

Clinical Governance.K1 Trust arrangements	Site Interview-Friday.AnneHasteClinical manager	'Rogue Doctors' talked to directly, otherwise Chairman of Local medical council and Toni Scammel.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.EileenThomas-NursingDir	Processes of system in clinical practice since 98: have been major changes in 3 areas: (9) Management of pain training related to it triggered by incidents, primarily for nurses. (10) Very broad variation in clinical practice in trust so clinical practice development programme appointed f????????? to ensure s???? of good practice and circulation of evidence-based practice. We would have commissioned an investigation without question if it hadn't been for police investigation starting.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.EileenThomas-NursingDir	Initiated post-grad. Certificate on clinical governance.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.EileenThomas-NursingDir	Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.
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Clinical Governance.K1 Trust	Site Interview-	

arrangements	Friday.EileenThomas-NursingDir	After complaint went to police – dealt with by Max and Quality Group regarded as Medical Incident that would not happen now with incident and risk management and clinical governance.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.IanPiper/FionaCameron	Massive piece of work in terms of audit in Gosport - next step analysis of work.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.IanPiper/FionaCameron	Complaints - formal learning system. Reported through divisional review - TB in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.IanPiper/FionaCameron	RM group. Divisional lever - lead in divisional areas. Supported by NED - for really critical incidents. Process to review critical incidents info. Circulated to CRM and handover to MD and ND.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.IanPiper/FionaCameron	How to ensure safe practice? Huge raft of ways if not safe eg. results from audits.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.IanPiper/FionaCameron	Risk reporting introduced in 1999. Trigger RM - would fill in one at complaints.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.Jeff WattlingChiefPharmic	members of pharmacy staff e.g. Code A could repeat problems to Jeff and this was done in respect of Jean Dalton. Trust has attempted to handle her dismissal difficulties, sickness etc no problem with her clinical work , 'attention to detail' pension (Code A is Pharmacist who had resigned).
Clinical Governance.K1 Trust	Site Interview-Friday.Jeff	

arrangements	WattlingChiefPharmic	Pharmacists look for existence of guidance, and whether they are being adhered to by prescribers
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.Jeff WattlingChiefPharmic	Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.Jeff WattlingChiefPharmic	pharmacists do review scripts but have infrequent (meetings)? With sole doctors e.g GPs notes are left, but pharmacist do record on interventions.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.Jeff WattlingChiefPharmic	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
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.Jeff WattlingChiefPharmic	Confidence in systems to pick up errors in prescribing 5/10
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.Jeff WattlingChiefPharmic	Would like IT system to capture data e.g hand held help analysis Its presented BCs for improving pharmacy IT.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.MaxMillett-CEO	Enough leadership roles - Broadening Of Clinical Governance balance with softer end. Improvement is patchy, but in every part of the hospital.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.MaxMillett-CEO	Front line staff are much more evidence based and reflective. Goes to therapy appraisals

Clinical Governance.K1 Trust arrangements	Site Interview-Friday.MaxMillett-CEO	Patient care experience should have clear pathway of care. Clinical governance will be collection of Trusts - over a wide area.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.MaxMillett-CEO	Would be flabbergasted if whistle blowing would not be fully operational. Was in place in 1998.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.ToniScammell-SenNursCoord	What other priorities? Now looking at (3) drug administration with audit team (4) documentation Had away day in June 01 and others flagged up.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday.ToniScammell-SenNursCoord	Were going to look at document audit, but waiting to see if it becomes a benchmark tool for essence of care.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.BarbaraRobinson-DepGenMgr	Aims - develop nursing staff, 5 clinical governance groups, reflecting?? Sites and function - she runs a monthly group - includes Pharmacy/Chaplain. Also does Bed management.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.BillHooper-ProjDir	Whistle blowing - national feeling generated need - 1yrs to create policy - circulated in draft to nurse - policy was created to, open culture - has worked in other units - Q&A Philipinos=racial tension b/w south Africans & Philipinos. 3 wards.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.FionaCameron-Gen	Risk management - chair offered it ??? committee. All critical incident forms received ??.

