

CODE: NC No Code

Site Interview-Friday.AnnHasteClinical manager

In Post since 1996-qualified in 1990-Staff Nurse and Acute Elderly medicine-Senior Staff Nurse-managed community Hospital ? and OPD and minor injuries

In Gosport 2 and half years as ward manager-June 1999

No other ward involvement

Worked occasional night duty

Network with other wards, need or in meetings. Some staff rotates due to staff shortages.

CODE: NC No Code

Site Interview-Friday.BarbraMelrose -Complaints

12 hours a week-'spare part' worker

mostly worked at Acute Hospital

1996 Started on complaints procedure

Works single handed

1998 worked with Lesley Humphries 050percent workload

CODE: NC No Code

Site Interview-Friday.EileenThomas-NursingDir

Processes of system in clinical practice since 98: have been major changes in 3 areas:

(5) Management of pain training related to it triggered by incidents, primarily for nurses.

(6) 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.

CODE: NC No Code

Site Interview-Friday.IanPiper/FionaCameron

Sharing learning, common membership of review teams, who did review teams?

CODE: NC No Code

Site Interview-Friday.IanPiper/FionaCameron

Community hospitals have contracted group both bits of patch good practice. Internal networks.

CODE: NC No Code  
Site Interview-Friday.IanPiper/FionaCameron

Broader themes - nutrition.

CODE: NC No Code  
Site Interview-Friday.Jeff WattlingChiefPharmic

Have filled sickness vacancies by going over budget

CODE: NC No Code  
Site Interview-Friday.Jeff WattlingChiefPharmic

Would like IT system to captivate data e.g hand held help analysis  
Its presented BCs for improving pharmacy IT.

CODE: NC No Code  
Site Interview-Friday.JoTaylorSenNursDayWard

Worked on Mulberry EMH  
Now on Dolphin Ward  
Team co-ordinator, Community co-ordinator and outreach CPN.  
Examine assessment of needs, work in conjunction with medical wards.

CODE: NC No Code  
Site Interview-Friday.JoTaylorSenNursDayWard

Senior Management support pay rise.

Management support and told not to worry about CHI.

CODE: NC No Code  
Site Interview-Friday. **Code A** SeniorDiet

Retired 3 years ago - 1999. Part-time 2 days a week from 2000 for 2 years. Feels things have improved vastly that have addressed any issues arising from 98.

CODE: NC No Code  
Site Interview-Friday. **Code A** Telephone Int

Been at GWMH year and a half - new to the trust.

CODE: NC No Code

Site Interview-Friday. **Code A** Telephone Int

Communications - people open with constructive criticism and praise.

CODE: NC No Code

Site Interview-Friday. Text Jerry Clasby-SenNursColW

HCSW-some have done NVQ's -get them very well trained and so often do Nurse Training  
Not done an ALERT course- it is relevant but not done

CODE: NC No Code

Site Interview-Friday. Text Jerry Clasby-SenNursColW

Result because concern medical wards too early

CODE: NC No Code

Site Interview-Friday. Text Jerry Clasby-SenNursColW

Have dual trained nurses on ward sometimes

CODE: NC No Code

Site Interview-Friday. Text Jerry Clasby-SenNursColW

4 consultants and staff X3 staff grade doctors and one part-time

CODE: NC No Code

Site Interview-Friday. Text Jerry Clasby-SenNursColW

works well with resources

CODE: NC No Code

Site Interview-Friday. Text Jerry Clasby-SenNursColW

Chaplain visits weekly-takes an interest  
Sees terminally ill people

Not involved in care plans

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

Healthcall anticipatory prescribing  
Get doc in, theoretically  
Over weekend would use healthcall

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

anything like to improve  
and trained staff  
better ground floor  
well off equipment  
Medicine and pressure releavers reason patient get and complex.  
Lack of financial supply, money etc are part of hospital

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

Mulberry Ward is? Royal Collingwood

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

Talk of H Grade to work on other wards

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

Disengage with this and 'they'

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

Line Manager Julliete diamond  
St James and Alistair Mc Naughton  
Very recent change  
Southeast Hants

V fragmented

CODE: NC No Code

Site Interview-Friday.Text Jerry Clasby-SenNursColW

are kept updated on whats happening by trust

CODE: NC No Code

Site Interview-Friday.ToniScammell- SenNursCoord

JH there is a poor performance issue with JH. Dryad Ward Manager - currently "off" sick.

Focus on nursing practice, not multi-prof. practice and development.

There has been a focus n nursing practice development.

CODE: NC No Code

Site Interview-Friday **Code A** Pharma

Employed by Portsmouth Hospital Trust, not this Trust.

