Interviews- Tuesday.VickyBanks-LdClt

If change in patients condition altered from rehab to continuing care, Dr Banks and CPNs would be involved in decision making.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.07.01 Max Millet-CEO

There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DavidLee-Complaints Conveynor

Psychological effect of relatives not accepting relatives immortality resulting in reaction which has been seen.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

Need to ensure that information is communicated with relatives more clearly.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

Have learned from complaints to be more frank about drugs.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

It's a fine balance between being too negative and honest (re patients prospects)

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

Has found that consultants spending too much time on ward talking to family.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

New policy. Relatives now seen routinely at end of ward round for 15 minute appointments.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.DrAltheaLord

Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.IanReid-Med Dir

Likewise, staff give relatives unrealistic expectations re: potential of rehabilitation.

Comm and collaborations.G2 Relative & carers
Site Interviews-Monday.LesleyHumphrey-Quality Manage

Vexations comp. Policy - came out of R group - decided not to use ROG <??> policy.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday: **Code A** Sp-LangThera

Service

- disvager/swallowing
- speech therapy 60/40
- work with patient and family, inpatients and outpatients

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday: **Code A** Sp-LangThera

Relationship between relatives, patients and general staff. Sometimes meet family, depends on timing so may not see therapist. Does not create too many problems.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday: **Code A** Sp-LangThera

Will try and contact relatives if they do not see them physically.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday.JamesHareChaplain

Mary (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). James not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday.Joan LockExSisterSultan

Discussion with Relatives

Talk or phone.

how to handle unrealistic expectations of relatives?

Went on about getting people home DN and specialist bed and keeping bed open- can come back

We believe she would tell relatives what had been done rather than negotiating/discussing options before they would be settled.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday.Joan LockExSisterSultan

Over-optimism of relatives

Would try and discuss. Try for another week then see

Can still be proposed by unexpected recovery and get relatives to do caring on the ward and see for themselves.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday.Joan LockExSisterSultan

Keeping relatives informed

Problem with infrequent visitors who do not understand. GPs would be involved

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

Comm and collaborations.G2 Relative & carers
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Spends a lot of time making relatives feel confident due to press coverage.

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday. **Code A** PractDevIFacil

Complaints from relatives that nurses were not listening.

For change request, any staff can suffer this, but needn't be confirm as system approach.

Critical incident to Trust Board Action Plan with Trust Board.

Critical Incident training feedback and training, facilities action plans is not happening in all hospitals in particular, not Gosport. Suggest asking Clinical Network Group. Nurses sometimes fail to recognise good practice.

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday. **Code A** PhysioAss

Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients.

Meets all the family. Strongly describes realistic role. She regards contact with patients as important.

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday. **Code A** PhysioAss

Relatives are encouraged to go to the gym. Go with patients on Home Trial visits as required to observe patient care/exercises. Used to work closely with Ots who used to have their own office at GWMH.

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday. **Code A** DT

Dilemma around acceptable levels of risk as taken by patients/relatives.

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday. **Code A** DT

Example of lady who went home and died 7 days in arms of home carer - as she had wished.

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday.PhilipBeedclinicMgr|Daed

Syringe Drivers

Who decides on the use of Syringe driver - medical and nursing always involved patient / family member

Comm and collaborations.G2 Relative & carers

Site Interview-Thursday.PhilipBeedclinicMgr|Daed

If family say no - what happens - would pass to a consultant and arrange for a meeting

Comm and collaborations.G2 Relative & carers
 Site Interview-Thursday. **Code A** WardClerk

Relative involvement - updates done by nursing staff often have to ring back relative because nurse is too busy.

Comm and collaborations.G2 Relative & carers
 Site Interview-Thursday. **Code A** WardClerk

No phone log system after Ward Clerk goes home.

Comm and collaborations.G2 Relative & carers
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Efforts were made to liaise with relatives and understand their goals for the patient. Not so much focus on what patient wanted - sometimes relatives assured they knew best and could override wishes of patients.

Comm and collaborations.G2 Relative & carers
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Sometimes patients were cold after their journey and had to be made comfortable. Dr Barton informed. Made sure relatives knew where patients were when moved from other hospitals.

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Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Dr Barton would talk to relatives as well and explain what was possible.

Comm and collaborations.G2 Relative & carers
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Gave example of patient who came for rehab and this was son's expectation but patient was in a much more poorly condition. Felt son had been given unrealistic expectations from previous hospital.