	Mgr	No example.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.FionaCameron-Gen Mgr	?? Review around risk assessment process. Health ?? ?? 7 - 9's (scale 1 to 9) 1 year old no examples given. No risk assessment example ?? dates to potential complaint. ?? complained re plastic ???
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.FionaCameron-Gen Mgr	Service Manager calls Fiona when there are complaints. 5 complaints received re three wards. Documentation of interaction with relatives has improved.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.FionaCameron-Gen Mgr	Whistle blowing - "should be good". Cannot give an example. Possible whistle blow for nurses.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.FionaCameron-Gen Mgr	Critical incidents some over reporting? Assaults - no example given except nurse "found on floor" recently.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.FionaCameron-Gen Mgr	Quality manager. Takes care of Clinical Governance. No longer report to Fiona - Regular monitoring through Divisional Reviews. Pointers for the future. 1. Intermediate care - 2. Elderly services more closely integrated - 3. Career structure improved.
Clinical Governance.K1 Trust arrangements	Site Interviews-Tuesday.JaneWilliams-NursClt	Care pathway? Have an organisational pathway. Have guidelines (yellow manual). Audit use National Central Audit. Other wards: occasion contact eg needing advice.

Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Whistle blowing could ring consultants at Q&A.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday.VickyBanks-LdClf	Efforts are being made to ensure clinical governance framework is taken forward in new organisation.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	How does he know the hospital is safe now? He has made major changes in last couple of years; quality management system used to be very paper-driven with little impact on the wards and noone leading the job with the time to do it properly (nurse director used to have responsibility in addition to her other roles). Now have whole new QMS with responsibility shared by senior management
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	Eileen Thomas appointed to ensure evidence-based good practice introduced and integrated into clinical practice; now he is confident that clinical practice on the wards is safer : getting direct feedback of this through network set up by Eileen throughout the trust
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	Nurse director has 'uncovered some very uncomfortable things'
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	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.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	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
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	In terms of clinical governance - 10 year cycle - believes trust well on way.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.Eileen Thomas Nursing Dir	Ian Reid leads for clinical governance; have regular informal meetings to discuss; research committee started to help with CG work
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	He is Clinical Governance lead - initially he held series of workshops and his consistent theme is that Clinical Governance is about how clinicians/staff practice and to increase quality of care and the Trust's role is to facilitate process.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	Decided to keep Clinical Governance Panel as small as possible but also have the: CG Reference Panel = Membership = Non-Executive and Executive Director, Consultants, all Nurses with CG responsibility, all pool Heads, CHC Chair, IT Director. Met x 5 in workshop mode to spread message, encourage ownership.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	Each Division has quarterly Reviews and use this existing vehicle to monitor is always first agenda item.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	CG activities - Ian or Eileen are either (or both) members of various relevant panels.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	District Audit - not sure of details - identified various needs that CG Agenda that came in

		subsequently addressed.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	R + D activities quite small - he is Trust's R + D Lead Officer. @ £17,000 per annum -> SpR or Physio as example.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	Clinical Audit eg Elderly Medicine at Gosport eg 1999 Neuroleptic prescribing sentinel stroke in top 10% x 2. Programme always includes reaudit.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.IanReid-Med Dir	Good Stroke service within District - how is good practice spread. 5 CG groups within Elderly Medicine, - acute, rehab, continuing care, district hospital, community hospitals, both include Gosport, Fareham and Petersfield.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday. Code A Coporate Risk Adv	Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday. Code A Coporate Risk Adv	Taps into Trust seminars, ALARM - Trust is member, S + W Risk Managers Consortium - 18 Trusts - set up when bought insurance, offers Risk Profiling Course - wants to do.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday. Code A Coporate Risk Adv	Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday. Code A Coporate Risk Adv	She holds central register of Risk Assessors per area and she provides training and refresher courses.



