

TEXT: Site Interview-Friday.AnnHasteClinical manager (88/89)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 'Rogue Doctors' talked to directly, otherwise Chairman of Local medical council and Toni Scammel.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (82/96)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Processes of system in clinical practice since 98: have been major changes in 3 areas:

(9) Management of pain training related to it triggered by incidents, primarily for nurses.

(10) Very broad variation in clinical practice in trust so clinical practice development programme appointed f???????????? to ensure s????? of good practice and circulation of evidence-based practice. We would have commissioned an investigation without question if it hadn't been for police investigation starting.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (127/128)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Initiated post-grad. Certificate on clinical governance.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (198/201)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (212/215)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (224/227)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (270/274)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 After complaint went to police – dealt with by Max and Quality Group regarded as Medical Incident that would not happen now with incident and risk management and clinical governance.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (7/8)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Massive piece of work in terms of audit in Gosport - next step analysis of work.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (86/89)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Complaints - formal learning system. Reported through divisional review - TB in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (98/101)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 RM group. Divisional lever - lead in divisional areas. Supported by NED - for really critical incidents. Process to review critical incidents info. Circulated to CRM and handover to MD and ND.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (109/110)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 How to ensure safe practice? Huge raft of ways if not safe eg. results from audits.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (131/132)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Risk reporting introduced in 1999. Trigger RM - would fill in one at complaints.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (33/38)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 members of pharmacy staff e.g. Code A could repeat problems to Jeff and this was done in respect of Code A Trust has attempted to handle her dismissal difficulties, sickness etc no problem with her clinical work , 'attention to detail' pension (Code A is Pharmacist who had resigned).

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (60/61)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Pharmacists book for existence of guidance, and whether they are being adhered to by prescribers

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (66/69)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (76/78)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 pharmacists do review scripts but have infrequent (meetings)? With sole doctors e.g GPs notes are left, but pharmacist do record on interventions.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (91/96)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 there are national conventions/guidelines-try to work within them. Wesswx pharmacists work within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (107/108)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Confidence in systems to pick up errors in prescribing 5/10

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (113/115)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Would like IT system to capture data e.g hand held help analysis
 Its presented BCs for improving pharmacy IT.

TEXT: Site Interview-Friday.MaxMillett-CEO (5/7)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Enough leadership roles - Broadening Of Clinical Governance balance with softer end.
 Improvement is patchy, but in every part of the hospital.

TEXT: Site Interview-Friday.MaxMillett-CEO (8/9)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Front line staff are much more evidence based and reflective. Goes to therapy appraisals

TEXT: Site Interview-Friday.MaxMillett-CEO (21/23)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Patient care experience should have clear pathway of care. Clinical governance will be
 collection of Trusts - over a wide area.

TEXT: Site Interview-Friday.MaxMillett-CEO (46/47)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Would be flabbergasted if whistle blowing would not be fully operational. Was in place in
 1998.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (84/87)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 What other priorities? Now looking at
 (3) drug administration with audit team
 (4) documentation
 Had away day in June 01 and others flagged up.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (88/90)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Were going to look at document audit, but waiting to see if it becomes a
 benchmark tool for essence of care.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (89/92)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Aims - develop nursing staff, 5 clinical governance groups, reflecting?? Sites and function
 - she runs a monthly group - includes Pharmacy/Chaplain. Also does Bed management.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (17/21)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Whistle blowing - national feeling generated need - 1yrs to create policy - circulated in
 draft to nurse - policy was created to, open culture - has worked in other units - Q&A
 Philipinos=racial tension b/w south Africans & Philipinos. 3 wards.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (42/43)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Risk management - chair offered it ??? committee. All critical incident forms received ??.
 No example.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (46/50)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 ?? Review around risk assessment process. Health ?? ?? 7 - 9's (scale 1 to 9)
 1 year old no examples given. No risk assessment example ?? dates to potential
 complaint. ?? complained re plastic ???