Comm and collaborations.G2 Relative & carers
 Site INterview-Wednesday.AnitaTubrittSenStafNursDryad

Relatives learn about care by meeting with doctor, meeting with consultant and meeting with staff. Communications before and after transfer.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.AnitaTubrittSenStafNursDryad

How explicitly is change in care plan taken? Dependent on relatives and team assesses how patients/relatives should know.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.DebbieBarker-StaffNurseDryad

Relatives can see Consultant by appointment. If patient deteriorates relatives advised. Pro-Active.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.DrQureshi-Cltdryad

Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.DrQureshi-Cltdryad

Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.GinnyDay-SenStafNursDryad

There is reluctance by relatives to move to Nursing Home.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Communications - relatives. Support for staff. No formal training. Learn on job. Personal learning. Elderly care course.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.LynBarrat-StaffNursDryad

How do you know? We get comments from relatives saying how pleased they are with the care. I've never seen people look so happy.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.LynBarrat-StaffNursDryad

We always discuss pain relief with relatives.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.LynBarrat-StafNursDryad

Hold meeting with family where they are informed about pain management drugs.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.TinaDouglas-StafNursSultan

Talk to relatives. Good rapport with "regular" relatives. Sultan Ward - dramatic improvement was "nursing home" better???

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.TinaDouglas-StafNursSultan

Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.TinaDouglas-StafNursSultan

But - a relatives room is needed, relative facilities.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.TLDrRavindraneConsult

Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.YongPease-StafNursSultan

Inform relatives if using syringe driver.

Comm and collaborations.G2 Relative & carers
Site INterview-Wednesday.YongPease-StafNursSultan

Staff in general training how to communicate with patients? No.

Comm and collaborations.G3 Primary care
Site Interview-Friday.AnneHasteClinical manager

47 GPs- where there are new policies, they are relayed to GPs through one liaison (Dr Burgess). He has an interest in legal issues, other GPs use him as a resource.

Comm and collaborations.G3 Primary care
Site Interview-Friday.AnneHasteClinical manager

Discussion about Resus Issues. Some Gps reluctant to make decision regarding DNR and end of life.

Comm and collaborations.G3 Primary care
Site Interview-Friday.AnneHasteClinical manager

GPs usually come in daily

Comm and collaborations.G3 Primary care
Site Interview-Friday.AnneHasteClinical manager

good rapport with GPs

Comm and collaborations.G3 Primary care
Site Interview-Friday.JoTaylorSenNursDayWard

Increased outreach work so visit patient at home.

Good links with GP practice.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.DrAltheaLord

Out of hours. Increased workload - nurse on ward would contact GP and ask for help.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.DrAltheaLord

When Dr Lord contacted usually about need to move patient to acute.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.DrAltheaLord

Dr Lord feels she has good relationship with GPs in area.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Work with someone who is due to be admitted - Sultan.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Personally. Need for nasal canular for patient at home - dryad staff were very helpful.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Daedalus. No bad experience in communication. As District Nurse do not get involved in case conferences earlier enough.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Lady came to Daedalus on ward conference about home help but consultant discharged her within 48 hours. - So many issues not enough time to equip properly.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

College experience.

Lady on ward wants to die at home - need time for equip - late notice the lady was given, short notice to get equipment together.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Admission - District Nurse - send in notes, but patients get admitted without District Nurse knowing - but notes will follow.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

What would concern you? When patients falling or feel unsafe, help and support, dehydration } all hypothetically.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Time is big problem for organising an opportunity to meet.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PennyWells-District Nurse

Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not

aware - DN rang to remind about injection system - failed.

Comm and collaborations.G3 Primary care
Site Interviews-Monday.PeterKing-PersDir

Old GP contacts not very specific about duties, also didn't pay enough to cover extra duties adequately.

Comm and collaborations.G3 Primary care
Site Interview-Thursday.DrBeasleyGP

Communication - no formal line.

Comm and collaborations.G3 Primary care
Site Interview-Thursday.DrBeasleyGP

Communication to Trust any channel? Does not appear to be.

Comm and collaborations.G3 Primary care
Site Interview-Thursday.Joan LockExSisterSultan

was there any protocol? General care plan ADL, assessment, all patients were different with different GPs

Comm and collaborations.G3 Primary care
Site Interview-Thursday.Joan LockExSisterSultan

Pyramid-how actually used?
Depend on response she says
Says all were individual
Took time for patients to get used to work
GP would choose drug

Comm and collaborations.G3 Primary care
Site Interview-Thursday. **Code A** DT

Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.

