

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (64/65)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Waiting list is very long, also been long – need to appropriate with discharge.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (108/110)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Staff is very low to enable to meet expectations of standards of practice and clinical governaenae.

TEXT: Site Interview-Friday.MaxMillett-CEO (34/34)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Not right level of skill mix.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (66/66)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 General MCSW did feeding. Nurses and drugs.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (69/69)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Nutritional assessment and admission – numerical score.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (7/10)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 4 consultants (elderly mental Health)
 Turnover - average 1 of 5 every 6-8 weeks
 Bed blocking a problem
 Consultant referral-?

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (11/16)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Team of nurses-split into two teams
 Lost three E Grades-response from trust
 One trained nurse whole ward
 On night-requested beds reduced-refused
 Agencies-budget over target
 High staff turnover-yes whole year

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (17/17)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Tried to attract with an open package

TEXT: Site Interview-Friday. **Code A** Pharma (6/14)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Pharmacist previous to her went off on long-term sick. **Code A** had 2 year break. Started Sept 99. Cover for pharmacist **Code A** Gosport pharmacist for many years - July 2000 - went sick. Then **Code A** got the extra work. **Code A** retired June 2001. **Code A** line manager. **Code A** **Code A** looks after several units and overnight had Gosport added on. 108 extra patients on top of existing workload.
 Recently **Code A** job advertised - which **Code A** has taken.

TEXT: Site Interview-Friday. **Code A** Pharma (35/35)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Rearranged timetable QA Mon and Fri

TEXT: Site Interview-Friday **Code A** Pharma (42/46)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 GDMH works school hours
 Tuesday Mulberry, D/H, Sultan
 Wednesday Daedalus/Dryad
 Does elderly, EMH, Adult Phsych., Palliative care at Rowan.

TEXT: Site Interview-Friday **Code A** Pharma (77/79)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Sept 99 - July 00. **Code A** supervised both. But "hardly ever saw **Code A**" - Friday am would see each other. Only came here with **Code A** was away.

TEXT: Site Interview-Friday **Code A** Pharma (104/104)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Review in progress of pharmacy services for PCT change.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (104/107)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts.
 Ordered by management, happened regularly.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (23/27)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Sessions - nature of work has changed over last decade & more so in last 4/5 years - changing ?? of continuing care & changing expectations of pts/relatives ?. Care pts much iller, more complex medical. Has lead to review of GP sessions.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (28/29)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Changing role of cont care beds to include stroke rehab.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (39/43)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Re: Dr B's letter of Jan 2000. You were aware of increased workload and complexity. At 98/99/ critical incident at QA re: (cont care ward) ?? led them to review the way in which wards staffed - GP to do ward round with consultant.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (44/46)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Led to appointment of G staff grade here who is ?? good but been difficult to recruit to CC/?? wards at St Mary's - staff grades not been good.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (63/67)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 You describe ideal practice and increased workload/complexity - did there ever come a time when tension led to cutting corners? My honest answer is that I do not know - with 20:20 vision perhaps should have got ?? in sooner.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (100/101)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 He has letter (in our file?) that for hosp locum staff outlining service etc.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (30/32)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Its been a difficult year with lots of sickness & understaffing, lots of vacancy among night staff which haven't been filled for a long time.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (34/35)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 It would be much better not to rely on agency staff some of them are less good than others.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (48/49)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Short staffing hasn't affected her performance but good team work can't happen if nurses keep changing.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (52/53)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Vacancies role remained unfilled for long time among nursing staff (at least 6 months).

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (28/34)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Skills need for Int Care. Community Hosp Clinical Group, studied at training and development needs. Asked nurses to id gaps. - ECG monitoring/analyst, ear syringing, male cauterisation, lobotomy, AD, Canalisation. Reviewed - fractured neck and femur, stroke.
 Training progress and workshops.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (37/37)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 I staff nurse for each team with an auxiliary

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (46/47)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Agitated patients should go to EMI ward, staff not psychiatrically trained. Relatives need support

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (62/62)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 New developments nursing rounds on Internet

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (18/19)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Four consultant / 2 part time, 2 full and 5 non consultant grades.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (67/68)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Feels a little anxious about future - whether PCT will understand complexity of service.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (75/78)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Was able to use divisional reviews to raise risks associated with need for staff grade doctor. Got good support. Often front-line problems are raised in these meetings for

resolution.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (108/110)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Cannot remember whether it was 98 / 99 but there was period of intense work associated with changing role of ward.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (69/73)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (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.Andy Wood-Dir of Finance (56/57)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Longer term = next 2 - 3 years nursing structure. Nurse leadership, clinical leadership.

TEXT: Site Interviews-Monday.AnneMonk-Chair (17/19)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Skill mix - Down one person- use existing personnel. Concern about talent in Trust.
 Older persons <??> Ray Palmer - Non-exec into clinical area.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (45/46)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 If there was more staff they would like to pamper patients a bit more

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (11/18)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 nurses were disempowered. Had effect on morale-could impose change by going with new structure- but also need to change culture.
 Development of middle range of nurses-encouraged them to follow clinical nurse development programme.
 22 Nurses in confidence building test. The individual staff posts back filled to enable nurses to allow for nurse training. This will then facility other nurses

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (26/31)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 All nurses 50% Clinical practice
 Planned to have a nurse consultant. There is a nurse consultant on stroke care. Has led to huge improvement; specialist help did not used to be sought - now have it immediately available
 Example patient -who wanted to return home after stroke

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (36/39)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 prior to 1998, severe staff shortages, low morale; standard two qualified nurses per shift; 3 vacancies now and regular reliance on agency nurses; 'situation far from perfect'

TEXT: Site Interviews-Monday.IanReid-Med Dir (11/13)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Six clinical sessions and five Medical Director sessions but s.t. clinical time due to other demands, in which case, colleagues cover or employ locums.

TEXT: Site Interviews-Monday.IanReid-Med Dir (106/108)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 So growing stress in system recognised? Yes recognised problem but difficult to know what could have been done.

TEXT: Site Interviews-Monday.IanReid-Med Dir (112/114)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Ian had spoken (informally) to Jane on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.

TEXT: Site Interviews-Monday.IanReid-Med Dir (118/120)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Ian had spoken (informally) to Jane on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.

TEXT: Site Interviews-Monday.IanReid-Med Dir (135/137)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 But could not see that putting in another GP was not the solution - increasingly obvious that needed <??> here 9 - 5.

TEXT: Site Interviews-Monday.PeterKing-PersDir (5/6)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Discussions review main system of accountability. Much soft information PK very close to which / staff reps.

TEXT: Site Interviews-Monday.PeterKing-PersDir (13/16)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 PK's staff pick up problems re: staffing levels same as personnel managers linked to divisions, make these known informally to PK. Personnel man agrees to touch with line managers.

TEXT: Site Interviews-Monday.PeterKing-PersDir (21/23)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Where danger of bed closure, formal medicine kicks in - Director is attached to division eg recruitment drive in Phillipino's when immanent staff shortage.

TEXT: Site Interviews-Monday.PeterKing-PersDir (33/34)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Satisfied that reasonably well staffed in elderly medicine now - thinks staffing level ok.

TEXT: Site Interviews-Monday.PeterKing-PersDir (39/41)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.

TEXT: Site Interviews-Monday.PeterKing-PersDir (58/59)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Personnel manager will work closely with staff members and line manager.

TEXT: Site Interviews-Monday.PeterKing-PersDir (80/81)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Did the events of 98 change the way personnel managed staff development?

TEXT: Site Interviews-Monday.PeterKing-PersDir (97/100)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (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 Interview-Thursday. **Code A** -Sp-LangThera (49/56)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Do all staff attend? Yes very enthusiastic about doing training. On one occasion – 12 months ago only 3 attend HCSW. Attendance is lower than expected due to staff issues, staffing levels too low to cover absence. Students and newly qualified will attend and shadow during their own work time. Attend before/after shifts.

TEXT: Site Interview-Thursday.DrBeasleyGP (52/57)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 So workload complexity increased - what about staffing/infrastructure? Dr B asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH - presents a number of problems - so scream and howl at lot. Had word with Dr Banks (could he make a room soundproof?).

TEXT: Site Interview-Thursday.DrBeasleyGP (70/71)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 No increase in medical staffing (ie. still 5 sessions). Formula = 1 Clinical Assistant session per 9 beds.

TEXT: Site Interview-Thursday.DrBeasleyGP (77/78)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Unusually low input for workload? Yes, we were 57p per hour.

TEXT: Site Interview-Thursday.DrBeasleyGP (81/84)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to take it on.

TEXT: Site Interview-Thursday.DrBeasleyGP (93/94)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 You just work and work and do it really. I've been a fool, an utter fool.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (24/25)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Staffing levels – change due to more risk event reports.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (26/30)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Patient care would be compromised eg. time spending with patients lacking. 2 trained nurses has upped staffing levels, levels are ideal now but still need a G grade.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (33/34)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 While on Mulberry ward – other trained nurse will assist.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (124/125)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Leads on Elderly care – not immediate manager, clinical manager for Sultan Ward.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (18/21)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Predictive planning. Director Manager and ward manager. Standing item meeting agenda.
 Flagging up issues. Meeting to address issues. Action plan for recruitment. Philippines
 and Universities

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (22/25)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Local F and G recruitment group. Looking at longer term, links with schools and strategic
 work. School children - workforce confederation from grass roots level.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (26/28)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 1998 information - no particular recruitment issue - last 18 months concerns - had this
 level of information.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (34/35)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Local advice and support, takes main responsibility for divisions and access other support.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (61/63)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Medical staffing - Christine Donohue - Peter King. Separate department, not split up.
 Centrally hosted by East Hants.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (15/15)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Wide range of ages 17-103 for example at GWMH#

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (16/20)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 looked after by own GP
 In 1999-wide-range-cancer/terminal/tansfer from Haslar-Q/A-St mary's-
 SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.