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (64/66)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Service Manager calls Fiona when there are complaints.
 5 complaints received re three wards. Documentation of interaction with relatives has improved.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (77/78)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Whistle blowing - "should be good". Cannot give an example. Possible whistle blow for nurses.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (79/80)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Critical incidents some over reporting? Assaults - no example given except nurse "found on floor" recently.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (84/89)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Quality manager. Takes care of Clinical Governance. No longer report to Fiona - Regular monitoring through Divisional Reviews.
 Pointers for the future. 1. Intermediate care - 2. Elderly services more closely integrated - 3. Career structure improved.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClt (23/26)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Care pathway? Have an organisational pathway. Have guidelines (yellow manual). Audit use National Central Audit. Other wards: occasion contact eg needing advice.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (68/68)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Whistle blowing could ring consultants at Q&A.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (69/70)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Efforts are being made to ensure clinical governance framework is taken forward in new organisation.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (11/18)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 How does he know the hospital is safe now?
 He has made major changes in last couple of years; quality management system used to be very paper-driven with little impact on the wards and no one leading the job with the time to do it properly (nurse director used to have responsibility in addition to her other roles). Now have whole new QMS with responsibility shared by senior management

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (24/28)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Eileen Thomas appointed to ensure evidence-based good practice introduced and integrated into clinical practice; now he is confident that clinical practice on the wards is safer : getting direct feedback of this through network set up by Eileen throughout the trust

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (31/32)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Nurse director has 'uncovered some very uncomfortable things'

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (64/68)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

What about audit? No formal scoring system for wards on quality indicators; however try to establish minimum safety level through skill mix reviews, better monitoring of sickness and absence & recruitment and retention.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (94/100)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

Have invested much time in developing risk management systems to minimise mishaps; when warning signs that things getting bad (eg in winter pressure periods) focused review of elderly medicine was instigated; review found that trust falling below safe staffing levels so triggered action plan which included closing beds and recruiting more nurses from overseas

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (224/225)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

In terms of clinical governance - 10 year cycle - believes trust well on way.

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (32/34)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

Ian Reid leads for clinical governance; have regular informal meetings to discuss; research committee started to help with CG work

TEXT: Site Interviews-Monday.IanReid-Med Dir (18/22)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

He is Clinical Governance lead - initially he held series of workshops and his consistent theme is that Clinical Governance is about how clinicians/staff practice and to increase quality of care and the Trust's role is to facilitate process.

TEXT: Site Interviews-Monday.IanReid-Med Dir (23/28)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

Decided to keep Clinical Governance Panel as small as possible but also have the: CG Reference Panel = Membership = Non-Executive and Executive Director, Consultants, all Nurses with CG responsibility, all pool Heads, CHC Chair, IT Director. Met x 5 in workshop mode to spread message, encourage ownership.

TEXT: Site Interviews-Monday.IanReid-Med Dir (29/31)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

Each Division has quarterly Reviews and use this existing vehicle to monitor is always first agenda item.

TEXT: Site Interviews-Monday.IanReid-Med Dir (37/38)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

CG activities - Ian or Eileen are either (or both) members of various relevant panels.

TEXT: Site Interviews-Monday.IanReid-Med Dir (59/61)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

District Audit - not sure of details - identified various needs that CG Agenda that came in subsequently addressed.

TEXT: Site Interviews-Monday.IanReid-Med Dir (78/80)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)

R + D activities quite small - he is Trust's R + D Lead Officer. @ £17,000 per annum -> SpR or Physio as example.

TEXT: Site Interviews-Monday.IanReid-Med Dir (81/83)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Clinical Audit eg Elderly Medicine at Gosport eg 1999 Neuroleptic prescribing sentinel stroke in top 10% x 2. Programme always includes reaudit.