CODE: NC No Code

Site Interview-Friday **Code A** Pharma

Policy development - pharmacist always involved. Each policy has named Pharmacist included - check who it is for - syringe drivers?

CODE: NC No Code

Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed

Came from Community Trust, F grade night shift ward.

Supervision - Philip, G grade. Before G grade nights G grade day accountability to was not clear.

CODE: NC No Code

Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr

Barbara Robinson, Deputy General Manager, Elderly Medicine, Portsmouth Healthcare NHS Trust.

CODE: NC No Code

Site Interviews- Tuesday.BillHooper-ProjDir

Gosport 20 yrs. Matron. General Manager division 98.

All therapies, community, DN. Transferred 99 to Elderly Medicine 2002 - Dir of Capital Projects Mental Health. Service 98?

Built in 95 and finished 96 - bed +40 - +120. Was about to change - 2 complaints - were put through systems. Did not feel uncomfortable with complaint - learning curve. Barbara Robinson was Bill Deputy. Training Managers - communication written communications prog.

CODE: NC No Code

Site Interviews- Tuesday.BillHooper-ProjDir

Investor in people award, therapists and nurses. Date, IRP.

98 - League of friends - raided £200 000 pounds.

CODE: NC No Code

Site Interviews- Tuesday.BillHooper-ProjDir

"Infallible but not criminal".

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Consultant since 1989 & Lead Consultant since start of Trust (94).

Acute pts, day hosp & OP at Petersfield. ?? for Trust Liaise with Dean. Lead Consultant - almost 2 sessions (was 1 - increase reflects in > complexity)

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

9 fulltime cons, some part-time and prof (2 sessions).

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Busy year - dissolution of Trust, PFI at QA (131 acute beds), govt? policies eg. NHS Plan.

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Not convinced that what was happening at GWMH was in anyway different to what happening elsewhere. Have investigated but not afforded the info from CPS or info from Prof Livesley. Mrs M's complaint bypassed the normal procedure & went straight to the police.

Not ?? to what happening & police & Mrs M has actively campaigned through press. Mr Wilson actively campaigning in hospital, so been difficult to investigate in usual way.

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Since 1994, has been on call 1 in 8 - has never been rung.

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Local press have not helped the local community through this.

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Acknowledges that some complaints can not be solved, some due to bereavement process/ reaction & has on occasion suggested bereavement counselling. Conciliation service ever used? No

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Jubilee House pilot NHS N Home.

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Total of C/C beds @ 150 - would not be accurate check? St Mary's, Jubilee House, Q Alex (George), St Christophers, Gosport & Petersfield.

CODE: NC No Code

Site Interviews- Tuesday.DavidJarrett-LdConslt

Is there not a waiting list for C/C beds? Usually - but not always - interpret C/C criteria very strictly, but lack of N.Home beds combination of lack of actual beds as several

homes have shut and to some extent awaiting SS funding for placement.

CODE: NC No Code

Site Interviews- Tuesday **Code A** HCSW Sult Ngt

Helen has worked at GWM for 6 years, has previously worked at nursing homes & ?? often community hospital.

Works 3 nights a week on Sultan ward (30 hrs a week). Helen is a supported worker on Sultan. Always a trained nurse (F grade) & one other E nurse & 2 support nurse.

CODE: NC No Code

Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed

Jane Neville Ex Staff Nurse, Daedalus Ward.

General - came in Dec 98 (from Wessex Neuro) E grade til Sept 2000, to become F grade at QA. Only on Daedalus ward (helped elsewhere if staff short). Still at QA - stroke care ward - still Elderly Medicine - under this Trust - Will go to East Harts, ward will go elsewhere but unknown.

CODE: NC No Code

Site Interviews- Tuesday.JaneWilliams-NursClt

Ward understood notion of teamwork in 1997/8? Team not as united as could have been.

CODE: NC No Code

Site Interviews- Tuesday.JaneWilliams-NursClt

Challenging bit? Example given of ward managing this well 3 1/2 / 4 years ago. Perceptive, welcoming etc.

CODE: NC No Code

Site Interviews- Tuesday.JaneWilliams-NursClt

Checking good practice implemented?

CODE: NC No Code

Site Interviews- Tuesday.JaneWilliams-NursClt

Shown the Trust how services can be better organised. Spill over into other areas positively. Good feedback from public (especially elderly on stroke service).



CODE: NC No Code  
Site Interviews- Tuesday.JanPeach-ServMgr

April 2000 - Come from Elderly Medicine at Q&A and been there 13 yrs, Service Manager at Q&A.