TEXT: Site Interview-Thursday. **Code A** DT (161/164)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Daedalus staffing has never followed the needs of patients and Dryad - no rehab, but no
 more resources eg. OT . Dr L referred 6 in 1 week used to be 6/8 per year.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (46/48)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Rehab was driver for change and strategy team working and letting them drive change.
 Particularly focus on rehab.

TEXT: Site Interview-Thursday. **Code A** DT (132/135)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Main problems are
 -Staffing-stretched

- too many qualified
- this will effect the care plan

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (20/26)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 One F grade on nights.
 E grade on duty would cover if F grade not there.
 2 E grades – last 6 months.
 Occasional day shift – to cover sickness.
 20:15 finish 07:45.
 3 nights 1 week, 2 nights next week.
 Dryad – last 10 years.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (97/101)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 1998 staffing levels were a lot
 Now 4 nurses, 2 trained, 2 HCSW
 1998 3 nurses, 1 trained, 2 HCSW
 qualified in charge of ward and hospital and small incidence.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (214/214)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Introduction of student keeps people on toes.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (217/227)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Clinical supervision system in place, 2 groups, mixed nights and days

- 6 people group night/day/grades
- reflective practice and learning
- confidential issues
- ways of dealing
- researched producing solutions
- meets monthly
- staff shortages not monthly
- not available across the board

Support from Gill Hamblin

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (46/46)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Sickness absences unacceptable.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (26/27)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Relying on agency staff so can't do little things we'd like to help patients.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (42/42)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Last 3 - 4 years, we've had several consultants

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (123/124)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Not aware of any review of staffing levels and staff mix.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (65/66)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Phillipines nurses - language problem areas could improve - need to vet people more and scrupulously.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (84/84)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Taking sicker patients and more acute - not more staff.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (93/94)
 CODE: D Staffing & Accountability.D1 Wrkfrc & serv planning (G:100)
 Staffing levels - last 12 months and sickness. New staff - lack of support.

TEXT: Site Interview-Friday.AnneHasteClinical manager (98/99)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 bank nurses and retired nurses offered work. Agency nurses are used at present due to current circumstances

TEXT: Site Interview-Friday.EileenThomas-NursingDir (117/121)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Changes include: evidence based practice ??????? consistency in dealing with patients and focused on middle grade nurses – appointed better calibre people from outside.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (154/156)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 We do have some nursing staff that we'd prefer not to have our most difficult ward managers do need a lot of help to change.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (14/15)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Recruitment and retention stat - copy to us. Personnel Strategy - pay and remuneration panel.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (16/19)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Retention and recruitment - approach targeted areas eg. adult mental health is a targeted area. Is that difference of approach written down? Yes, last strategic briefing.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (20/27)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 All around HR strategy - - gives important working lives etc. all strategy and dissolution of trust information.
 Implementation focused approach - eg. for elderly medicine overseas recruitment.
 How was elderly medicine the 1st priority area? Issues building up through reviews that recruitment is more difficult. How were priorities agreed?

TEXT: Site Interview-Friday.IanPiper/FionaCameron (28/33)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Things doing to improve the quality of working life?
 Nursing in F&G - further behind in terms of work planning.
 Nursing issues have been district wide eg. generic, locally been collected workforce figures - just got them to be useful (part of capacity planning) agenda.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (41/41)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 New PCT will set up on working lives group.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (26/31)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Pharmacy vacancies fairly recent. Pharmacists based in same office. So have adhoc opportunities for meeting and discussions
 More of a problem at ward and dept level because of diverse nature of trust. Information sent to wards, but people do not always read what is sent.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (103/105)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Present pharmacy vacancies are prechanging sole detailed audit work onpharmacy interventions that rust would like to undertake.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (100/100)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Gill Hamblin. Off since November? How long?

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (170/173)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Gill Hamblin. Off sick. Problem person. When trust tries to deal with it she goes off sick. Is not competent and doesn't work to G grade competencies.

TEXT: Site Interview-Friday. **Code A** Pharma (15/16)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Vacancy rate is 30% in Portsmouth for pharmacists. How does this compare with national picture?

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (48/50)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Led to appointment of G staff grade here who is ?? good but been difficult to recruit to CC/?? wards at St Mary's - staff grades not been good.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (49/51)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Always try for local resolution of problems. Have had problems with medical vacancies and mostly resolved now.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (54/55)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Gosport feels a little like outpost. Executive team is supportive but feels geographically remote.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (108/114)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (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.DrAltheaLord (185/186)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 They had increased Dr Barton's sessions - decided to recruit staff grade doctor to support her.

TEXT: Site Interviews-Monday.DrAltheaLord (199/199)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 GWM is considering getting SHO.

TEXT: Site Interviews-Monday.DrAltheaLord (200/200)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Expect staff grade doctor to move on to registrar post.

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (41/41)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 4 per cent staff turnover in trust

TEXT: Site Interviews-Monday.IanReid-Med Dir (53/55)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 EGS? 18/12 recruitment of nursing staff for elderly medicine in Acute Trust problematic - discussed and implemented number of approaches.

TEXT: Site Interviews-Monday.PeterKing-PersDir (24/26)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Where danger of bed closure, formal medicine kicks in - Director is attached to division eg recruitment drive in Phillipino's when immanent staff shortage.

TEXT: Site Interviews-Monday.PeterKing-PersDir (117/118)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Low turnover but problem with nurses leaving to get promotion.

TEXT: Site Interview-Thursday.DrBeasleyGP (197/198)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Town could not manage without it. Seen as an attraction to draw GPs into the town.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (29/33)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 - elderly med 1st ward. IPS personnel and pay system - antiquated, can't get the information needed, relies on ward managers. Philipino elderly medicine - 2 lost out of 30, 34 / 10 in community hospitals.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (38/41)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Recruitment - retention, hard to retain. Establish why people are leaving. Practical, staff. Exit interviews - locally training and development opportunity/ Skill unit opps for promotion etc.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (44/45)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 How involved front line staff- in action planning rec. and ret.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (46/52)

CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Away days - all clinical managers and heads of departments. Ward areas have away days. Dryad have don't it - engage ward. Workshops.
 Medical staffing. Make sure staff trained in communication with patients and relatives.
 Team building. Co-working - information that wards provide get back to them. Info and sickness returns.

TEXT: Site Interview-Thursday.JaneParvin Senior Person (57/60)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Most pressing issue in personnel team. Recruitment of Philipino nurses - 1st wave to elderly ward. Strategy for recruitment and retention - yes a trust strategy - means something to divided level.

TEXT: Site Interview-Thursday: **Code A** OT (135/135)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 I've stayed because its ever-changing and developing.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (79/82)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Staffing. Should be assessed when at full capacity. - Problem with A/L and sickness at the same time. Staff resource pool is too small. Agency cover - difficult to get qualified agency nurses.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (119/119)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 We need more staff and end to use of agency staff.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (120/120)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 More agency staff covering sickness.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (63/65)
 CODE: D Staffing & Accountability.D10 Recruitment & Retention (G:100)
 Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.

TEXT: Site Interview-Friday.AnneHasteClinical manager (22/22)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Annual appraisal -reviewed every six months.

TEXT: Site Interview-Friday.AnneHasteClinical manager (85/85)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 staff appraised every 6 months. HCSW by E and F grades

TEXT: Site Interview-Friday.IanPiper/FionaCameron (52/61)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Gill Hamblin, ward manager, Dryad
 - how engaged with mine
 - reintroduce her to ward
 - end game
 - return to ward in part
 Have thought it through - history 2 years ago deal with serious grievance about her. No question of clinical competency, managerial problem. Performance plan for her - Jan

Peach 2 years performance manager. Often not at work - difficult.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (62/64)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Recently had another formal complaint about her (ward manager, Dryad). Guidance - hasn't been back to work. Is a pattern of this - very difficult to deal with.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (65/69)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Toni Scannel has done a sterling job. Plan to test temperature of water, too hot and go - down-grade a possibility. She resisted new F grade appointment for some time. Now has happened. The most valuable individual is Toni.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (70/73)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Ginny Day is a cohort of staff - have to break that up. Dealing with bullying and harassment - part of gerontological programme - attitudes and beliefs and the care.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (32/32)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Jeff appraises team in 'cascade fashion

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (70/72)
 CODE: D Staffing & Accountability.D11 Performance mang (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 (97/102)
 CODE: D Staffing & Accountability.D11 Performance mang (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.JoTaylorSenNursDayWard (85/85)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Reflective practice – no consistency.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (128/128)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Is clinical governance meeting needs of the staff.

TEXT: Site Interview-Friday.MaxMillett-CEO (39/40)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Poor performers identified through IPR system. Culture changed from punitive to developmental.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (55/55)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)
 Standards audited regularly.

TEXT: Site Interview-Friday. **Code A** Pharma (23/24)
 CODE: D Staffing & Accountability.D11 Performance mang (G:100)

IPR in PD yearly. But too busy to see PD often. PD 3/7 per week. VL works part time daily.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (16/17)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Appraisal of staff. He appraises Med Dir on his clinical work.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (20/22)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
What about GP/Clinical Assistants (CA) - we haven't but we need to ?? in light of type of work that they do. Had at 40CA - across whole patch.

