TEXT: Site Interview-Friday.AnneHasteClinical manager (46/47)
CODE: H End of life.H1 Patient care (G:100)
Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (55/59)
CODE: H End of life.H1 Patient care (G:100)
Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.

TEXT: Site Interview-Friday.MaxMillett-CEO (43/43)
CODE: H End of life.H1 Patient care (G:100)
Each manager must be confident in all fields.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (47/48)
CODE: H End of life.H1 Patient care (G:100)
Do get occasional terminal ill patient
Palliative care medicine-do involve MDT and family

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (42/44)
CODE: H End of life.H1 Patient care (G:100)
If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.

TEXT: Site Interviews-Monday.AnneMonk-Chair (42/45)
CODE: H End of life.H1 Patient care (G:100)
Communication with patients re end of life. Ward Nurse - who is going to communicate with relatives and treatment. This is improving. How do we know? See pateint records.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (17/18)
CODE: H End of life.H1 Patient care (G:100)
Sultan - palliative care - very good care training at Southampton.

TEXT: Site Interview-Thursday. **Code A** DT (89/90)
CODE: H End of life.H1 Patient care (G:100)
Example of lady who went home and died 7 days in arms of home carer - as she had wished.

TEXT: Site Interview-Thursday. **Code A** DT (123/125)
CODE: H End of life.H1 Patient care (G:100)
Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (12/13)
CODE: H End of life.H1 Patient care (G:100)
Practical examples of policies and their application on ward.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (103/109)
CODE: H End of life.H1 Patient care (G:100)
Shirley raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that Shirley had upset Dr Barton. Shirley asked Dr Barton if this was so and Dr

Barton said she was not upset but thought that Shirley didn't appreciate what was being done on the ward.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (80/83)
CODE: H End of life.H1 Patient care (G:100)
Relatives usually leave before night
staff. Deal with relatives when patient is dying or seriously ill.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (150/153)
CODE: H End of life.H1 Patient care (G:100)
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.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (163/168)
CODE: H End of life.H1 Patient care (G:100)
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.

TEXT: Site INterview-Wednesday.MM Code A HCSWDryad (100/107)
CODE: H End of life.H1 Patient care (G:100)
Palliative care -
Workload names - patients
Sunday evening - make soup, reheat meals x 4 on late. Therefore kitchen closed - about a week ago, extra work.
Every day total bed bath - nails done, always fed.
Own toiletries
Strawberries and cream - put extra in.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (60/62)
CODE: H End of life.H1 Patient care (G:100)
Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (44/46)
CODE: H End of life.H1 Patient care (G:100)
Has close relationship with palliative care consultant. Dr Ravindrane assesses the patients. Can discuss with Dr Lord.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (84/86)
CODE: H End of life.H1 Patient care (G:100)
End of life-sees relatives Pro-actively, nurses make appointment with realtives abd reliogion written and discussed with patient.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (7/7)
CODE: H End of life.H1 Patient care (G:100)
Do take respite/chronic patients on a regular basis.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (14/14)
CODE: H End of life.H1 Patient care (G:100)
Palliative care - patients already know in (respite)

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (26/28)
CODE: H End of life.H1 Patient care (G:100)
Palliative care book - guidelines what patients already on - patch or driver. Palliative care variable - in for more than 24 hours or in couple of weeks.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (54/55)
CODE: H End of life.H1 Patient care (G:100)
Access MacMillan advice. GP second opinions - Dr Beewee - palliative care consultant acute does come in.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (57/57)
CODE: H End of life.H1 Patient care (G:100)
Oncologist - referral on to clinic to relieve pain.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (92/92)
CODE: H End of life.H1 Patient care (G:100)
Palliative care is very good. Hands on care very good.

TEXT: Site Interview-Friday.AnneHasteClinical manager (48/49)
CODE: H End of life.H2 Realtives & carers (G:100)
Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.