Comm and collaborations.G3 Primary care
Site Interview-Thursday. **Code A** phy

Waits in community - out patients - v. bad. Can be a year.

Comm and collaborations.G3 Primary care
Site Interview-Thursday. **Code A** WardClerk

Discharge summary written by staff grade doctor - GP, clinical coder, inpatient, hospital.

Comm and collaborations.G3 Primary care
Site Interview-Thursday: **Code A** -WardClerk

Then staff grade doctor dictation summary. It can take a week before summary is released should be 48 hours. Not audited. Jackie discharge summary is typed, signed off and sent to GP.

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer. "We got pushed an awful lot by Portsmouth".

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.MarilynBarker-ENNursDaed

Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)

Comm and collaborations.G4 Acute
Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt

If lacerations can no longer suture so book through ambulance service. If colleague dial 999. If deteriorating cond. D/W Dr on call who decides on action and who can send direct to ward.

Comm and collaborations.G4 Acute
Site Interviews-Monday.DrAltheaLord

GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.

Comm and collaborations.G4 Acute
Site Interviews-Monday.DrAltheaLord

Out of hours contact with duty geriatrician at QA.

Comm and collaborations.G4 Acute
Site Interviews-Monday.IanPiper-Ops Dir

Elderly services - HA/ Trust/ Acute. Communication in the past.

Comm and collaborations.G4 Acute
Site Interviews-Monday.IanReid-Med Dir

Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.

Comm and collaborations.G4 Acute
Site Interviews-Monday.PennyWells-District Nurse

Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.

Comm and collaborations.G4 Acute
Site Interview-Thursday.Joan LockExSisterSultan

Some patients referred with over ambitious treatment

Comm and collaborations.G4 Acute
 Site Interview-Thursday. **Code A** DT

Transfer of Information

-notes are sent over

-database-technological only up and running since June 2001.

Notes should carry stamp of treating OT

Database in not computer linked.

Comm and collaborations.G4 Acute
 Site Interview-Thursday: **Code A** WardClerk

Q&A/Haslar - admin pack - Cardex, summary, assessment, water low score, pressure sores. Continence - Bartel, walking.

Comm and collaborations.G4 Acute
 Site INterview-Wednesday.DrQureshi-ClitDryad

Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.

Comm and collaborations.G4 Acute
 Site INterview-Wednesday.DrQureshi-ClitDryad

Interface with acute? 4 elderly medicine consultants visit GWMH - all involved with acute - people referred - part of continuing management includes day hospital as well.

Comm and collaborations.G4 Acute
 Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Communication - when beginning employment, communications could be improved. Now improved.

Comm and collaborations.G4 Acute
 Site INterview-Wednesday.MM **Code A** HCSWDryad

HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.

Comm and collaborations.G5 HA
 Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont

care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??

Comm and collaborations.G5 HA
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer. "We get pushed an awful lot by Portsmouth".

Comm and collaborations.G5 HA
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Haslar transfers - some arrived poorly and with unrealistic expectations - relatives told "for rehabilitation" when in reality "they were terminal". One complainant produced leaflets "has anyone else been killed in this hospital". Also left leaflets around the town. He would come into the dining room and was a favourite of the dining room staff.

Comm and collaborations.G5 HA
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Haslar patients came with unrealistic expectations. Dr Lord visited them and transfer usually took a week.

Comm and collaborations.G5 HA
Site Interviews-Monday.IanPiper-Ops Dir

Elderly services - HA/ Trust/ Acute. Communication in the past.

Comm and collaborations.G5 HA
Site Interview-Wednesday.GinnyDay-SenStaffNursDryad

Pain mainly palliatives. - Refer to advise Mount Batton Centre, Palliative Care Centre, Hospice people, speaks to staff grade - refers to Mount Batton. Advisor should attend patient and report.

Comm and collaborations.G6 Haslar
Site Interviews- Tuesday.FionaCameron-Gen Mgr

Pressure for Haslar now better managed. Something called Alert Course training, all qualified staff have been there.

Comm and collaborations.G6 Haslar
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come

over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.

Comm and collaborations.G6 Haslar
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.