Clinical Governance.K1 Trust arrangements	Site Interviews- Monday. <b>Code A</b> Coporate Risk Advt	Clinical Incident Reporting. Low, Middle, High and Critical plus near miss options at all levels, includes drug error.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday. <b>Code A</b> Coporate Risk Advt	CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday. <b>Code A</b> Coporate Risk Advt	Whistleblowing policy. Any member of staff can go to any Manager to report. Wrote article in 'Communicate' that if not happy to report through reporting system could report to whistleblowing eg pregnant staff / change of duties concerns can be reported to non Executive.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday. <b>Code A</b> Coporate Risk Advt	Database since Jan 1999. Falls / found on floor @ 50%. Lead to 3 falls GPs being established. EMI @ St James, Elderly Medicine, Community, but also raised awareness so number of incidents actually rose.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday.LesleyHumphrey- Quality Manage	System where was a sig action plan - followed by quarterly meeting should say had done it - if not why not.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday.LesleyHumphrey- Quality Manage	Trust board meetings presented complaints rep - private part would ? by Trust Board members around high level complaints and summary of others. Trust board are proactive.
Clinical Governance.K1 Trust	Site Interviews-	

arrangements	Monday.LesleyHumphrey- Quality Manage	How do nurse and Medical Directors fit in? - were there for advice - complaints team cross reference with Max and Medical Director and Nurse Director where appropriate.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday.PeterKing-PersDir	Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday.PeterKing-PersDir	Discussion of quality issues by board - mainly through clinical governance panel. Divisional presentations to board on regular basis, particularly when hot issue (eg Dryad & Daedulas). In past, GWM was one of the most poorly staffed. Aspired to goal of 60% qualified & 40% unqualified staff.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday.PeterKing-PersDir	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.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday.PeterKing-PersDir	Unable to give any eggs of Trust requiring staff to attend training as, because of a response to complaints or identified poor practice.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <b>Code A</b> Clin Risk Advisor	Doing it for one year. Before that was recruitment and risk, now WAL W Hampshire NHS Trust specialising in Mental Health (RMN background).
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <b>Code A</b> Clin Risk Advisor	Previous risk advisor went off sick. Trust had "care key" software - several years. He developed the data base to a usable form.

Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Screen adverse forms, classify, grades them, discusses / disputes severity rating. Near miss, Actual - severity grading. Grades - number / service/type / divisional reports to managers of divisions. Can get more refined detail. System is slick, can provide trend analysis, find risky times of day.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Eg 1 Clinical audit request data eg on FALLS, timing or drug round, use of hip protectors.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Division request detail of drug management errors. Can search by name / number/ Dob etc.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Enter into Care Key then sorted by Access to Clin gov groups.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Many more beds at GWMH - so more incidents. On a prorata basis - slightly lower than average.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	With W Hampshire from 12.11.01. Director of Nursing at GWMH buys hime back at 1 day per week to check data input accurately and advise on how to use system.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	He had to deploy considerable IT skills to make system work. Other trusts use Ulysses system.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk	He feels reports/ information is used, read, people including Chairman of Trust react to it.

	Adivsor	Can demonstrate favourable trends denoting effective action.
Clinical Governance.K1 Trust arrangements	Site Interview-Thursday.DrBeasleyGP	???? development - no consultation.
Clinical Governance.K1 Trust arrangements	Site Interview-Thursday.DrBeasleyGP	Period of osmosis over the years.
Clinical Governance.K1 Trust arrangements	Site Interview-Thursday PractDev\Facil <b>Code A</b>	Has wide remit in her role of Clinical Governance - not much in corporate. Sees Toni Scannel on general matters only every 3 months. Toni might raise training needs of staff in ad hoc way.
Clinical Governance.K1 Trust arrangements	Site Interview-Thursday PractDev\Facil <b>Code A</b>	Meets with Toni Scannel regularly.
Clinical Governance.K1 Trust arrangements	Site INterview-Wednesday.KatieMann-SenStafNursSultan	Risk incident forms filled in for any untoward incidents eg theft. System does respond. Copies go to occupational therapy - good feedback.
Clinical Governance.K1 Trust arrangements	Site INterview-Wednesday.TLDrRavindraneConsult	Chaired Clinical Governance Group (Acute). Feeds into service meetings - Lesley Humphrey, Clinical Governance groups stroke. Day Hospital Rehab Continuity Care. Appraised by Dr Dowdo/Jarrett.
Clinical Governance.K1 Trust arrangements	Site INterview-Wednesday.TLDrRavindraneConsult	In charge of Acute Clinical Governance group meeting of those involved - Clinical Governance work as a team. Service planning meeting chaired by Leslie Humphrey. Meets monthly. Stroke, Rehab, Day Hospital, Acute, Continuity Care, Clinical Governance Group.