TEXT: Site Interview-Friday.AnneHasteClinical manager (50/51)
CODE: H End of life.H2 Realtives & carers (G:100)
Relatives are appropriately prepared for death in advance

TEXT: Site Interview-Friday.AnneHasteClinical manager (52/54)
CODE: H End of life.H2 Realtives & carers (G:100)
Palliative care- relatives are normally involved in decision making. Understandably checked. Work with hospice and Dr Dubion regarding palliative care.

TEXT: Site Interview-Friday.AnneHasteClinical manager (62/65)
CODE: H End of life.H2 Realtives & carers (G:100)
medication-relatives are sometimes reluctant to have syringe drivers and deal they will die quickly. E.g. lady came in for pain control, initially drowsy but now drinking and eating

TEXT: Site Interview-Friday.AnneHasteClinical manager (70/73)
CODE: H End of life.H2 Realtives & carers (G:100)
where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team

TEXT: Site Interview-Friday.AnneHasteClinical manager (104/107)
CODE: H End of life.H2 Realtives & carers (G:100)
Nutrition assessment on admission for every patient. Score high due to multiple pathologies and age have recognises health problems. Evaluated and reassessed regularly. Families are encouraged to come in and help

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (61/67)
CODE: H End of life.H2 Realtives & carers (G:100)
no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship

with CHC who have been able to use Consolidatory role. Max is excellent and defuses complaints.

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (89/93)
CODE: H End of life.H2 Realtives & carers (G:100)
bereavement Issues are carefully through about no outside help is used e.g. bereavement counselling, not actually sought. She recognises that some of the complaints about deaths is due to the unrealistic prognosis of expectation of death.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (5/6)
CODE: H End of life.H2 Realtives & carers (G:100)
Constructive involvement of carers and families in Care Plans

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (52/56)
CODE: H End of life.H2 Realtives & carers (G:100)
Involvement of relatives with care plan
- relatives present about initial assessment
- work with carers/relatives about their understanding
- written information

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (49/50)
CODE: H End of life.H2 Realtives & carers (G:100)
Do get occasional terminal ill patient
Palliative care medicine-do involve MDT and family

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (45/47)
CODE: H End of life.H2 Realtives & carers (G:100)
If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.

TEXT: Site Interviews-Monday.DrAltheaLord (90/90)
CODE: H End of life.H2 Realtives & carers (G:100)
Giving bad news to relatives.

TEXT: Site Interviews-Monday.DrAltheaLord (101/103)
CODE: H End of life.H2 Realtives & carers (G:100)
Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.

TEXT: Site Interview-Thursday. **Code A** Patient Affairs (3/6)
CODE: H End of life.H2 Realtives & carers (G:100)
Patients money and property while here. Patients, powers of attorney - bereavement. Issue death certificate and clothing - advisory on funeral arrangement.

TEXT: Site Interview-Thursday. **Code A** Patient Affairs (11/12)
CODE: H End of life.H2 Realtives & carers (G:100)
From relatives point of view last person they see, relatives seen and given info as best possible

TEXT: Site Interview-Thursday.JamesHareChaplain (94/103)
CODE: H End of life.H2 Realtives & carers (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.JoDunleavystaffnursSultanNt (166/172)
CODE: H End of life.H2 Realtives & carers (G:100)
Patient death
- aftercare for relatives should have been discussed before death happens
- documented
- bereavement service
- leaflets
- patient affairs office

TEXT: Site Interview-Thursday. Code A DT (126/128)
CODE: H End of life.H2 Realtives & carers (G:100)
Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (14/15)
CODE: H End of life.H2 Realtives & carers (G:100)
Nurses complete pain chart on admission. Includes patients and relatives perceptions.

