

CODE: NC No Code

Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove

Attended handover meeting started at 7.30am

CODE: NC No Code

Site Interviews-Observation.Therapy-Thurs

Margaret has involvement in Falls. Staff competency levels chart on wall - needs updating but leaving as currently reorganising service.

CODE: NC No Code

Stakeholder.MrsRichards

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.

CODE: NC No Code

Statutory Stakeholder.Interview with Dr Warner.22.1

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

CODE: NC No Code

Statutory Stakeholder.Interview with SERO.19.11.txt

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

CODE: NC No Code

Statutory Stakeholder.Interview with SERO.19.11.txt

- \* 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

CODE: NC No Code

Statutory Stakeholder.Interview with SERO.19.11.txt

- \* 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

1

g:\investigations closed\gosport\winmax\no code\macrotable\newcodes part2.doc