TEXT: Site Interviews- Tuesday. Code A HCSW Sult Ngt (8/10)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
However, not always possible to have full ??? at night if illness. Occasionally, Helen has to work on Dryad & Daedalus if they are short staffed.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (9/9)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
IPR? PB does (yearly) at Xmas.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (9/10)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Approachable. There is an IPR - done by PB - normally yearly. Trained to appraise (who does night staff)

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (51/52)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Concern about colleague performance? Go to PB depends on what. Ever been there. Yes whistle blowing.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (87/88)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Appraisal - who appraises other night staff? Prob Angela - the F grade or senior staff.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (63/64)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Is involved in divisional reviews - have had major reorganisation - generated by PCT development.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (37/39)
CODE: D Staffing & Accountability.D11 Performance mang (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.IanPiper-Ops Dir (17/18)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Personal Objectives.
Performance review 2000/01 and key objective 2002/03.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (6/11)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
October – minor injuries, ward closed 2000 this resulted in downgrading by Sue

Hutchinson, St Christopher, then during Skill Mix review with new manager it was explained about the downgrading which was the first she knew.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (49/49)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Discuss skills with IPR [sick for last month]

TEXT: Site Interview-Thursday. Code A PractDevlFacil (66/76)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
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.

TEXT: Site Interview-Thursday. Code A OT (62/63)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Own role being reviewed because of career development needs will probably do less IP work.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (29/32)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
IPR – last IPR a year ago until this year night sister F grade.
(F grade downgraded) now ward manager – Gill Hamblin/Toni.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (213/214)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Appraisal is provided for locum consultants and his is due anytime.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (6/6)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Personal Development Plan.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (11/13)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
IPR. Objectives discussed with Tony. Future IPR. Appraisal in role - will begin soon appraising others -> E Grades.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (48/49)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Manager meeting monthly, monthly ward meetings, cascade from manager to ward level.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (103/103)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Main reporting - so incident reporting is happening.

TEXT: Site Interview-Wednesday.GinnyDay-SenStafNursDryad (140/141)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Role of manager (Toni Scammel) would be to assess individuals IPR and indicate training need.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (28/29)

CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Appraisal system: Staff Nurse Day would carry out -> due in April /May

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (10/10)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Appraisal - Anne Hashe - 1/1/02.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (74/74)
CODE: D Staffing & Accountability.D11 Performance mang (G:100)
Do have shadowing arrangements.

TEXT: Site Interview-Friday.MaxMillett-CEO (44/45)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Since Ian Reid, four consultants have "moved on", pressured into early retirement.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (123/129)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Gap in appraisal - Hosp Med staff and GP assts. How manifest??: Dr B superb doctor, also knew her as a D/N, caring, always came when called. But abrupt, extremely good doctor, favoured by the staff. How would appraisal have made a difference? Attitude to relatives (not patients) - willing to speak. But if rels were unreasonable eg. demanding her immediate attendance.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (132/133)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
But if B Robinson raised this Dr B was remorseful. Gave us more than we paid her for. Great loss.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (76/76)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
In 98 not enough Medical cover.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (18/19)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Cons appraisal happening. Junior doctor and staff grade been happening for several years.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (38/39)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (3/4)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Psychiatry of Old Age. In post 10 years. Did GP training and then moved into psychology.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (8/10)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good relationships with GP colleagues.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (16/16)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Is Associate Head for EMI for Gosport and Fareham.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (20/23)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Dr ? has responsibility for clinical governance. 1 lead for hospital - Gosport, 1 for St C's.
Clinical Assistant with GP background also covers drugs and alcohol.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (24/25)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Has good relationship with Dr Lord. See patients jointly.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (46/48)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
As associate head has appreciated input of local management and their understanding of clinical pressures.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (79/80)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Still feels quite new within management structure of trusts.

TEXT: Site Interviews-Monday.DrAltheaLord (3/4)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Appointed in 1992 to support elderly services in Gosport - acute duties at Queen Alexandra and GWM.

TEXT: Site Interviews-Monday.DrAltheaLord (13/13)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Staff grade Doctor appointed in October 2000.

TEXT: Site Interviews-Monday.DrAltheaLord (124/128)
CODE: D Staffing & Accountability.D2 Medical accountability (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.DrAltheaLord (183/184)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Not until 99 did GWM appreciate that Dr Barton's workload becoming unsustainable.

TEXT: Site Interviews-Monday.DrAltheaLord (189/190)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
One staff grade doctor not sufficient - now apparent that his workload too heavy.

TEXT: Site Interviews-Monday.DrAltheaLord (191/192)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Have been fortunate to get some locum staff grade doctor for last year to cover in Dr Akona's leave.

TEXT: Site Interviews-Monday.DrAltheaLord (193/193)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Cross-cover annual leave with consultant Dr <???\>

TEXT: Site Interviews-Monday.DrAltheaLord (194/194)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

98 - minimal cover (with greater strain on Dr Barten)

TEXT: Site Interviews-Monday.DrAltheaLord (196/196)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

98 - 99 started using locums.

TEXT: Site Interviews-Monday.IanReid-Med Dir (3/7)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

Cons. In Elderly medicine at Southampton from 82 - 98 and during 93 - 97 Medical Director Southampton Community Trust, April 1998 as Consultant Phys / Medical Director. Do not have clinical Director - have lead consultants = same remit.

TEXT: Site Interviews-Monday.IanReid-Med Dir (96/99)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

Re: Dr Barton's letter of Jan 2000. No doubt that casemix has changed. Had already identified that model of management with clinical assistant cover was no longer viable.

TEXT: Site Interviews-Monday.IanReid-Med Dir (100/105)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

She resigned in April - did this force the issue? She had security of tenure. The service would have collapsed without Jane Barton - put enormous effort in. Came in everyday at 7:30 am to do ward round and then again every afternoon to see relatives but that was not enough to keep up.

TEXT: Site Interviews-Monday.IanReid-Med Dir (109/111)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

So growing stress in system recognised? Yes recognised problem but difficult to know what could have been done.

TEXT: Site Interviews-Monday.IanReid-Med Dir (115/117)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

Ian had spoken (informally) to Jane on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.

TEXT: Site Interviews-Monday.IanReid-Med Dir (133/134)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

Difficult to find GP practices to take on or to give level of commitment that Jane had given.

TEXT: Site Interviews-Monday.PeterKing-PersDir (63/64)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

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

TEXT: Site Interviews-Monday.PeterKing-PersDir (69/71)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

PK has responsibility for making & renewing contracts, but consultants & local managers handle day to day things.

TEXT: Site Interviews-Monday.PeterKing-PersDir (92/93)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

Policy development & implementation PK is responsible for Personnel & Health & Safety.

TEXT: Site Interview-Thursday.DrBeasleyGP (26/32)

CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 May 1998 - One doctor appointed as clinical assistant. Appointed Dr Barton who is partner in his practice. Trust paid for 5 clinical assistant sessions, contract is with Dr Barton, not the practice. Dr B asked practice to help her out to cover. His involvement is at weekends, evenings and Bank Holidays. After hours - bit loose.

TEXT: Site Interview-Thursday.DrBeasleyGP (72/73)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 No increase in medical staffing (ie. still 5 sessions). Formula = 1 Clinical Assistant session per 9 beds.

TEXT: Site Interview-Thursday.DrBeasleyGP (74/76)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Dr Barton subcontracted to other partners - they never had contract with Trust. Staff are aware that practice responsible.

TEXT: Site Interview-Thursday.DrBeasleyGP (85/88)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to take it on.

TEXT: Site Interview-Thursday.DrBeasleyGP (89/92)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to take it on.

TEXT: Site Interview-Thursday.DrBeasleyGP (95/96)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 You just work and work and do it really. I've been a fool, an utter fool.

TEXT: Site Interview-Thursday.DrBeasleyGP (107/114)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 The precipitating incident. 1999 we realised the situation was untenable in present form for a number of reasons. Obtained professional report to report remuneration - and then other doctors than had contact with Trust (? August 99) were paying £11,000 pa. August 2000 it had gone up to @£13,000 ie. £1.90 per hour. NB there is separation between Dr B's and practice arrangements.

TEXT: Site Interview-Thursday.DrBeasleyGP (115/118)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Relationship between GPs and the Trust - re: management, ward policies, appraisals document. Does not appear to be one. Doctors asked if they understood difference between contracts of and for employment.

TEXT: Site Interview-Thursday.DrBeasleyGP (131/133)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Currently 2001/2002 practice has contract of employment with the Trust, invoice quarterly to provide out of hours.

TEXT: Site Interview-Thursday.DrBeasleyGP (186/188)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)

Dr B days - on hol? We would look after ward for her - go in very early, WR, do am surgery. Put the screws on those left. Yes.

TEXT: Site Interview-Thursday.DrBeasleyGP (189/190)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Felt Trust wanted job being done on the cheap. I feel used really.

TEXT: Site Interview-Thursday: **Code A** HA (30/33)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Clinical governance. Difficult to tell whether event from GPs as clinical aspect doing best for including patients or broader issue. Distance from Trust HQ. Issue of medical cover and supervision.

TEXT: Site Interview-Thursday: **Code A** HA (46/46)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Ian Reid good and stretched. People very stretched.

TEXT: Site Interview-Wednesday.DebbieBarker-StaffNurseDryad (18/19)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Relatives can see Consultant by appointment. If patient deteriorates relatives advised. Pro-Active.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (3/4)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Dr Yikona has been in post since November 2000 as general physician in elderly medicine.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (5/8)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Post is 9 - 5 Mon - Friday (no weekend work) but can be called on in some circumstances. He often just calls in at weekends to check patients he is worried about. Often in Dr Nattens surgery as Healthcall takes over.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (19/21)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
If patient becoming seriously unwell, Dr Yikona will speak to Dr Lord and make arrangements for finding bed at QA.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (27/29)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Dr Yikona does two sessions a week in day hospital. Otherwise occupied solely with wards at GWMH "it's a lonely place to work here".