TEXT: Site Interview-Thursday.TheresaJones-WardClerk (96/98)
CODE: H End of life.H2 Realtives & carers (G:100)
Patients who die – do not deal with relatives, ???? at patient affairs and most senior member of staff.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (80/83)
CODE: H End of life.H2 Realtives & carers (G:100)
Relatives usually leave before night
staff. Deal with relatives when patient is dying or seriously ill.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (154/157)
CODE: H End of life.H2 Realtives & carers (G:100)
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.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (169/174)
CODE: H End of life.H2 Realtives & carers (G:100)
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.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (187/192)
CODE: H End of life.H2 Realtives & carers (G:100)
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.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (16/16)

CODE: H End of life.H2 Realtives & carers (G:100)
Families spoke re syringe drivers first used.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (58/60)
CODE: H End of life.H2 Realtives & carers (G:100)
End of life management. Two different views on ward: I would personally like to raise it a lot sooner than we do, others feel that staff should delay informing them.

TEXT: Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs (59/61)
CODE: H End of life.H2 Realtives & carers (G:100)
Any training in bad news etc. Did do a bereavement course very early in career - no learnt through experience.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (63/65)
CODE: H End of life.H2 Realtives & carers (G:100)
Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (47/49)
CODE: H End of life.H2 Realtives & carers (G:100)
Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (87/89)
CODE: H End of life.H2 Realtives & carers (G:100)
End of life-sees relatives Pro-actively, nurses make appointment with realtives abd religion written and discussed with patient.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (62/62)
CODE: H End of life.H2 Realtives & carers (G:100)
Inform relatives if using syringe driver.

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (30/35)
CODE: H End of life.H3 Staff (G:100)
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.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (65/74)
CODE: H End of life.H3 Staff (G:100)
Training in communications ie bad news. Barbara - bereavement counselling and training - 2 day course - course introduced by Barbara - husband minister of the faith.
Learning - good practice - examples.
2 ward changing from continuing care into specific rehab
Need for training for specific rehab needs.
Impact of P.C.T management, pre 98 GP were old fashioned, young GP / and generally GP will adapt.

TEXT: Site Interviews-Monday.AnneMonk-Chair (46/49)
CODE: H End of life.H3 Staff (G:100)
Communication with patients re end of life. Ward Nurse - who is going to communicate

with relatives and treatment. This is improving. How do we know? See patient records.

TEXT: Site Interviews-Monday.DrAltheaLord (106/108)
CODE: H End of life.H3 Staff (G:100)
Agreed procedure for certifying death - doctor can delegate to nurse authority to confirm death. Doctor must later confirm.

TEXT: Site Interviews-Monday.DrAltheaLord (119/123)
CODE: H End of life.H3 Staff (G:100)
Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to Dr Lord. Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (43/44)
CODE: H End of life.H3 Staff (G:100)
some of nurses have been on palliative care course, also use MacMillan nurses

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (173/177)
CODE: H End of life.H3 Staff (G:100)
Staff support
- peer discussion
- clinical supervision
- clinical manager.
- EAR counselling

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (70/72)
CODE: H End of life.H3 Staff (G:100)
Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (55/56)
CODE: H End of life.H3 Staff (G:100)
How work in practice? How agree terminal. GP decides "end stage" same in discussion??

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (93/95)
CODE: H End of life.H3 Staff (G:100)
Trust policy senior nurse can fill in certificaticate of death for expected death . ????? is NOT answer for all continuity care patients.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (59/61)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
Chaplain involvement – patients with diagnosis with dementia but at the beginning stages.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (52/52)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
Looked at resuscitation as indicator of pressures.

TEXT: Site Interviews-Monday.AnneMonk-Chair (50/52)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
Dependant on skills of front line staff. Big emphasis on enabling nurses to deal with raising consciousness of issue.

TEXT: Site Interview-Thursday.JamesHareChaplain (14/16)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
He has not been involved in multi-disciplinary work with respect to patients' care including palliative care and preparation for death.

TEXT: Site Interview-Thursday.JamesHareChaplain (34/35)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
Chaplaincy team also has a 2nd volunteer who visits patients on wards.

