

TEXT: Stakeholder.MrsRichards (67/70)

CODE: NC No Code (G:100)

No temperature/cough or other signs of pneumonia/chest infection. Death certification not mentioned recent surgery in last 10 days - death certificate not correct. Registrar said not.

TEXT: Statutory Stakeholder.Interview with Dr Warner.22.1 (11/13)

CODE: NC No Code (G:100)

In LMC's view, Althea Lord and colleagues are excellent: 'we have great confidence in the consultants at GWM'

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (15/16)

CODE: NC No Code (G:100)

SERO were first alerted by health authority through their comms. Department

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (17/20)

CODE: NC No Code (G:100)

* Tracked down special untoward incident report about Gosport on SERO database

* SERO database doesn't go back far enough to show historic trend of SUIs at Gosport

TEXT: Statutory Stakeholder.Interview with SERO.19.11.txt (42/56)

CODE: NC No Code (G:100)

* How would SERO know that GWM is safe for patients? 1) look at numbers of SUIs and discern trends over time; 2) pick up concerns through local intelligence, primarily through meetings between health authority and region at managerial and professional level; 3) look at clinical governance reports - 'best we can do is to know that the processes are good'; civil servant in charge of complaints said that SERO hadn't been monitoring numbers of complaints from GWM

* SERO will send controls assurance and drugs handling protocols

* How would region learn from complaints? "We don't!"

* There hasn't been convenor training in area for last two years; lay chairs are trained but that's a trust responsibility