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (33/34)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
No cover while he is away. Dr Yikona is very concerned about that - carries no bleep, is about 1 hour away.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (90/94)
CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
Dr Yikona raised his concerns with Dr Lord about anticipatory prescribing and she agreed with him that it should stop. He was encouraged to change the policy. Old drug prescribing practice came as 'no surprise' to Dr Lord.

TEXT: Site Interview-Wednesday.DrJosephYikona-StaffGradePhysi (98/99)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Psychotherapists see cases of dementia, agitation, disruptive behaviour, depression.

TEXT: Site Interview-Wednesday.DrQureshi-Cltdryad (3/3)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Covers Dryad since Nov 2001.

TEXT: Site Interview-Wednesday.DrQureshi-Cltdryad (21/23)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Timetable. Looks after acute ward at QA (18 beds) 2-3 ward rounds per week. Some responsibility to see others referred. Domiciliary visit requests from GPS.

TEXT: Site Interview-Wednesday.DrQureshi-Cltdryad (32/32)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 So 1/7 per week at GWMH.

TEXT: Site Interview-Wednesday.DrQureshi-Cltdryad (35/40)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 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.

TEXT: Site Interview-Wednesday.DrQureshi-Cltdryad (75/78)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Presence of a regular, good resident Doctor has been a real boon - Josph (Dr Akona) is excellent, asks advice as needed. If a good Doctor is present - the consultant's work is easier.

TEXT: Site Interview-Wednesday.DrQureshi-Cltdryad (122/122)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 No experience of working with clinical assistants.

TEXT: Site Interview-Wednesday.GinnyDay-SenStaffNursDryad (57/59)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.

TEXT: Site Interview-Wednesday.LynBarrat-StaffNursDryad (39/41)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 The policy changes every time we get a new consultant on ward. Did not know Dr Ravindreul was leaving until recently.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (21/22)
 CODE: D Staffing & Accountability.D2 Medical accountability (G:100)
 Forty five GP's - confusing and different ways of doing things.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (122/126)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Changes include: evidence based practice ??????? consistency in dealing with patients and focused on middle grade nurses – appointed better calibre people from

outside.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (131/133)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Leadership development programme also introduced gerontology nursing programme developed and ????

TEXT: Site Interview-Friday.EileenThomas-NursingDir (138/140)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 There was a c???? 3% of nurses/ward managers who were subject to most complaints and who were reluctant to change.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (151/153)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 We do have some nursing staff that we'd prefer not to have our most difficult ward managers do need a lot of help to change.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (180/185)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 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.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (187/187)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Nursing clinical indicators very poorly developed.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (191/193)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Essence of Care – aiming to ensure that all wards work to essence of care. PCT will take ???????

TEXT: Site Interview-Friday.EileenThomas-NursingDir (208/211)
 CODE: D Staffing & Accountability.D3 Nursing accountability (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 (251/253)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 ET and Medical Director had just arrived in post in 98. ET didn't learn about complaints until police became involved.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (262/264)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 ET and Medical Director had just arrived in post in 98. ET didn't learn about complaints until police became involved.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (283/285)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 "Real sense of frustration" – would have liked another 2 years to work on new systems.

TEXT: Site Interview-Friday.MaxMillett-CEO (3/4)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Changes since 1998 - 95% confident that serious concerns would reach board level.

TEXT: Site Interview-Friday.MaxMillett-CEO (41/42)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Supervision of nurses tackled: punitive knee jerk reactions.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (30/40)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Came from QA ward manager medical ward intermediate care. Started November 2000.
11m in post with gap*, new post role is supporting/managing clinical manager/areas. Also facilitate clinical practice. 50:50 clinical admin. Involved in training and development of nurses at GWMH eg. alert system. Back before care wards tended to deal with issues alone. Now have "common" ACD (emergency call/medical emergency).

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (41/45)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Purpose of post? Reason was there was no nursing leadership at GWMH. Also SM (Read) had too wide a role. H grade. Aware of problems when arrived? Knew but not in depth - bring up skills of nurses.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (107/109)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Need more staff for lots of reasons sorting that out now. Also need management development time.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (122/126)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
How is prof/nursing accountable. Line manager is Jan Read, Nursing Director Eileen Thomas. Senior nurse action learning group, Senior Nurse reference group work out own PDP.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (6/7)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
6 months ago, now supervised by one person, Philip G grade.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (16/17)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Philip - Angela - support, A-E grade nursing, site cover.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (24/28)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
Developed appraisal/training objectives/matched to hospital goals. All from 1996 onwards. All part of a culture change as the hospital enlarged and developed, understand each others' roles/functions. "Investors in people".

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (32/33)
CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
She manages clinical nurse managers and night sisters. Value each other - internal customers.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (34/35)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 In March 2000 - asked to move (reluctantly) to Elderly medicine - because of ward closures and staff leaving.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (36/40)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Is deputy to Lesley Humphrey (QA St Marys GWMH).
 B Robinson - dual managerial and nursing roles manages transfers.
 Accountable to Lesley H managerially. Professionally to Eileen.

TEXT: Site Interviews- Tuesday.FionaCameron-Gen Mgr (40/41)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Level of competence of nurses have been high. Have come every day. Philip Beed has kept to ward ???.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (83/84)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Appraisal - C grade did it. No formal clinical supervision. The IRP occurred in second year.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (89/90)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Mandatory Training - eg Fire/Rescue/Moving handling. Was told about these events.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (99/99)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Would be supervised when starting syringe driver.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (116/117)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Could use GWMH Portfolio that she required. Worked here for 2 years.

TEXT: Site Interviews- Tuesday. **Code A** HCSWDaed (40/41)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 ??? ?? shortages of staff means practice is less than perfect.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (7/7)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 A/C to? Phillip Beed for the HESW's

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (3/8)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 G Grade - on ward 5 yrs, broad nursing experience. Same post grad quals, but not in elderly care. 24 hrs a/c for nursing on ward - nurse. Manager for ward, under - 2 senior staff nurses.
 Nursing complement? OK til untoward things happen - eg training or flu.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (44/46)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 If concerned about practices? No problem, raise directly or care in many places plus whistle blowing policy.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (7/7)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

A/C to P Beed - Angela is F grade.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (14/16)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Nursing organised into teams on daedalus ward and she is team leader of one team.
 Thinks system works well as they (nurses) get to know patients well.

TEXT: Site Interviews-Monday.DrAltheaLord (76/76)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 It needs to be safe for nurses in community hospitals.

TEXT: Site Interviews-Monday.DrAltheaLord (109/110)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Staff grade Doctor 9 - 5 -> then Dr Khapman out of hours.

TEXT: Site Interviews-Monday.DrAltheaLord (143/145)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 "I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (106/108)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Bad practice -> according to CGR 1, discuss at ward level, ward management. 2, GP.
 Feel strongly about bad practice. 3, near miss form / risk form.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (114/115)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Feels that this new culture would not have existed before / presume.

TEXT: Site Interviews-Monday.PeterKing-PersDir (105/106)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Personnel provides infrastructure - Eileen decides who needs it, Fiona ensures it happens.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (38/39)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 She was an NVQ assessor. Helped nurses on other wards to become assessors

TEXT: Site Interview-Thursday: **Code A** HCSW (74/74)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Handover - 15 min overlap of shifts.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (159/162)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Nurses did question regime but were told they did not understand pain control. Nothing changed. Difficult for staff to challenge Dr Barton and Ward Sister - Gill Hamblyn.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (174/174)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 Sister Hamblyn liked total control!

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (175/176)
 CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)
 During period Shirley acted up use of syringe-drivers and triple medication was better

controlled.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (72/76)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (8/10)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

She would immediately go to Sister Marilyn if she had a problem but doesn't have much confidence in upper management.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (121/122)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

We have 19 heavily dependent patients and only five staff.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (40/41)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

Clinical Supervision - quite a long break from it but systems have been in place and expected to restart.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (47/48)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

Usually done moving/handling - but she checks. Done every 6/12 - course.

TEXT: Site Interview-Wednesday **Code A** HCSWDryad (47/48)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

Working on own and pairs - depend on patient - will raise concerns with everyone.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (8/9)

CODE: D Staffing & Accountability.D3 Nursing accountability (G:100)

E grade (top) for 32 hours/4 days - senior staff nurse manager and Jan Peach Fiona Cameron.

TEXT: Site Interview-Friday.MaxMillett-CEO (10/13)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

Professional Advice for therapists. Sad that Trust is being wound down, only half way there. Would like to see impact of Gerontological programme, would like therapy consultants.

TEXT: Site Interview-Friday **Code A** Pharma (17/18)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

Code A visits wards weekly. No cover if on leave. **Code A** covers for periods over two weeks length.

TEXT: Site Interview-Friday **Code A** Pharma (19/20)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

Employed by Portsmouth Hospital Trust. Based at QA. Spends much time travelling.

TEXT: Site Interview-Friday **Code A** Pharma (21/22)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

Code A based at QA - line **Code A** is accountable to **Code A**

TEXT: Site Interview-Friday **Code A** Pharma (25/26)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 IPR in **Code A** yearly. But too busy to see **Code A** often. **Code A** 3/7 per week. **Code A** works part time daily.

TEXT: Site Interview-Friday **Code A** Pharma (29/31)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 Staff meetings at QA but **Code A** comes to Gosport instead. Minutes are circulated. C grades which she was - do not attend. D grade which she is now do attend.

TEXT: Site Interview-Friday **Code A** Pharma (39/41)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 If **Code A** has concerns? Probably does it via **Code A** then she would deal with it. **Code A** tries to sort out ward matters herself.

TEXT: Site Interview-Friday **Code A** Pharma (47/48)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
Code A was Gosport Pharmacist. Covered for **Code A** late 90s and early 90s.