CODE: NC No Code  
Site Interviews- Tuesday.JanPeach-ServMgr

Movement of nurses

CODE: NC No Code  
Site Interviews- Tuesday.JanPeach-ServMgr

Culture - GWMH very diff to acute wards, 'family culture', very proud of hospital, 'expanding culture' and invite new things, appreciating their place in the healthcare system.

CODE: NC No Code  
Site Interviews- Tuesday.Linda Woods-Staff NursDaed

daedalus ward 3months worked at medical day hospital between that practiced nursing in Lee-on Solent Health care Centre- missed 'hands on'- 11 years away from wards- is a staff nurse

CODE: NC No Code  
Site Interviews- Tuesday.LindaBaldacchinoHCSWDaed

Wants CHI to confirm??

CODE: NC No Code  
Site Interviews- Tuesday.MarilynBarker-ENNursDaed

EN back as HESW? To GWMH in 99 then return to practice course. Not in post in 1998.

CODE: NC No Code  
Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed

Senior staff nurse 31/2 yrs - in GWMH. 17 yrs worked on ?? Surgical. Conversion?? 12

yrs ago E grade. ENB 941 Care of the Elderly. Counselling courses - bereavement any loss, Diploma in Health Care has had 18 months off as Intermediate care.  
Line manager Philip Beed. Close working relationship. Does appraisals on all staff Team and ward meetings.

CODE: NC No Code  
Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed

Mrs Mackenzie feels that a lot of the problems are guilt. Left presents for the staff etc.

CODE: NC No Code  
Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt

On holiday in 1998 for Dr B incidents. Not sure staff have had support - esp ??.  
V. ?? ??? ???.

CODE: NC No Code  
Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt

New pain control EMI?? Deliveries

CODE: NC No Code  
Site Interviews- Tuesday.VickyBanks-LdCit

Been in hospital since opened but also knew it as a GP Hospital. Trained in London & Bristol and worked in New Zealand.

CODE: NC No Code  
Site Interviews- Tuesday.VickyBanks-LdCit

Been independent of Portsmouth and Southampton.

CODE: NC No Code  
Site Interviews- Tuesday.VickyBanks-LdCit

One Dr (Consultant) newly appointed 0 gave regular sessions for joint ward rounds.

CODE: NC No Code  
Site Interviews- Tuesday.VickyBanks-LdCit

Strengthened formal links and reviews of patients.

CODE: NC No Code  
Site Interviews- Tuesday.VickyBanks-LdCit

Many groups - LITs etc are feeding into clinical governance.

CODE: NC No Code  
Site Interviews- Tuesday.VickyBanks-LdCit

Has had to make a lot of workload changes to accommodate management function.

CODE: NC No Code  
Site Interviews-Monday.07.01 Max Millet-CEO

Tries to offer families (complaints) realistic perspective of what can be achieved and what NHS can offer.

CODE: NC No Code  
Site Interviews-Monday.07.01 Max Millet-CEO

Cannot be completely sure if all wards, departments etc - are working as they should.

CODE: NC No Code  
Site Interviews-Monday.07.01 Max Millet-CEO

Also borderline between legitimate pressure between inducements to meet targets and undue pressure.

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

Fareham and Gosport elderly care - good.

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

Practice Examples

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

How quality issues are communicated to board or director? Example

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

Member on risk management. Liaises with clinical management etc, confusion is key.

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

Not top down view.  
How are tensions resolved?

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

Future - move to PCT. Involvement mainly peripheral - financial / quality risks in moving into PCT. No quality risk. Could be financial if local voices are not heard.  
Safeguards - local performance improvement plan - broader ownership not aware of knock on in each area.

CODE: NC No Code  
Site Interviews-Monday.Andy Wood-Dir of Finance

Since two years ago Eileen's strategy has reduced staff wastage by 1/2.

CODE: NC No Code  
Site Interviews-Monday.AnneMonk-Chair

PH - accommodation problems.

CODE: NC No Code  
Site Interviews-Monday.AnneMonk-Chair

Care groups. Divisional reviewer. Quality sector - includes complaints and compliments

about 85 complaints a year.

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

Patient focus care. CHC input. Around meetings - invite carers and users - eg Alzheimers, Parkinson.

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

Try and diffuse complaints.

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

chaplain is very supportive. Patient affairs coordinator. Ethnic minority - not a big issue.

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

Culture - have valued boards people, partnering, performance.

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

A ward of??? for Alzheimers

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

Proud of Adult Mental Health. Single entry point - phone "in my diary". admission at 24 hour. point of contact.

CODE: NC No Code  
Site Interviews-Monday.AnnMonk-Chair

Morale of staff high. Chief Executives outstanding. Ask other groups such as CHCs. " Want to know what we may have missed" to reassure public and staff . We want to draw a

line under this. We are doing a good job."