Comm and collaborations.G6 Haslar
Site Interviews-Monday.DrAltheaLord

GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.

Comm and collaborations.G6 Haslar
Site Interviews-Monday.DrAltheaLord

With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.

Comm and collaborations.G6 Haslar
Site Interviews-Monday.IanPiper-Ops Dir

Elderly services - HA/ Trust/ Acute. Communication in the past.

Comm and collaborations.G6 Haslar
Site Interviews-Monday.IanReid-Med Dir

Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.

Comm and collaborations.G6 Haslar
Site Interview-Thursday.PennyHumphriesHA

Other? Mental Health Patient from Haslar for Trauma & Orthopaedics investigation murdered by husband. Investigation OK.

Comm and collaborations.G6 Haslar
Site Interview-Thursday **Code A** OT

Transfer of Information
-notes are sent over
-database-technological only up and running since June 2001.
Notes should carry stamp of treating OT
Database in not computer linked.

Comm and collaborations.G6 Haslar
 Site Interview-Thursday. **Code A** WardClerk

Q&A/Haslar - admin pack - Cardex, summary, assessment, water low score, pressure sores. Contenance - Bartel, walking.

Comm and collaborations.G6 Haslar
 Site Interview-Wednesday.GinnyDay-SenStafNursDryad

Communication - when beginning employment, communications could be improved. Now improved.

Comm and collaborations.G7 Social services
 Site Interview-Friday.Text Jerry Clasby-SenNursCoIW

MDT- all ward rounds- ward clerk also attends MDT
 Monthly reflective practice meeting and appointment social worker to ward

Comm and collaborations.G7 Social services
 Site Interviews-Monday.IanPiper-Ops Dir

No successful CREZ programmes. Very pragmatic approach to CREZ by keeping health level of reserve.
 ie. Recurring 1/2 - 3/4 million on turnover of 100 million. ie CPR training received 80,000 recurring funds.

Comm and collaborations.G7 Social services
 Site Interviews-Monday.PennyWells-District Nurse

Medical staff felt could go. Social services had funding and that was why discharged so quickly.

Comm and collaborations.G7 Social services
 Site Interview-Thursday. **Code A** DT

Good relationship with SS - why? Previously out of area hospital referrals - Patrick/team picked up this led to doing joint visits - he also does joint visits to support SS OTA. He gets frustrated with care managers sometimes - is not lack of willingness but have not got resources.

Comm and collaborations.G7 Social services
 Site Interview-Thursday. **Code A** DT

Integration of health and social OT services? Rosemary's dream/vision was possibility last year but did not happen. Probably longer term it will.

Comm and collaborations.G7 Social services
 Site Interview-Thursday: **Code A** DT

Next plan for restructuring his job - as of April 2002 will be seconded 2/7 per week to social services.

Comm and collaborations.G7 Social services
 Site Interview-Thursday: **Code A** DT

Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.

Comm and collaborations.G7 Social services
 Site Interview-Thursday: **Code A** phy

Where is give going to be? Pressure is going to be outside in community.

Comm and collaborations.G7 Social services
 Site Interview-Thursday: **Code A** phy

MDT - huge impact - social worker day longer, any old social worker turns up.

Comm and collaborations.G7 Social services
 Site Interview-Thursday: **Code A** -WardClerk

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

Comm and collaborations.G7 Social services
 Site INterview-Wednesday.DrQureshi-ClitDryad

Complicated process - not only our team, but social services involved as well. Some need funding - social services decide and sometimes patients have to wait. Some fall short of the amount that social services can give. Some need 'top up' of finance from DoH - even longer.

Comm and collaborations.G7 Social services
 Site INterview-Wednesday.DrQureshi-ClitDryad

On top of funding - st has to be topped up.

Comm and collaborations.G7 Social services
 Site INterview-Wednesday.DrQureshi-ClitDryad

Role of social services - not much experience of it yet, social services the same everywhere

Comm and collaborations.G7 Social services
Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Discharged from Q + A - admitted to Social Services but when -> GWMH - Social Services will remove from list so GWMH needs to admit to Social Services again.

Comm and collaborations.G7 Social services
Site INterview-Wednesday.KatieMann-SenStafNursSultan

25% of bed blockage due to lack of care package.

Comm and collaborations.G8 Nursing homes
Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed

2 patients awaiting, nursing home 'residential care places'.