TEXT: Site Interview-Friday **Code A** Pharma (55/56)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 Communication of new policy? **Code A** is main link, but may occasionally forget to tell her of changes.

TEXT: Site Interview-Friday **Code A** Pharma (80/83)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 In September 99 **Code A** job was new then could attend Department meetings as well - department relocation. "Dropped in deep end" no prior familiarisation. She just disappeared. No local induction.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (18/20)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 Service to Trust is managed by a Grade E Pharmacist **Code A** and 2 pharmacists elderly and mental health + community. She also has staff at QA.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (21/22)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 Pharmacists appraised annually, but seen 3 monthly formally, and informally monthly.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (23/23)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
Code A is accountable to Mr Watling.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (24/26)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
Code A deals with elderly pharmacy matters, accountable to Paula Diaper who concentrates on Psych services.

TEXT: Site Interview-Thursday **Code A** DT (22/25)
 CODE: D Staffing & Accountability.D4 AHP accountability (G:100)
 SR OT since 1989 and I area since 91/92. Original peripatetic OT was doing 45% IP 15/20% OP Rheumatology and rest were direct GP referrals with aim to reduce risk of

admission.

TEXT: Site Interview-Thursday: **Code A** OT (26/30)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

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

TEXT: Site Interview-Thursday: **Code A** OT (43/46)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

Accountable to Liz Jenkins, Head OT, based Haslar in post 18/12 and her arrival coincided with reorganisation into 3 to align with PCTS. Main OT department based at Haslar.

TEXT: Site Interview-Thursday: **Code A** OT (52/55)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

The BG notation is still ward based here although at Haslar also speciality based. Ward based work at Sultan is done by OT assistant. Has part time clerical support and a full time assistant at Dolphin.

TEXT: Site Interview-Thursday: **Code A** OT (56/57)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

Were very hospital based but now trying to do away with hospitality/community boundary.

TEXT: Site Interview-Thursday: **Code A** OT (74/75)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

BGs here still tend to be ward based, at Haslar more speciality and Elderly. MH still traditional model.

TEXT: Site Interview-Thursday: **Code A** OT (2/3)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

April 2001, Daedalus. Line manager **Code A** Basic Grade on location

TEXT: Site Interview-Thursday: **Code A** BrindOT (113/113)

CODE: D Staffing & Accountability.D4 AHP accountability (G:100)

OT technicians-support workers

TEXT: Site Interview-Friday: **Code A** SeniorDiet (63/63)

CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)

Now employed dietician full time.

TEXT: Site Interview-Friday: **Code A** SeniorDiet (114/115)

CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)

Role of dietician, has changed and respected more by clinical staff now.

TEXT: Site Interview-Friday: **Code A** SeniorDiet (123/125)

CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)

Remit of job also contained major community projects – eg. meals on wheels, school menus, health promotion.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (43/47)

CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)

Is deputy to Lesley Humphrey (QA St Marys GWMH).

B Robinson - dual managerial and nursing roles manages transfers.
Accountable to Lesley H managerially. Professionally to Eileen.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (25/25)
CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)
Clinical supervision meetings every night.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (28/29)
CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)
Clinical supervision meetings are group sessions. ??? attendance as NB is very useful.
Shift is 7.45 - 8pm.

TEXT: Site Interview-Thursday **Code A** WardClerk (13/16)
CODE: D Staffing & Accountability.D5 Other staff accountability (G:100)
Ward Clerk
Beginning – notes in diary, photocopying, referrals – speech and long, bedblocking
but SS not in place, discharges.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (138/140)
CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
Out of house contract - medical cover. Who has responsibility to monitor and manage?
FC with PK would be responsible. Managed that way for GP who left.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (141/147)
CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
GPs variably deliver to Healthcall.
- what means to service
- some GPs are part of Healthcall
- Helps Sultan get GP they know
- GPs heavily rely onward doctor
- GOSdoc was based here - sadly missed. Up until 10pm - knew wards/patients.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (148/150)
CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
No mentors quality of service. Eg. Access times - used incident book - Jan would pick up.
What does contract say about service? Out of hours - just attend.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (151/157)
CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
Manage about medical cover out of hours.
- Fiona can be a weak link
- as intermediate care development would like to see robust medical cover
- not about individual GPs
- out of hours less of an issue when have a good Monday to Friday doctor on the ward.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (27/30)
CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
No Doctors out of hours
Use Health call- variable- mental health problems- call Meadows- on call mental health
Doctors.
Use own judgement

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (77/79)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 One trained staff only at night
 Don't know what else to do
 Full capacity and reduced staffing

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (58/60)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Health call - large problems transferring patients at night. Deteriorating condition - healthcall, reception, 1 hr for telephone response, 5 hr for visit.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (61/64)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 QA don't like transferring - eg Cardiac Arthymna, 40 min ambulance, ambulance men were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (65/71)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Resolve problem - Healthcall do not know patients, unwilling to make decision or tread on toes of consultants. Friday evening lady returned from deplores?? With one vein blocked & 2 partially blocked - G grade had left, no medical weekend cover. Ring healthcall. QA rang and have apologised she slipped through the net.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (72/73)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Feel isolated - speak/complained to each other, speak to healthcall.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (74/74)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Healthcall cover to greater area.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (75/76)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 GP sleeps in GWMH but wont attend patients, he is on call for healthcall.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (77/77)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Need to find GWMH on call GP.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (80/80)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Do you keep record of healthcall? Not sure.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (81/83)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Feels the need for beds over shadows the appropriate admission of patents for a hospital with ??? 24 hours clinical cover.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (95/96)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients in.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (83/86)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Dosage - range whip at one time is it fairly usual? Its not usual now & was prob not usual then throughout the service but prob reflects the out of hours commitment of Jane's partners - ie for her colleagues convenience.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (95/96)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 GP out of hour cover - do they call on consultant - they can but they don't tend to.

TEXT: Site Interviews- Tuesday. **Code A** HCSWDaed (17/20)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Been in hosp for 12 years. Now much more involved - Philip Beed was involved NA's ??
 ??. Can check DD's (controlled drugs) with staff nurse. Philip is excellent manager.

TEXT: Site Interviews- Tuesday. **Code A** HCSWDaed (48/49)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Gets support from staff nurse for everyday things but Philip will help if there are more major problems.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (44/46)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 No medical cover - can use health call out of hours - have to use diamorphine at times.
 Need 24 hour medical cover here.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (81/81)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Need 24 hour Medical Cover.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (24/26)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 1998 at night? Call out practice / H/call response time ok. Now H/call 3/4 hour wait prob?
 On call ?? available but never called.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (66/67)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Night cover? Health call Dr delay can be up to 3-4 hours (not always just sometimes)

TEXT: Site Interviews-Monday.DrAltheaLord (54/55)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out of hours. Increased workload - nurse on ward would contact GP and ask for help.

TEXT: Site Interviews-Monday.DrAltheaLord (58/58)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out of hours contact with duty geriatrician at QA.

TEXT: Site Interviews-Monday.PeterKing-PersDir (67/68)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Set out to minimise the contract by developing out of hours contract with detailed specialties & standards.

TEXT: Site Interview-Thursday.DrBeasleyGP (79/80)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Unusually low input for workload? Yes, we were 57p per hour.

TEXT: Site Interview-Thursday.DrBeasleyGP (97/98)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 You just work and work and do it really. I've been a fool, an utter fool.

TEXT: Site Interview-Thursday.DrBeasleyGP (99/106)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 The precipitating incident. 1999 we realised the situation was untenable in present form for a number of reasons. Obtained professional report to report remuneration - and then other doctors than had contact with Trust (? August 99) were paying £11,000 pa. August 2000 it had gone up to @£13,000 ie. £1.90 per hour. NB there is separation between Dr B's and practice arrangements.

TEXT: Site Interview-Thursday.DrBeasleyGP (134/136)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Currently 2001/2002 practice has contract of employment with the Trust, invoice quarterly to provide out of hours.

TEXT: Site Interview-Thursday.DrBeasleyGP (137/143)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Rotas on wards
 6 doctors in Knapman Practice
 2 of which do all of own out of hours
 2 more do own out of hours if then hospital 11pm - 7am (??? Shift) goes to Healthcall.
 For example he does all own out of hours on Saturday does ward round after surgery in hospital 11pm and does ward round ????

TEXT: Site Interview-Thursday.DrBeasleyGP (144/145)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Acknowledged that don't really need rota - but can just dial practice.

TEXT: Site Interview-Thursday.DrBeasleyGP (160/161)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Consultant in elderly Medical Care/Surgical Reg. On call would discuss with Dr Lord if sensitive area.

TEXT: Site Interview-Thursday.DrBeasleyGP (162/163)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Admission out of hours - would you be expected to clock in? No not aware.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (18/19)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Out of hours with no medical cover, more responsibility so need G grade.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (20/23)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Based on Sultan ward last few months with 2 trained staff on nights. Medical problems – will attend, Medical problems on Mulberry – called in frequently.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (76/80)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Difference between GPs, prescription to obtain consistencies.
 - Different on nights, Healthcall

- Healthcall very reluctant to interfere with other GP

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (73/82)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)

Analgesia ladder + GP

- nights no GP - Healthcall
- response time - 10-15 mins - 30mins
- requisite problems a visit - 1hr - 4hr wait.
- Patient will expect verbal order but not controlled drugs.
- No other way of contacting GP.
- Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (129/136)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)

Pharmacist facility

- comes in daily
- restock medicine
- incompatible drugs - pharmacist will advise about admitee
- Q&A services
- No weekend cover
- GP will write script and porter will get it

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (20/26)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)

One F grade on nights.

E grade on duty would cover if F grade not there.

2 E grades – last 6 months.

Occasional day shift – to cover sickness.