TEXT: Site Interviews-Monday.IanReid-Med Dir (91/95)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Good Stroke service within District - how is good practice spread. 5 CG groups within Elderly Medicine, - acute, rehab, continuing care, district hospital, community hospitals, both include Gosport, Fareham and Petersfield.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (17/19)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (22/25)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Taps into Trust seminars, ALARM - Trust is member, S + W Risk Managers Consortium - 18 Trusts - set up when bought insurance, offers Risk Profiling Course - wants to do.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (30/32)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (39/40)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 She holds central register of Risk Assessors per area and she provides training and refresher courses.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (42/44)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Clinical Incident Reporting. Low, Middle, High and Critical plus near miss options at all levels, includes drug error.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (58/61)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (81/86)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Whistleblowing policy. Any member of staff can go to any Manager to report. Wrote article in 'Communicate' that if not happy to report through reporting system could report to whistleblowing eg pregnant staff / change of duties concerns can be reported to non Executive.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Adv (91/94)

CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Database since Jan 1999. Falls / found on floor @ 50%. Lead to 3 falls GPs being established. EMI @ St James, Elderly Medicine, Community, but also raised awareness so number of incidents actually rose.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (38/40)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 System where was a sig action plan - followed by quarterly meeting should say had done it - if not why not.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (41/44)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Trust board meetings presented complaints rep - private part would ? by Trust Board members around high level complaints and summary of others. Trust board are proactive.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (45/48)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 How do nurse and Medical Directors fit in? - were there for advice - complaints team cross reference with Max and Medical Director and Nurse Director where appropriate.

TEXT: Site Interviews-Monday.PeterKing-PersDir (7/9)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.

TEXT: Site Interviews-Monday.PeterKing-PersDir (27/32)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Discussion of quality issues by board - mainly through clinical governance panel. Divisional presentations to board on regular basis, particularly when hot issue (eg Dryad & Daedulas). In past, GWM was one of the most poorly staffed. Aspired to goal of 60% qualified & 40% unqualified staff.

TEXT: Site Interviews-Monday.PeterKing-PersDir (101/104)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 How does Peter ensure more modern HR policy being delivered? Staff survey. Audit of induction & performance review. Measures to ensure essential staff development/ training delivered.

TEXT: Site Interviews-Monday.PeterKing-PersDir (123/125)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Unable to give any eggs of Trust requiring staff to attend training as, because of a response to complaints or identified poor practice.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (3/5)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Doing it for one year. Before that was recruitment and risk, now WAL W Hampshire NHS Trust specialising in Mental Health (RMN background).

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (6/8)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Previous risk advisor went off sick. Trust had "care key" software - several years. He developed the data base to a usable form.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (9/14)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Screen adverse forms, classify, grades them, discusses / disputes severity rating. Near miss, Actual - severity grading. Grades - number / service/type / divisional reports to managers of divisions. Can get more refined detail. System is slick, can provide trend analysis, find risky times of day.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (18/19)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Eg 1 Clinical audit request data eg on FALLS, timing or drug round, use of hip protectors.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (25/26)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Division request detail of drug management errors. Can search by name / number/ Dob etc.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (31/32)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Enter into Care Key then sorted by Access to Clin gov groups.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (33/34)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Many more beds at GWMH - so more incidents. On a prorata basis - slightly lower than average.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (39/41)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 With W Hampshire from 12.11.01. Director of Nursing at GWMH buys him back at 1 day per week to check data input accurately and advise on how to use system.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (43/44)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 He had to deploy considerable IT skills to make system work. Other trusts use Ulysses system.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (45/48)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 He feels reports/ information is used, read, people including Chairman of Trust react to it. Can demonstrate favourable trends denoting effective action.

TEXT: Site Interview-Thursday.DrBeasleyGP (146/146)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 ??? development - no consultation.

TEXT: Site Interview-Thursday.DrBeasleyGP (150/150)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Period of osmosis over the years.

TEXT: Site Interview-Thursday. **Code A** PractDevIFacil (2/5)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Has wide remit in her role of Clinical Governance - not much in corporate. Sees Toni Scannel on general matters only every 3 months. Toni might raise training needs of staff

in ad hoc way.

TEXT: Site Interview-Thursday. **Code A** PractDev/Facil (35/35)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Meets with Toni Scannel regularly.