Comm and collaborations.G9 Joint working
Site Interview-Friday.AnneHasteClinical manager

MDT-OTs, physio, speech & language therapist- weekly meetings. GPs sometime got to meeting particularly with regard to discharge. Not all GPs use this facility. EMI consultant sometime comes in.

Comm and collaborations.G9 Joint working
Site Interview-Friday.AnneHasteClinical manager

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

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

Good MDT Team Working
Regular Meeting with Medics, Therapists, Clinicians

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

Always good relationship between day and medical wards.

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

Mulberry ward is the ward with most contact.

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

Meeting on Tuesday about care pathways.

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

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

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

Joint training with OT, with ???

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

Never share information with three wards.

Comm and collaborations.G9 Joint working
Site Interview-Friday.JoTaylorSenNursDayWard

MDT training - other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.

Comm and collaborations.G9 Joint working
Site Interview-Friday. **Code A** SeniorDiet

Enablement team

Full-time dietician

At wards, St Christopher and Community plus MDT meetings.

Comm and collaborations.G9 Joint working
Site Interview-Friday.ToniScammell- SenNursCoord

Team Working - how can Toni make it happen. ASW works on ward herself to role model behaviour. Doesn't think they have got it right yet. Would like

documentation to be better across the board - everyone adhering to same core plan. One of issues is to get that sense of working together for integrated goal setting and person centred goal setting, wants to get people working together. Her physio on nursing documentation groups. Hopes this will lead to multi-professional documentation and goal setting.

Comm and collaborations.G9 Joint working
Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Improved communication. Had 2 H grades helping - St Christophers Fareham & Mental Health. B Robinson was at GWMH.

Comm and collaborations.G9 Joint working
Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

MDT met 2 x week, also met to get activities going. Plan care, meet families, 1 consultant Dr Lord did 2 ward rounds per week.

Comm and collaborations.G9 Joint working
Site Interviews- Tuesday.Linda Woods-Staff NursDaed

ward meetings with agenda. Concerns listened to.

Comm and collaborations.G9 Joint working
Site Interviews-Monday.Andy Wood-Dir of Finance

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

Comm and collaborations.G9 Joint working
Site Interviews-Monday.Andy Wood-Dir of Finance

Corporate. Culture -> Trust - distinct culture, open devolved, 4 key practice values - very facilitative.

Comm and collaborations.G9 Joint working
Site Interview-Thursday. **Code A** Sp-LangThera

Tendency need for unilateral agreement.

Comm and collaborations.G9 Joint working
Site Interview-Thursday. **Code A** Sp-LangThera

Link with MDT working

- Meeting on Daedalus ward Monday and Thursday.
- Attend meeting based on patients.

- No meetings attendance on Sultan and Dryad.

Comm and collaborations.G9 Joint working
Site Interview-Thursday: **Code A** HCSW

Care Plan contained the above problems.

Comm and collaborations.G9 Joint working
Site Interview-Thursday: **Code A** OT

joint equipment services
request can be faxed and received the next day

Comm and collaborations.G9 Joint working
Site Interview-Thursday: **Code A** OT

Communication is v.good, v.informal. and comfortable about passing information good or bad

Finding out trust strategy

News letters

Updates through pensions

Inductions- Found out changes about the PCT

Feels informed

Comm and collaborations.G9 Joint working
Site Interview-Thursday: **Code A** phy

How engaged in goal; setting? Work to be done, trying to do multi-disciplinary to much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.

Comm and collaborations.G9 Joint working
Site Interview-Wednesday.AnitaTubrittSenStafNursDryad

Policies - Head of department meeting, clinical managers meeting, memo notice board, manager identified policy and alert staff to folder.

Comm and collaborations.G9 Joint working
Site Interview-Wednesday.GinnyDay-SenStafNursDryad

Policy translations - new changes - talked at mg meetings, minutes from mg meeting - D Ward meeting, memos sent out.

Comm and collaborations.G9 Joint working
Site Interview-Wednesday.GinnyDay-SenStafNursDryad

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

Comm and collaborations.G9 Joint working
Site INterview-Wednesday.GinnyDay-SenStafNursDryad

MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from Dr Banks - very formal support, informal support.

Comm and collaborations.G9 Joint working
Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

Good relationship between GWM and community - yes. Reasonably good relatives - good insight. Can approach all GWMH staff.
Discharge arrangements work fairly well - most problems are from bigger hospitals - not here.

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