20:15 finish 07:45.

3 nights 1 week, 2 nights next week.

Dryad – last 10 years.

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

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)

Out of hours, GP did not

want to interfere with Est. pain management care

- PNR – used nurse discretion a couple of times

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (147/153)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)

Out of hours – Healthcall, speed of response, before 11pm – GP from surgery, after 11pm Healthcall.

Eg. patient probably dying – called Healthcall

- waited for the instruction
- time frame 45 minutes – 1 hour
- received no further info

TEXT: Site Interview-Wednesday.DebbieBarker-StaffNurseDryad (41/44)

CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)

Out of hours medical cover "could be better" cover from locums. Does "out of hours"shifts. This has set them back. Reluctant to give strong analgesia - but has done.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (9/12)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Post is 9 - 5 Mon - Friday (no weekend work) but can be called on in some circumstances.
 He often just calls in at weekends to check patients he is worried about. Often in Dr
 Nattens surgery as Healthcall takes over.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (38/42)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Holiday and study leave = staff grade locum will cover - difficulty in finding them but quite
 lucky recently as someone has been available. Only has 15 days study leave and 20
 days holiday a year. Has had to use holiday leave time to do courses.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (83/85)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Any concerns about medical cover after five o clock.? If somebody medically unwell and
 needing active intervention then more beds to acute.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (89/89)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Any concerns re out of hours service? Has not used.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (13/14)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Doctors out of hours - a long time since she needed to call anyone out.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (56/57)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 Not clear about "out of hours cover". Choices of own GP rather less unaware of
 deficiencies in cover.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (80/83)
 CODE: D Staffing & Accountability.D6 Out of hours arrangements (G:100)
 if patient is agitated or aggressive further help called fpr at any time day or night. If they
 have been seen by Old Age Pyschartrist??? As fit Dr Ravindrane will carry on and look
 after the patient.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (22/22)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Always good relationship between day and medical wards.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (28/28)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Meeting on Tuesday about care pathways.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (42/49)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Assessment process

- referred by GP, by letter
- meeting Wed with MDT
- discuss referrals and agree appropriate clinician to assess patient
- go to home and assess in day ward and assess condition
- element with a whole team approach

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (98/102)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 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.

TEXT: Site Interview-Friday **Code A** SeniorDiet (33/33)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Dieticians worked between kitchens and patients.

TEXT: Site Interview-Friday **Code A** SeniorDiet (128/131)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Enablement team
 Full-time dietician
 At wards, St Christopher and Community plus MDT meetings.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (34/36)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 MDT- all ward rounds- ward clerk also attends MDT
 Monthly reflective practice meeting and appointment social worker to ward.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (51/52)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Do get occasional terminal ill patient
 Palliative care medicine-do involve MDT and family

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (62/63)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 other trained staff on the wards do offer assistance and advice- working relationship very good.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (76/78)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Ward don't have clinical supervision yet but have regular ward meetings including how to implement things.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (127/139)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 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.

TEXT: Site Interview-Friday **Code A** Pharma (32/34)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Staff meetings at QA but **Code A** comes to Gosport instead. Minutes are circulated. C grades which she was - do not attend. D grade which she is now do attend.

TEXT: Site Interview-Friday **Code A** Pharma (59/63)
 CODE: D Staffing & Accountability.D7 Team working (G:100)

Liaising with other members of the team Only contacts nurses/doctors if there is a problem. No time to be proactive. Good relationship in Staff Grade - easy channel of communication. Easy, positive relationship with staff grade.

TEXT: Site Interview-Friday **Code A** Pharma (64/71)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Harder on Sultan Ward, will write in notes. Does not get to see GPs. Thinking of designing a form for GPs rather than leaving scrappy bits of paper. Drug chart problems - queries about doses. Problem is the weekly visit and time lag. JD had other duties NH/St Christophers and Gosport. 10/12 overlap **Code A** (ie. **Code A** at GWMH and **Code A** covering elsewhere in Trust - did not actually work together).

TEXT: Site Interview-Friday **Code A** Pharma (100/100)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Nurses ask for advice not doctors.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (9/9)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Meeting - reg ward meeting, handovers, reports.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (10/12)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Night staff involvement - old regime/new regime, tried to change regime & get everyone working as one team - '24 hour care unit'.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (13/15)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Discharge purposes - that night care plan is included in discharge notes, feel that day nurse team are listening.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (8/9)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Liaise with colleagues, management, appraisal & support of colleagues, operational issues, central Trust.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (51/52)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Did you know Dr Barton at that time? Yes but not well. She came to meetings, was lead GP for PCE.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (53/54)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Was not really involved in dialogues with Dr B re: letters/situation.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngd (26/27)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Ward meetings goes when she can get there at the right time - however, hasn't been to one for several months.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngd (33/33)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 The atmosphere is very good we're all friends.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (50/51)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Short staffing hasn't affected her performance but good team work can't happen if nurses keep changing.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (14/18)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 In 2000 she remembers. Changes occurred, preparation for change? Physios & OT's worked with it. Her neurology experience fitted in with changes. Does not recall stroke courses at the time, but there was a stroke form.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (59/59)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 ward meetings with agenda. Concerns listened to.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (63/65)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 link nurses (she is diabetic trained) 'under clinical governance-looking at clinical practice) control of infection and stroke nurses.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (19/20)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Summary of MDT put into nursing record - separate notes for action physio OT & Docs.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (19/24)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Rehab can't care? Who takes decision? Weekly multi disc team - cons/ s? grade, nurses and AHP's - 2 per week. Good attendance. Then discussion with pt/relative recorded in Med/Nursing notes.
 What format? Brief record of decisions and actions, plus diary.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (3/6)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 1998 Days EN. E grade for last two years. Always on Daedelus ward (last 7 years).
 Some day shifts 3/2 nights / week. 4hrs/2ws. Role?? IC of ward + 3 staff. Sometimes IC of hospital over night.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (8/8)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 For nights see PB at h-overs

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (23/23)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Communications? All handover verbal (case notes)

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (26/27)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Stressed team approach to patient care. Gave examples for working together - informal and formal links.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (83/84)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Lead her to feel uncertain about who to get support from.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (95/95)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Good team ethos which keeps things working.

TEXT: Site Interviews-Monday.AnneMonk-Chair (8/12)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Regional Support. On edge of Region - Induction SE Regional if 18 months. Induction training for South West. Can go if Region, Chairs District. Twice yearly Chair meeting in London. Chair of clinical governance training meeting. Non-executive.

TEXT: Site Interviews-Monday.AnneMonk-Chair (14/16)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Skill mix - Down one person- use existing personnel. Concern about talent in Trust. Older persons <???. Ray Palmer - Non-exec into clinical area.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (40/44)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Thinks care of patients on ward is excellent but sometimes they are very busy and work has to be prioritised. They do get additional staffing sometimes when necessary. All nurses give their best and there is good team spirit-staff help each other

TEXT: Site Interviews-Monday.DrAltheaLord (21/22)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Meet with ward team before ward round invite social services and therapists.

TEXT: Site Interviews-Monday.DrAltheaLord (24/25)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Ward meetings also useful for getting feedback from staff about individual patients.

TEXT: Site Interviews-Monday.DrAltheaLord (27/27)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Where disagreement, usually compromise.

TEXT: Site Interviews-Monday.IanReid-Med Dir (49/52)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Joint working with Nurse Director? Eileen and I trust each other - we both see Clinical Governance as key responsibility. I would say we have a very close working relationship.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (79/80)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Knowing names of nurses - knows some people but it may be the case Ward Nurse knows DN names.

TEXT: Site Interviews-Monday.PeterKing-PersDir (56/57)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Try to stop problems becoming serious disciplinary matters.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (36/39)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Link with MDT working

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

- No meetings attendance on Sultan and Dryad.

TEXT: Site Interview-Thursday. **Code A** Sp-LangThera (109/119)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Ethical decision will be made by Consultant and documented in medical notes.
 Discussion with family and Consultant and nurse grade. Issues around swallowing
 eg. patient who refused to eat although had swallowing problem but consultant
 wanted to peg speech, therapist would not. Late stage dementia – Consultant wanted
 peg feeding – therapist felt quality of life said no and family decided no. Decisions –
 no MDT meeting not necessarily unilateral decision.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (133/135)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Meeting – not always at right time, weeks could go by before had opportunity to
 discuss nursing issues.

TEXT: Site Interview-Thursday. **Code A** HCSW (75/75)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Handover - 15 min overlap of shifts

TEXT: Site Interview-Thursday. **Code A** DT (64/67)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Previous experience of Daedalus - MDT working? It's a long journey coming from where it
 was 7/8 years ago when all continuity care but as is developed rehab has come on but not
 nearly where it should be therapy wise.

TEXT: Site Interview-Thursday. **Code A** DT (115/116)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.

TEXT: Site Interview-Thursday. **Code A** DT (119/119)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Feels empowered as a therapist in this area.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (61/63)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Improved cooked breakfast - discussed to team - didn't want them. - Not missed, gives
 more time to get patients up. Rest of hospital followed through.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (64/69)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Common approach to other wards
 Anne Haste
 Jill Hanton
 Philip Beed
 And many supervision meetings
 Monthly meetings and Toni Scandle

TEXT: Site Interview-Thursday. **Code A** DT (61/64)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 patients categories
 if patient wrongly referred for rehab-medically unwell-Bartel of 1
 criteria for bed planning

TEXT: Site Interview-Thursday: **Code A** DT (73/74)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 yes there is nursing involvement in decisions to refer fro therapy-this is ascertained through assessment.