Clinical Governance.K1 Trust arrangements	Site Interview- Wednesday.YongPease- StafNursSultan	Clinical governance. Brilliant on paper. Cannot live up to it.
Clinical Governance.K2 Ward arrangements	Site Interview- Friday.MaxMillett-CEO	Blockages to change - choices - culture of ward levels. More objective blockages than culture. There's no such thing as "open culture". Difference in culture and beliefs between three wards.
Clinical Governance.K2 Ward arrangements	Site Interview- Friday.ToniScammell- SenNursCoord	Now assess your getting skills you need/want? Observing, action learning, clinical governance groups. In Daedalus all F16 grades have acute learning groups.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.FionaCameron-Gen Mgr	Increasing number of patients arriving with degree of dementia.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <b>Code A</b> HCSW Sult Ngt	<b>Code A</b> has never been directly involved in a near miss, ??? witnessing or recording it.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <b>Code A</b> HCSW Sult Ngt	<b>Code A</b> would feel confident about reporting concerns about conduct of performance of colleagues to staff nurse.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Concerns about Colleague's Performance? Would talk it over with a colleague - policy was available. Culture did enable this.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.JaneWilliams-	Clinical Governance GP (x3). How do you check changed practice: Mentors revised

	NursClt	workshops. Mentor in clinical area.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.SWDaed <b>Code A</b> HC	?? all aren't incident ?? . filled one in last week for pt who fell. Forms go off to Tony who collates them. Patient was reassessed in this instance.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.MarilynBarker-ENNursDaed	New misses? Risk event form. Never done it.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.MarilynBarker-ENNursDaed	Policies? Made aware of it - not sure how well informed about things.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Risk forms received for falls, short staffed, (causing patient risk). Care plans raised for all patients. Patient centred.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Aware of Clinical Governance.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Untoward incidents: what policy? Risk assessment form - then to PB. New form, for all occasions completed a few. Get feedback - no but nothing major.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	New policies sent out and memo from Philip Beed.
Clinical Governance.K2 Ward arrangements	Site Interviews-Monday.Debra Hunt-telephone	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.

Clinical Governance.K2 Ward arrangements	Site Interviews- Monday.Eileen Thomas Nursing Dir	Trust had developed strategy for risk reporting
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday.IanPiper-Ops Dir	Team have own clinical governance service plan - with lead consultants ie GWMH - F + G Team Management. Consultant engaged on CG Team (nurses involved CG nursing) -> Clinicians attend formal reviews -> Clinicians present papers.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <b>Code A</b> Coporate Risk Advt	When form completed - by any member of staff -> goes to manager responsible for that area who is responsible for completing action plan / taken and then -> service manager who validates severity and can take overview of trends. Forms then to Julie or Steve, not split bet non clinical and clinical risk - both involved in reviewing.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <b>Code A</b> Coporate Risk Advt	Quarterly Reports (Julie and Steve produce) sent to Trust, Service Managers, should go to wards.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday.PennyWells-District Nurse	Whistleblowing and supervision used very positively among DN's.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday.PennyWells-District Nurse	Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Medicines management

Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Culture was for over-reporting, eg drug errors were not all "errors". Eg getting noon drug at 13:00 hrs because delayed in therapy. Others - wrong time or wrong drug.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <b>Code A</b> Clin Risk Adivsor	Division request detail of drug management errors. Can search by name / number/ Dob etc.
Clinical Governance.K2 Ward arrangements	Site Interview-Thursday.Joan LockExSisterSultan	Sultan No complaints about treatment, which was already established. Complaints about loss of property and allied matters She would reassure relatives after death that they had looked after their relative well. that carers do a wonderful job and staff have tried to support them
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Risk events feedback. Tends to be the same person so verbal feedback.
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <b>Code A</b> PractDevlFacil	Complaints. Good example with lessons from Petersfield but unable to report on how and whether learning from complaints has happened at Gosport.
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <b>Code A</b> PractDevlFacil	Has done no Critical handling review in Gosport. Staff must make decisions to change. 7 multidisciplinary meetings not very effective.
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <b>Code A</b> PhysioA ss	Doing risk assessment MDT. More apprehensive about CHI



Clinical Governance.K2 Ward arrangements	Site Interview-Thursday phy <b>Code A</b>	Surveys on wards do not involve physio. Stepstones good as it gets.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.DrJosephYikona- StafGradePhysi	Clinical risk reports: Has never filled in any of them - leave it to nursing staff here.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.DrJosephYikona- StafGradePhysi	He does ask nurses to fill in risk event forms were necessary.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.DrJosephYikona- StafGradePhysi	Agrees that there have been instances of adverse incidents (while he was at departmental meetings at QA) in which he should have completed report but did not (eg patient falling out of bed and becoming distressed).
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.KatieMann- SenStafNursSultan	Risk incident forms filled in for any untoward incidents eg theft. System does respond. Copies go to occupational therapy - good feedback.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.LynBarrat- StafNursDryad	Whistleblowing - would you feel comfortable with policy. I would have to have go at sorting it myself first - would discuss / warn but if observed again would then go to Manager.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.LynBarrat- StafNursDryad	Any experience? Not gone to senior, but have taken colleague aside and said practice inappropriate was not anything too severe.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.MargaretWigfall-	Critical incident form. Fills them in, frequently for falls, or if short-staffed. Need time to

	ENNursDryadNt	provide care.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt	Response to Risk forms. Short staffed even through forms are filled in but skill mix review resulted in extra staff.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.MM HCSWDryad <b>Code A</b>	What do if felt not good practice on ward? Eg. care/attitude. Would respond to team leader Jan Peach handled well and resolved the situation.
Clinical Governance.K2 Ward arrangements	Site INterview-Wednesday.MM HCSWDryad <b>Code A</b>	Reflective practice - patient falls - assess on floor - incident - reflect on wrong choices
Clinical Governance.K3 PCT arrangements	Site Interviews-Tuesday.VickyBanks-LdClf	Efforts are being made to ensure clinical governance framework is taken forward in new organisation.
Clinical Governance.K3 PCT arrangements	Site Interviews-Monday.07.01 Max Millet-CEO	However, his priority over the past year is to arrange a smooth handover to the PCT so haven't had time to go on wards very much
Clinical Governance.K3 PCT arrangements	Site Interviews-Monday.DrAltheaLord	Dr Lord will stay with Fareham and Gosport after PCT gets going.
Clinical Governance.K3 PCT arrangements	Site Interviews-Monday.DrAltheaLord	She does day hospital popular weekly clinic on top of QA duties and GWM work

Clinical Governance.K3 PCT arrangements	Site Interviews- Monday. <b>Code A</b> Coporate Risk Advt	CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.
Clinical Governance.K3 PCT arrangements	Site Interviews- Monday.LesleyHumphrey- Quality Manage	Jan 2001 - corporate governance. What carry on doing and what PCT's needed to do themselves eg assessment of complaints.
Clinical Governance.K3 PCT arrangements	Site Interviews- Monday.PennyWells-District Nurse	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.