

Chairman - Anne Monk

When appointed - background?

Are you satisfied with the composition of the Board - do you have the right skill/experience mix?

RO support? What are your links with the RO/HA are they helpful and supportive. Examples of joint meetings etc.

How does the Board undertake its strategic function? How is the strategic agenda developed? How has the Board been involved in PCT consultation?

What formal links do you have with patient groups - eg regular meeting with chair of CHC?

What information based on patient surveys do you receive? Example of how concerns of patients have been addressed and care improved?

Have the Board members taken on a specific role? Eg has someone taken led for clinical governance/patient issues etc?

What regular performance monitoring information does the Board receive?

How does the Convener, David Lee feed complaints in to you and the Board?

What regular performance monitoring information does the Board receive?

What information do you receive around quality and complaints issues?

Are you confident that the Board would be able to identify and act around any worrying trends - any recent examples?

Do the executive directors stick to their professional roles or do they act corporately - examples?

What's your interpretation of the culture of the organisation?

Whistleblowing policy - role of Board, is there non-exec involvement? Has it been used - what kinds of issues & what outcome?

Chief Executive - Max Millet

When appointed - background?

Describe working relationship with Chair and Trust Board. Are you satisfied with the composition of the Board - do you have the right skill/experience mix?

RO support? What are your links with the RO/HA are they helpful and supportive. Examples of joint meetings etc.

How does the RO monitor trust performance? How would you categorise this working relationship? Supportive?

Focus on joint working with acute trust - has recent instability had an impact on community trust?

How does the Board undertake its strategic function? How is the strategic agenda developed? How has the Board been involved in PCT consultation?

What formal links do you have with patient groups - eg regular meeting with chair of CHC? Any informal links?

What has been your personal involvement in the issues raised through complaints in older peoples services?

What has been learnt as a result of these issues being raised?

What is your involvement in complaints? What kind of clinical advice is sought prior to your correspondence? Eg is nurse director involved if about care issues? Are all complainants informed of their right to request an IRP?

How are complaints linked into clinical governance framework?

What information on patient care (including) complaints do the Board receive - who identifies and monitors where improvements need to be made.

Whistleblowing policy - how often used? Outcome? How confident are you that every member of staff could raise a concern about a colleagues performance?

How would you begin to detect if unsafe practice were being undertaken? What would you expect to see and how would you react?

How has the trust supported those staff through previous investigations - especially Dr Barton?

How did you react to Dr Barton's concerns over clinical cover and increased case complexity? (letter to Ian Reid, MD 28.1.00) Was anything done?

How prepared is the trust for the PCT? What will be the main impact on the care of older people?

Dr Jane Barton

How long did you work as a clinical assistant?

What are the main responsibilities of the role?

Where you aware of any change in complexity of patients?
What was the impact & how was this managed?

Understand you raised concerns with Dr Reid - what was response?

When did you first become aware of Mrs Mackensie's complaint? What was your input into the trust's response?

How were you able to work as part of the team - what was your involvement in team decisions

How were you supported during the police/GMC investigations? What support would you have like to have had?

Role of HA and the Cause for Concern process?

Describe the process for assessing patients on admission. Who made the initial assessment? What would have happened to the patient in the first 24 hours?

Were patients/relatives given the choice to die at home/hospice?

Could you let us know of any palliative care training you have had - when?

Were there any links with the palliative care team at the acute trust? How kept practice up to date?

What training in controlled drugs use? Kept up to date?

What was practice for pre-prescribing on admission? What was routinely prescribed? When was this reviewed? By Whom? Were there any core care plans?

How were deaths certified?

Any training on breaking bad news etc?

How was your practice supervised? Appraisal? Who would you call on for senior input & under what circumstances? Was this routinely available?

**General Manager - Fiona Cameron/Deputy General Manager -
Barbara Robinson**

How long in post - who in post previously? - any gaps?
(Fiona)

How do your dual managerial and nursing accountability
work in practice - do you report to 2 directors? (Fiona)

Community enabling service - impact on quality of care?

Responsibility for Risk Management? - Divisional reviews?
- how identify trends / problems? Any examples of trends
which have led to a change in practice and improved care?

Impact of 11/00 stroke rehab patients on the elderly care
wards?

How would you be expected to know of poor performance?
What steps would you take? What is the trust poor
performance framework?

How are you confident staff would feel able to raise
concerns with you? Any examples?

What information do you routinely receive about quality
issues - including complaints - what happens to that
information. How is any action monitored - how do you
check changes have been implemented?

PALS and Patient Forum expectation have been taken
forward on experimental basis by Elderly medicine (Acc to
clinical governance dev plan 2001/02) what has been
impact?

How have staff been encouraged to record critical
incidents and drug errors? What happens to this
information?

How has the service learnt from the complaints raised?
How are you sure?

Do you have any links with the RO performance monitoring
team - what are they - do you receive any feedback?

GP' s

Out of hours arrangements? - weekend / nights?

Any involvement in NSF work?

How link into the trust's systems?

What do the wards feel like to work on - general atmosphere?

Any recent change in casemix? How has this been managed?

What training do you have in elderly/palliative care?

Who supervises your clinical work for the trust? Have you had an appraisal?

How would you go about raising a concern about a trust colleagues conduct?

Medical Staff

Impact of closure of Haslar on medical take.