TEXT: Site Interview-Thursday.JamesHareChaplain (40/43)
CODE: H End of life.H4 Cultural, spiritual needs (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 (56/59)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
Don't operate an on-call system when patient is dying but sometimes alerted by staff if chaplain is needed (ie. when a patient is going to die soon or they know he's at GWM or in the area.)

TEXT: Site Interview-Thursday.JamesHareChaplain (74/83)
CODE: H End of life.H4 Cultural, spiritual needs (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.JoDunleavystaffnursSultanNt (183/185)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
Patients from a non-christian background
- very rare
- info on ward

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (90/92)
CODE: H End of life.H4 Cultural, spiritual needs (G:100)
End of life-sees realtives Pro-actively, nurses make appointment with realtives abd religion written and discussed with patient.

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (94/98)
CODE: H End of life.H5 Expectation of death (G:100)
bereavement Issues are carefully through about no outside help is used e.g. bereavement counselling, not actually sought. She recognises that some of the complaints about deaths is due to the unrealistic prognosis of expectation of death

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (50/54)
CODE: H End of life.H5 Expectation of death (G:100)
Managing expectation - Process. 98 process was not that good. Ward sister would have experience on larger wards. ??? Patients were a lot sicker - admission of far iller?? patients. Complexity of patient was a lot greater and ill health.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConsIt (58/62)
CODE: H End of life.H5 Expectation of death (G:100)
Teachers pre Reg HO module, its really complex, no right/wrong, I speak to the families & let them talk, try to ascertain what their expectations are, it takes time, listening, humility, getting down physically to their level. Have d/w colleagues a lot since 98.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConsIt (75/78)
CODE: H End of life.H5 Expectation of death (G:100)
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).

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (56/58)
CODE: H End of life.H5 Expectation of death (G:100)
Palliative acre- decision between the whole team with relatives
If coming to a rehab ward-should recover

TEXT: Site Interviews-Monday.DrAltheaLord (87/88)
CODE: H End of life.H5 Expectation of death (G:100)
It's a fine balance between being too negative and honest (re patients prospects)

TEXT: Site Interviews-Monday.DrAltheaLord (91/93)
CODE: H End of life.H5 Expectation of death (G:100)
Ideally nurse should see relative first. Then staff grade, then consultant. Need to establish rapport first.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (61/63)
CODE: H End of life.H5 Expectation of death (G:100)
Lady could not go home with terminal illness - but safety was too high - so admitted to Sultan to pass away.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (97/98)
CODE: H End of life.H5 Expectation of death (G:100)
If patient was likely to have a resuscitation then discussion with GP.

TEXT: Site Interview-Thursday. **Code A** -Sp-LangThera (99/103)
CODE: H End of life.H5 Expectation of death (G:100)
Expectations of death. Often patients status changes vastly. Very common that patients are not well enough for speech/language therapy. Assessed by speech therapist.

TEXT: Site Interview-Thursday.DrBeasleyGP (153/154)
CODE: H End of life.H5 Expectation of death (G:100)
Certifiying death - understand nurses are trained to certify death, if unexpected then doctor called in.

TEXT: Site Interview-Thursday.JamesHareChaplain (36/37)
CODE: H End of life.H5 Expectation of death (G:100)
Holds communion service every Sunday (attended by some from Daedalus and Sultan).

TEXT: Site Interview-Thursday.JamesHareChaplain (48/51)
CODE: H End of life.H5 Expectation of death (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 (117/119)
CODE: H End of life.H5 Expectation of death (G:100)
Has a monthly input into Phoenix Day Hospital. Tries to make sure visits all the wards to talk to patients at least twice a month.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (175/180)
CODE: H End of life.H5 Expectation of death (G:100)
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.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (61/63)
CODE: H End of life.H5 Expectation of death (G:100)
End of life management. Two different views on ward: I would personally like to raise it a lot sooner than we do, others feel that staff should delay informing them.