TEXT: Site Interview-Wednesday.KatieMann-SenStafNursSultan (32/34)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Risk incident forms filled in for any untoward incidents eg theft. System does respond.
 Copies go to occupational therapy - good feedback.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (2/5)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Chaired Clinical Governance Group (Acute). Feeds into service meetings - Lesley
 Humphrey, Clinical Governance groups stroke. Day Hospital Rehab Continuity Care.
 Appraised by Dr Dowdo/Jarrett.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (29/33)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 In charge of Acute Clinical Governance group meeting of those involved - Clinical
 Governance work as a team. Service planning meeting chaired by Leslie Humphrey.
 Meets monthly. Stroke, Rehab, Day Hospital, Acute, Continuity Care, Clinical
 Governance Group.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (88/89)
 CODE: K Clinical Governance.K1 Trust arrangements (G:100)
 Clinical governance. Brilliant on paper. Cannot live up to it.

TEXT: Site Interview-Friday.MaxMillet-CEO (28/31)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Blockages to change - choices - culture of ward levels. More objective blockages than
 culture. There's no such thing as "open culture". Difference in culture and beliefs between
 three wards.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (65/68)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Now assess your getting skills you need/want? Observing, action learning, clinical
 governance groups. In Daedelus all F16 grades have acute learning groups.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (81/82)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Increasing number of patients arriving with degree of dementia.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Sult Ngt (16/17)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Helen has never been directly involved in a near miss, ??? witnessing or recording it.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Sult Ngt (22/24)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Helen would feel confident about reporting concerns about conduct of performance of
 colleagues to staff nurse.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (106/108)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Concerns about Colleague's Performance? Would talk it over with a colleague - policy was available. Culture did enable this.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClit (28/30)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Clinical Governance GP (x3). How do you check changed practice: Mentors revised workshops. Mentor in clinical area.

TEXT: Site Interviews- Tuesday. Code A HCSWDaed (72/74)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 ?? all aren't incident ??, filled one in last week for pt who fell. Forms go off to Tony who collates them. Patient was reassessed in this instance.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (23/23)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 New misses? Risk event form. Never done it.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (24/25)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Policies? Made aware of it - not sure how well informed about things.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (28/30)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Risk forms received for falls, short staffed, (causing patient risk). Care plans raised for all patients. Patient centred.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (82/82)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Aware of Clinical Governance.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (48/50)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Untoward incidents: what policy? Risk assessment form - then to PB. New form, for all occasions completed a few. Get feedback - no but nothing major.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (61/61)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 New policies sent out and memo from Philip Beed.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (34/36)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 has not had an appraisal or little part in clinical supervision but thinks there are plans in place for its to happen. Has audited case notes.

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (10/10)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Trust had developed strategy for risk reporting

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (47/51)
 CODE: K Clinical Governance.K2 Ward arrangements (G:100)
 Team have own clinical governance service plan - with lead consultants ie GWMH - F + G Team Management.

Consultant engaged on CG Team (nurses involved CG nursing) -> Clinicians attend formal reviews -> Clinicians present papers.

TEXT: Site Interviews-Monday. **Code A** Coporate Risk Advi (45/51)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 When form completed - by any member of staff -> goes to manager responsible for that area who is responsible for completing action plan / taken and then -> service manager who validates severity and can take overview of trends. Forms then to **Code A** or **Code A** not split bet non clinical and clinical risk - both involved in reviewing.

TEXT: Site Interviews-Monday. **Code A** Coporate Risk Advi (53/54)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Quarterly Reports (**Code A** and **Code A** produce) sent to Trust, Service Managers, should go to wards.

TEXT: Site Interviews-Monday. PennyWells-District Nurse (112/113)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Whistleblowing and supervision used very positively among DN's.

TEXT: Site Interviews-Monday. PennyWells-District Nurse (124/126)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.

TEXT: Site Interviews-Monday. **Code A** Clin Risk Advisor (20/20)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Medicines management

TEXT: Site Interviews-Monday. **Code A** Clin Risk Advisor (21/24)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Culture was for over-reporting, eg drug errors were not all "errors". Eg getting noon drug at 13:00 hrs because delayed in therapy. Others - wrong time or wrong drug.

TEXT: Site Interviews-Monday. **Code A** Clin Risk Advisor (29/30)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Division request detail of drug management errors. Can search by name / number/ Dob etc.