Case mix = increase in complexity? ->
more specialist intervention? -
urgent transfer protocols?
out of hours?

Who makes initial assessment of patient? How is this communicated?

How do you access senior medical input? What happens out of hours?

Links with stroke & palliative care teams at acute hospital?

What good practice links are there with St Christophers on cont care & Petersfield for stroke care? Any examples?

Medical Director

Outline of role - number of sessions? Outline of role as a care of the elderly physician - any conflicts?

Lead for clinical governance - outline of role?

How often does he attend divisional review meetings?

Examples of joint working with Nurse Director - eg clinical governance/quality.

District Audit review 98/99 - more work needed to be done with clinical staff on openness and supporting staff alerting senior management of poor performance - what was done?

- Continuing Professional Development?
- R&D?
- Clinical audit? - who sets agenda, what is his input who ensures findings disseminated? Examples of how practice has changed

Role in NSF?

How are good practice and joint learning shared between the community hospitals eg GWMH with Petersfield's stoke work?

What was your reaction to Dr Barton's letter (28.01.00) outlining her concerns about complexity of patients and adequate medical cover? What was done?

Who undertakes your clinical appraisal? How are you appraised as medical director?

Trust Convener - David Lee

How long been in the role?

Any support/training from RO?

Do you have a trust board role on complaints? IS there an annual report on complaints?

What routine information do the board receive? How are trends identified?

Are all complainants explained of there right to request an IRP?

How are IRP reports discussed by the Board - who undertakes action planning? Does the Board receive progress updates?

How does the Board function as a team - is the level of information you receive sufficient?

Quality of Lay Chairs appointed by RO?

HCSW

awareness of Clinical Governance - attendance at away days?

Are you aware of clinical incident forms - could you tell us about the last one you filled in? What happened? Are you encouraged to report near misses?

What is your role around drug administration? Have you received any training on controlled drugs checking? Do you do this often - how does it work in practice - examples

What would you do if you felt one of your colleagues was not administering drugs correctly?

How are you involved as part of the team? Do you attend any team meetings.

What is the ward like as a place to work? General atmosphere?

Is there anything which concerns you about how patients are looked after?

What is your role around helping patients to eat? How do record if someone has not eaten/had any fluids.

Staffing levels?

Finance Director

Executive director of Risk Management – how does this link in with MD’s responsibility for clinical risk?

How do the executive directors work as a team – give examples?

How prepared is the trust for the move to PCT?

Ward Nurses

Designated key worker system? How does it work?

- how do you involve patient / family?
- How assess risk?

Use of risk event forms

- feedback from risk event database?

How are you made aware of any new guidelines? Can you give an example of any you have had a direct input into?

How are your skills and experience used on the ward to influence how patients are cared for? Eg - if you have specialist knowledge how are you able to share with your colleagues.

Have you worked on any of the other elderly wards? Any differences?

Training in syringe drivers/drugs competency/care of the dying/palliative care/older people?

What is done in first hour/12/24 after admission? Who undertakes first assessment of patient? How is this communicated to the doctor/rest of team?

Is there a core care plan? Who writes this up? When is this done? Typically who is involved in the decision as to how a patient is cared for?

Does the ward have a clear sense of leadership - if you have a problem - do you know who to speak to & are you confident of getting constructive help?

What would you do if you felt one of your colleagues was behaving inappropriately? Eg not administering drugs correctly?

How are you involved as part of the team? Who attends team meetings? Do you feel able to raise concerns at these meetings? How are they run?

What is the ward like as a place to work? General atmosphere & staff morale?

Is there anything which concerns you about how patients are looked after?

What is your role around helping patients to eat? How do record if someone has not eaten/had any fluids.

Staffing levels? Are these adequate - how are any vacancies covered?

How does clinical supervision work?

Impact of night skill mix review?

Daedalus

Concern Aug 2001 around staffing levels & 10 incidents - has this changed - what happened? Any vacancies?

Nurse input into admission guidelines produced by Dr Lord in 2000? What has been the impact?

Sultan

How does clinical governance impact on the ward?
To what degree do you feel integrated into the trust?

What are the benefits/dibenifits of GP led care?

What happens out of hours - how do you call in medical support?

Drugs...

Dryad

Are ward meetings being held at the moment - what was discussed at the last one?

Ward sisters/charge nurses/senior nurses

How identify / act on inappropriate behaviours?

Use of data from clinical effectiveness department?

Exit interview feedback?

Nominated nutritional representative?

Service Manager - Jan Peach

How does your dual nursing and managerial accountability work in practice.

How would you identify poor performance

How follow up drug errors?

Noted that the recent nursing practice audit was excellent on all 3 wards - why do you think?

Nurse Director

Are there sufficient staff on elderly wards? Impact of agency staff?

Has there been a recent skill mix review in elderly services- what was the outcome?

What is your involvement in clinical governance?

Give us an example of joint working with the medical director which has improved patient care?

How do you become aware of complaints with a nursing/care element?

Role of the nurse consultant - how will this improve care of older people - what are your expectation?

Could you describe the process a new policy such as that on

What is the nurse input in bed management?

Do you have a strategy for nursing older people?

Dir Personnel

- Exit interviews
- Since 1998
 - Dryad - 1 dismissal }
 - Daedalus - 1 dismissal } what for?
- Bogus clinician. 2000/01 Q4 Deadalus - 1 incident