TEXT: Site Interview-Thursday: **Code A** DT (101/102)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Joint work with physio-but would like more joint working

TEXT: Site Interview-Thursday: **Code A** DT (103/105)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Joint working with nurses and medical staff?- good with nurses, but ward is not as rehabilitative
 Time limit effects care plan

TEXT: Site Interview-Thursday: **Code A** DT (158/168)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Daedalus- ward manager
 Not very personable
 Very complacent
 E.g. need staff for visit- would not help give any staff away
 not very helpful in trying to resolve problems
 not very flexible
 not v.good communicator
 not hands on
 would speak to nurses about patient before going to him.

TEXT: Site Interview-Thursday: **Code A** DT (169/170)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Home assessment-nurse involvement
 And student involvement.

TEXT: Site Interview-Thursday: **Code A** phy (51/56)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 How engaged in goal setting? Work to be done, trying to do multi-disciplinary to work much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.

TEXT: Site Interview-Thursday: **Code A** WardClerk (93/95)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Support available – get nurse backup, clinical manager, part staff nurse senior, accountable to medical records manager.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (87/87)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 MDT meetings took place regularly.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (163/166)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Did put in grievance, one written - about Dr Barton and Sister Hamblyn. Letter to Barbara Robinson (early 2000) about feeling of being victimised. Not about syringe driver issue.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (171/173)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Dr Barton had asked Shirley if she would be better at QA. Shirley assumed this was because she had challenged Dr Barton.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (54/56)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Teamworking character. Very caring team put patients first but let down by documentation.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (164/165)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Seek EMI advise in night shift – confer between Mulberry and Dryad.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (22/23)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (30/32)
CODE: D Staffing & Accountability.D7 Team working (G:100)
So feels its essential to attend weekly departmental meetings (usually held at QA) every Friday, attends lunchtime meetings (12 - 2:30).

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (33/34)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Colleagues = Dr Lord, Dr Reid, Dr Pulia, and Joseph Akona.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (47/52)
CODE: D Staffing & Accountability.D7 Team working (G:100)
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.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (61/62)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Ward meetings? Ward Round x 1 per week in continuing care and more frequently in acute.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (63/66)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Any meeting with all staff oh yes, I like to have a multidisciplinary meeting with OT and PT as well - but in continuing care site where patients have finally come to rest that is not so necessary .

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (79/82)
CODE: D Staffing & Accountability.D7 Team working (G:100)
Presence of a regular, good resident Doctor has been a real boon - Josph (Dr Akona) is excellent, asks advice as needed. If a good Doctor is present - the consultant's work is easier.

TEXT: Site INterview-Wednesday.DrQureshi-Cltdryad (217/219)

CODE: D Staffing & Accountability.D7 Team working (G:100)
 Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (75/77)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (17/19)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Big palliative care book. Multi-disciplinary team, OT team, 30 A + Ds, speck and language, and dieticians, podiatry, and dentistry.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (38/38)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Team meetings held regularly. Clinical supervision.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (64/66)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (87/88)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Go along with wishes of patients and relatives - in the end it's a whole team decision.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (116/117)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 "We're a good team, we're a tight team- we've all worked together for a long time"

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (50/51)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Can attend ward meetings - used to be monthly. Staff changes have led to a lapse.

TEXT: Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs (10/15)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Phillip split into smaller teams - stroke and rehab + 2 others (4) from 2 teams. Hoped that was better organisation and help individual care. Did it help to get to know patients better? Yes. She has responsibility - she was team leader to the staff and patients. Reports to Phillip.

TEXT: Site INterview-Wednesday.MM: **Code A** HCSWDryad (20/25)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Work on a team basis in an E grade - accountable to her. Change teams so get to know different parts of the ward.
 HCSW - hands on - do most of nursing care. Pain relief would tell staff nurse if patient in distress. Patient assessment when patient came in.

TEXT: Site INterview-Wednesday.MM: **Code A** HCSWDryad (49/52)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 What's good about team - very tight - socially. Could raise concerns with everyone. Monthly meetings - decided clinical managers (off sick) - can input on to agenda.

TEXT: Site Interview-Wednesday.MM[**Code A**] HCSWDryad (53/55)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Team meetings - not for a while so short of staff. Every day agency staff - short-staffed.
 How deal with agency staff - usually put with a HCA.

TEXT: Site Interview-Wednesday.TinaDouglas-StaffNursSultan (25/28)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Slow turnover, low occupancy, little acute. Now new manager, more acute, better working.
 Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?

TEXT: Site Interview-Wednesday.TinaDouglas-StaffNursSultan (41/43)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 Signature - Toni's. Awaiting feedback from nurses. Rehab - CE decision? Discuss with GP
 rels with pt. Maybe Genaticea?? view also?

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (83/83)
 CODE: D Staffing & Accountability.D7 Team working (G:100)
 New changes - eg team working not a good development.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (236/238)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 MDT working, shared records essential, recent training essential, records not
 currently shared between medical and nursing staff.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (245/247)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 MDT working, shared records essential, recent training essential, records not
 currently shared between medical and nursing staff.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (248/250)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Therapists work closely with nursing staff on wards and a lot of effort has been put
 forward in MDF.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (40/42)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 MDT- all ward rounds- ward clerk also attends MDT
 Monthly reflective practice meeting and appointment social worker to ward

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (113/121)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 MDT working at ward level? In Daedalus have increasing involvement with patients
 of OTs and Physios. Concerned that OT not attached to wards. Can ward staff
 meet to locate common goals? (ie. teams really forming). No MDT on Dryad,
 Sultan. Daedulus does have MDT. No opportunity really. Do have an inclusive
 HODs meeting for GWMH.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (153/155)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Does not know who really has responsibility for promoting multi-professional
 working.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (158/160)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 In past, there has been little real multi-professional working or opportunities for this. Little multi-professional learning.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (8/8)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Meeting - reg ward meeting, handovers, reports.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (90/90)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Handover, handover of info enough, unsure go to notes.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Sult Ngt (11/13)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Good supportive team working at night: we're all good friends & try to support each other.
 Has attended one morning away day on Clinical Governance.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (45/45)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Written plan record left on ward & verbal record.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (96/97)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Has had close links with three words. Sultan - very positive, always open to suggestion.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClit (98/142)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Daedalus = has had more input in last two years. Pleasure working with them. As above.
 Dryad - least confident in, in terms of managing patients, may be more inflexible. Comes mainly from nurses (the inflexibility).
 Did not feel they were so open to suggestions.
 Spent a lot of time talking to relatives - to mediate and explain what was happening to patients.
 Often knew patients well and so was able to explain treatments and ways forward.
 Cannot remember whether it was 98 / 99 but there was period of intense work associated with changing role of ward.
 Redcliffe House was EMI moved to GWH.
 98 - ward changed from continuing care to rehab. Ward staff confused re role. Also for GPs there was some difficulties about treating different group of patients.
 Nurses found change from continuing care -> rehab patients quite difficult. Does not think nurses were involved in decision in change of ward.
 Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.
 Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.
 Gave example of patients relatives involved over decisions re internal feeding.
 Good support between wards ie in helping to manage difficult patients (patients with challenging behaviour).
 If patient cannot be handled on ward will admit to EMI ward for a few days to manage behaviour. EMI Nurses will interact more.
 This has been a significant change since 98 - involvement of patients / relatives in decisions re patient care.

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

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

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (100/102)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Dryad - least confident in, in terms of managing patients, may be more inflexible. Comes mainly from nurses (the inflexibility).

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (103/103)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Did not feel they were so open to suggestions.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (127/129)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Good support between wards ie in helping to manage difficult patients (patients with challenging behaviour).

TEXT: Site Interviews-Monday.Debra Hunt-telephone (17/18)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

There is inter-team meetings as well when the wards of the patient depend on it.

TEXT: Site Interviews-Monday.DrAltheaLord (23/23)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Discuss patient care plan in multi-disciplinary way.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (7/8)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Occasionally respite - Sultan. Mainly deals with Sultan.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (9/11)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

District dealing with leg ulcer and Hospital about weight loss - communication between ward and District Nurse about leg ulcer.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (64/64)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Professional level - dealings have been very good.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (75/76)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Daedalus. Lady had a stroke - DN deployed. Lady asked ward nurse to come and help.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (150/151)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)

Staff had no support. Good senior management, 6 months later meeting.

TEXT: Site Interview-Thursday.JamesHareChaplain (114/116)

CODE: D Staffing & Accountability.D8 Team working within a team (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-Thursday. **Code A** PhysioAss (54/54)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Relationship with staff MDT twice weekly.

TEXT: Site Interview-Thursday. **Code A** OT (112/114)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.

TEXT: Site Interview-Thursday. **Code A** OT (116/119)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Elderly mental Health problems
 -Staff not very well equipped with cognitive problems
 -use of bank nurses or HCSW who are not very well trained.

TEXT: Site Interview-Thursday. **Code A** phy (69/76)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Government forms and info and some INSET training - nurses need to be engaged and trained. How will this be implemented? Do have clear aim in her head - not a clear implementable plan. One problem will be identified link person together. Who to talk to about dining change - Nicky/ Manager - professional lead. Code A

TEXT: Site Interview-Thursday. **Code A** phy (77/78)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Get frustrated - nurses may not be as aware of MDT working as physios.

TEXT: Site Interview-Thursday. **Code A** phy (105/106)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Surveys on wards do not involve physio. Stepstones good as it gets.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (15/21)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 On days Dryad Ward FT for nearly 3 years. Was team-leader. Manager was Gill Hamblin - she was off sick for some time so Shirley became Acting Manager for some time. Had bad experience with Gill Hamblin. Heard rumour that Gill did not want Senior Staff Nurse post and did not see need for role, so uphill struggle from start (for Shirley).