TEXT: Site Interview-Thursday. Joan LockExSisterSultan (118/125)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Sultan
 No complaints about treatment, which was already established. Complaints about loss of property and allied matters
 She would reassure relatives after death that they had looked after their relative well. that carers do a wonderful job and staff have tried to support them

TEXT: Site Interview-Thursday. JoDunleavystaffnursSultanNt (191/192)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Risk events feedback. Tends to be the same person so verbal feedback.

TEXT: Site Interview-Thursday. **Code A** PractDevIFacil (19/21)
 CODE: K Clinical Governance. K2 Ward arrangements (G:100)
 Complaints. Good example with lessons from Petersfield but unable to report on how and

whether learning from complaints has happened at Gosport.

TEXT: Site Interview-Thursday: **Code A** PractDev/Facil (63/65)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Has done no Critical handling review in Gosport. Staff must make decisions to change. 7 multidisciplinary meetings not very effective.

TEXT: Site Interview-Thursday: **Code A** PhysioAss (58/59)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Doing risk assessment MDT.

More apprehensive about CHI

TEXT: Site Interview-Thursday: **Code A** phy (107/108)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Surveys on wards do not involve physio. Stepstones good as it gets.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (110/111)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Clinical risk reports: Has never filled in any of them - leave it to nursing staff here.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (112/113)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

He does ask nurses to fill in risk event forms were necessary.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (114/118)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Agrees that there have been instances of adverse incidents (while he was at departmental meetings at QA) in which he should have completed report but did not (eg patient falling out of bed and becoming distressed).

TEXT: Site Interview-Wednesday.KatieMann-SenStaffNursSultan (35/37)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Risk incident forms filled in for any untoward incidents eg theft. System does respond.

Copies go to occupational therapy - good feedback.

TEXT: Site Interview-Wednesday.LynBarrat-StaffNursDryad (128/131)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Whistleblowing - would you feel comfortable with policy. I would have to have go at sorting it myself first - would discuss / warn but if observed again would then go to Manager.

TEXT: Site Interview-Wednesday.LynBarrat-StaffNursDryad (132/134)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Any experience? Not gone to senior, but have taken colleague aside and said practice inappropriate was not anything too severe.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (55/56)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Critical incident form. Fills them in, frequently for falls, or if short-staffed. Need time to provide care.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (73/75)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Response to Risk forms. Short staffed even though forms are filled in but skill mix review resulted in extra staff.

TEXT: Site Interview-Wednesday.MM **Code A** HCSWDryad (90/92)

CODE: K Clinical Governance.K2 Ward arrangements (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.MM **Code A** HCSWDryad (96/99)

CODE: K Clinical Governance.K2 Ward arrangements (G:100)

Reflective practice

- patient falls
- assess on floor - incident
- reflect on wrong choices

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (71/72)

CODE: K Clinical Governance.K3 PCT arrangements (G:100)

Efforts are being made to ensure clinical governance framework is taken forward in new organisation.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (83/85)

CODE: K Clinical Governance.K3 PCT arrangements (G:100)

However, his priority over the past year is to arrange a smooth handover to the PCT so haven't had time to go on wards very much

TEXT: Site Interviews-Monday.DrAltheaLord (5/6)

CODE: K Clinical Governance.K3 PCT arrangements (G:100)

Dr Lord will stay with Fareham and Gosport after PCT gets going.

TEXT: Site Interviews-Monday.DrAltheaLord (7/8)

CODE: K Clinical Governance.K3 PCT arrangements (G:100)

She does day hospital popular weekly clinic on top of QA duties and GWM work

TEXT: Site Interviews-Monday **Code A** Coporate Risk Advi (62/65)

CODE: K Clinical Governance.K3 PCT arrangements (G:100)

CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (15/17)

CODE: K Clinical Governance.K3 PCT arrangements (G:100)

Jan 2001 - corporate governance. What carry on doing and what PCT's needed to do themselves eg assessment of complaints.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (109/111)

CODE: K Clinical Governance.K3 PCT arrangements (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.