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (22/34)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 All other staff were aware of tension. Shirley was unable to develop her own role. Situation became worse after Shirley had acted up. She implemented number of changes inc. helping hospital get IIP. When Sister Hamblin came back Shirley was frustrated at having to pull back on a number of other initiatives. Trust management was very good - offered mediation and tried to improve working relationships. Had investigation. SR Hamblin cleared and mediation offered by trust to resolve conflict between 2 of them. However, even with these attempts to improve the working relationships - Shirley felt unable to stay so applied for other job. NB. Shirley took out grievance.

TEXT: Site Interview-Wednesday.DebbieBarker-StafNurseDryad (15/17)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Multidisciplinary discharge meetings "as and when" Consultant ward round does not always result in a meeting

TEXT: Site INterview-Wednesday.DrJosephYikona-StaffGradePhysi (95/97)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Consultant Psychiatrists regularly called upon for advice and to see patients. Nurses can also seek advice from them.

TEXT: Site INterview-Wednesday.DrQureshi-ClitDryad (73/74)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Not had MDT meetings since he arrived but would like to have more.

TEXT: Site INterview-Wednesday.DrQureshi-ClitDryad (206/209)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Liaison and Dr Banks? Of course. We regularly get the psychogeriatricians involved in care of our patients. Hardly any of these patients (ie with memory problems, anxiety) are not seen by Psychoger.

TEXT: Site INterview-Wednesday.KatieMann-SenStaffNursSultan (20/22)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Big palliative care book. Multi-disciplinary team, OT team, 30 A + Ds, speech and language, and dieticians, podiatry, and dentistry.

TEXT: Site INterview-Wednesday.LynBarrat-StaffNursDryad (127/127)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Ask Dr Banks to visit patients where concerns.

TEXT: Site INterview-Wednesday.TinaDouglas-StaffNursSultan (53/54)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Challenging ??? MHE?? Assessment from Dr Banks, continuing care and pain??

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (40/40)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Had 6 weeks training in palliative care.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (61/62)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Ward rounds for Dryad and Daedalus, Dr Yikona (staff grade) can attend both ward round and team conferences.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (77/77)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Excellent links with Psycharity of old age

TEXT: Site INterview-Wednesday.YongPease-StaffNursSultan (46/48)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Palliative care - how access additional advice - need to establish if pain exists and where - is medication the answer? Will let GP know.

TEXT: Site INterview-Wednesday.YongPease-StaffNursSultan (52/53)
 CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
 Access MacMillan advice. GP second opinions - Dr Beewee - palliative care consultant acute does come in.

TEXT: Site INterview-Wednesday.YongPease-StaffNursSultan (56/56)

CODE: D Staffing & Accountability.D8 Team working within a team (G:100)
Oncologist - referral on to clinic to relieve pain.

TEXT: Site Interview-Friday.AnneHasteClinical manager (97/97)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
exit Interviews- there has been two received recently.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (275/277)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
As soon as incident happened she would meet with staff and debrief them, provide support and advice.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (34/39)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Things doing to improve the quality of working life?
Nursing in F&G - further behind in terms of work planning.
Nursing issues have been district wide eg. generic, locally been collected workforce figures - just got them to be useful (part of capacity planning) agenda.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (40/40)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
New PCT will set up on working lives group.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (7/8)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Morale is low due to communication between senior staff and frontline staff –

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (113/113)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Morale low – staffing problems.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (124/125)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Confidentiality is highly respected and therefore not all aware about 98 iidee.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (108/111)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts.
Ordered by management, happened regularly.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (74/75)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Morale on the ward is low. Staff very supportive of one another

TEXT: Site Interviews- Tuesday. Code A HCSWDaed (50/51)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Gets support from staff nurse for everyday things but Philip will help if there are more major problems.

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (26/27)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Morale low cos of 1998. Improve morale? Action? Rehab - cc esp big strokes.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (53/54)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Drinking problem - all the staff did it, not well handled. Not sure would be better now.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (125/128)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Support for staff during investigation: 1) encouraged use of counseling service; 2) organized support sessions and 3) offered to fund legal representation for any facing criminal or civil challenge

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (226/229)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Whistleblowing and open culture - thinks difficult to ensure that there is completely open culture. Feels serious concerns would rise to surface. Staff reps would phone him.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (26/29)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
gets good support from clinical manager-Philip Beed-and meets with him and other colleagues regularly to be given information about new developments and other trust issues

TEXT: Site Interviews-Monday.DrAltheaLord (162/163)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Investigation by police "three years of torture - it seems relentless".

TEXT: Site Interviews-Monday.DrAltheaLord (187/188)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
There was probably a delay between Dr B getting stressed out and help coming.

TEXT: Site Interviews-Monday.DrAltheaLord (195/195)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
98 - minimal cover (with greater strain on Dr Barten)

TEXT: Site Interviews-Monday.DrAltheaLord (209/209)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Would like to see improved morale on three wards.

TEXT: Site Interviews-Monday.IanReid-Med Dir (129/132)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Would it be difficult to have those type of discussions with her? No, but you would think carefully how to approach and I did not want to make her feel she was being pushed out, she had given so much.

TEXT: Site Interviews-Monday.PeterKing-PersDir (48/50)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Employee assistance programme, fast track assistance programme, staff counselling service, away days. Having a sympathetic boss is most NB for most employees.

TEXT: Site Interviews-Monday.PeterKing-PersDir (54/55)
CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
Staff surveys, demonstrates that they think good relationship with boss.

TEXT: Site Interviews-Monday.PeterKing-PersDir (62/62)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Employment of GP's in 3 wards: how has it managed?

TEXT: Site Interviews-Monday.PeterKing-PersDir (94/96)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Much staff involvement in policy development & even instigation (eg domestic violence policy) - group of 8 or 9 staff met & drafted policy.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (11/14)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 This had led to her being demoralised, unhappy with no respect or trust. This has been communicated to managers and union rep.

TEXT: Site Interview-Thursday.JamesHareChaplain (5/7)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Impression that staff morale very high but has not had much direct contact with staff. He arrived in 1999 after incidents.

TEXT: Site Interview-Thursday.JamesHareChaplain (8/10)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 He has not been invited directly to counsel staff, to meet with their team informally to discuss their distress or fears re. Investigations.

TEXT: Site Interview-Thursday.JamesHareChaplain (52/53)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Morale seems very good - staff seem committed and rates morale at least 8 on a scale of 10.

TEXT: Site Interview-Thursday.JamesHareChaplain (54/55)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 Morale seems very good - staff seem committed and rates morale at least 8 on a scale of 10.

TEXT: Site Interview-Thursday.JamesHareChaplain (61/63)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 James' predecessor in job built up sizable ministry in attending to staff but I haven't because I haven't sensed or picked up same need in staff since I arrived.

TEXT: Site Interview-Thursday.JamesHareChaplain (64/73)
 CODE: D Staffing & Accountability.D9 Staff Welfare (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.Joan LockExSisterSultan (45/45)
 CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)
 1998 one-sided, no reply to allegations

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (178/182)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Staff support

- peer discussion
- clinical supervision
- clinical manager.
- EAR counselling

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (198/198)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Morale very low.

TEXT: Site Interview-Thursday. **Code A** HCSW (3/6)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Marie Thorpe HCSW (Day Sultan). Only knew Tuesday she was coming, not seen ToR nor interview notes. **Code A** explained ToR to **Code A** and touching on the background.

TEXT: Site Interview-Thursday. **Code A** HCSW (102/104)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Sickness? Work extra or get agency. In last month has worked extra twice. Use to get "time back", now get paid extra.

TEXT: Site Interview-Thursday. **Code A** HCSW (106/106)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

"We managed quite well" with staffing level.

TEXT: Site Interview-Thursday. **Code A** HCSW (110/111)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Feels Trust kept people informed **Code A** Toni ??, Jan Peach - all.

TEXT: Site Interview-Thursday. **Code A** HCSW (112/112)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

She took over ToR/info sheet away.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (38/41)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Support during incident (of 98/9) good RCN - mixed from ??? Emphasised stressful nature of whole episode and felt that earlier thorough investigation by Trust may have averted escalation of complaint.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (35/47)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

All other staff were aware of tension. Shirley was unable to develop her own role. Situation became worse after Shirley had acted up. She implemented number of changes inc. helping hospital get IIP. When Sister Hamblin came back Shirley was frustrated at having to pull back on a number of other initiatives. Trust management was very good - offered mediation and tried to improve working relationships. Had investigation. SR Hamblin cleared and mediation offered by trust to resolve conflict between 2 of them. However, even with these attempts to improve the working relationships - Shirley felt unable to stay so applied for other job. NB. Shirley took out grievance.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (167/170)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Did put in grievance, one written - about Dr Barton and Sister Hamblyn. Letter to Barbara Robinson (early 2000) about feeling of being victimised. Not about syringe driver issue.

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (182/185)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Junior have not received as much support

- invited to CHI meeting directed at grade
- briefing with general discussion
- aware support is there

TEXT: Site INterview-Wednesday.AnitaTubrittSenStafNursDryad (197/199)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Culture – higher you are the more support you get, issue has been noticed. HRSW less training updates they feel they need or want.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (11/13)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

"I don't feel I've had the support I should have had before and during investigation (earlier incidents) - others feel the same way.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (113/115)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Numerous staff feel they have had very little support from senior management over the events and investigations

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (52/54)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Morale. Low because of the events. "Knocked it out of me". Feels patients well looked after. Would have her mother there.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (79/80)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

Wishes. Positive outcome, improvement in morale. A need to heal the local scene.

TEXT: Site INterview-Wednesday.MM[**Code A**]HCSWDryad (77/78)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

What good changes? NVQ2, Activity nurse - going on course - use music a lot/reminiscing.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (35/37)

CODE: D Staffing & Accountability.D9 Staff Welfare (G:100)

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