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

\*1998 - non executive for three years.

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

\*Top team. Board were very pleasant and team work.

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

This culture ran down through levels - this was evident in the panel meetings. Found the staff were very emotional about complaints.

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

How does the cohesiveness of Top team translate down to front line staff?

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

Feels Max Millet provides sense of openness style.

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

The board were always very visible which provided opportunity to communicate.

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

Expectation of health status - expecting people to go into hospital and be discharged well.

CODE: NC No Code

Site Interviews-Monday.DavidLee-Complaints Conveynor

CHI information with Leslie Humphries: as a lay member.

CODE: NC No Code

Site Interviews-Monday.Debra Hunt-telephone

Trained in the Philippines-came to UK in 1988 and met the UKCC requirements. To register in RGN. Worked in a variety of hospitals in the UK-previously in health care of elderly (acute)

Been in GWMH for 1 year-started at QA - left as a result of bullying and harassment (racial) was investigated by trust but result inconclusive. Enjoyed working at GWMH. Now going to Southampton hospital to acute elderly medicine ward- sees this as an opportunity to develop career.

CODE: NC No Code

Site Interviews-Monday.DrAltheaLord

Palliation team: called in where complex case.

CODE: NC No Code

Site Interviews-Monday.Eileen Thomas Nursing Dir

conference one a year 50% patient, 50% Nurses

How long do you spend with patients each day?

Patient asked 'What do you want from the shift?'

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

Role - lead responsibility for allocation and transfer of services of PCT. 2 day/week East Hants PCT - Director, general manager Elderly Medicine and Health. Recently 2002/3 SAFF process on behalf of PCT/PCG. Applying for PCT Executive. Lead for general manager. Overview meetings. CG Panel, Audit Panel, Finance and Performance Panel.

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

How Top team works

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

Where would hot issues be translated into actions?

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

Is it clear how to react to a critical incident from board to floor level?

Yes - no problem in speaking out about filling in a critical incident form. This format has emerged since 1999 CARE KEY. Current risk event system.

Critical incident review policy.

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

\*Communications - how do you know policy is working?

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

Good relations with staff reps. Comms with other director.

Regular programme of clinical teams coming to present to the board.

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

What mechanisms will stop acute dumping beds.

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir

CES -> enabling elderly people to sustain independency preventing inappropriate admission and facilitating discharge. Audited? Mar - April 2001 evaluation of Int Care Schemes.

CES works alongside step down beds/ int/care.

FD1998 - Financial health and stability 97 ->.

CODE: NC No Code

Site Interviews-Monday.IanPiper-Ops Dir



Fareham and Gosport. Marginally tighter. Effectively managed demo in review process. Finances has been under control. Recurring investment - Int Care 7 -800,000 allowed additional staffing and richer skill mix.

CODE: NC No Code  
Site Interviews-Monday.IanPiper-Ops Dir

Qualitative aspect -> Awareness of feelings involved in complaints?

CODE: NC No Code  
Site Interviews-Monday.IanPiper-Ops Dir

Review and monitoring changes.

CODE: NC No Code  
Site Interviews-Monday.IanPiper-Ops Dir

1998- Reviews - 3 or 4.

CODE: NC No Code  
Site Interviews-Monday.IanPiper-Ops Dir

How do you know about good practice / bad practice?

CODE: NC No Code  
Site Interviews-Monday.IanPiper-Ops Dir

5 Open - no blame culture works and clear about accountability and empowerment.

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

Conflict between Medical Director / own clinician role - how are tensions managed?  
Volume of work can be a problem - has good support from clinical and managerial colleagues.

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

He tries to attend as many as possible but with maximum of 24 per year - has to prioritise - tends to attend the adult and elderly mental health regularly, has been to Learning Disabilities once, tends not to go to elderly Medicine.

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

Staff Grades appraised by Consultants. - GP's? - "we have not addressed that yet". Some are, but eg some family planning only doing x 1 session BUT Clinical Assistants say doing 6/7 sessions have annual appraisal - started about a year ago.

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

Pain Control. EG management of pain. Established that two types of syringe driver in use ie vol per unit time v weight per unit time could lead to confusion, so purchased 80 new to ensure consistency.

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

I don't think she cut corners. I think life had just become uncomfortable, but she did not feel able to do anything about it. Would come into hospital in evenings in own time to speak to relatives. Culture in trust is to work hard, but not to exhaustion. I feel she was under a lot of pressure.

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

Similar age (possibly one or two years older than Ian - he suggests initially has a brusque manner?

CODE: NC No Code  
Site Interviews-Monday.IanReid-Med Dir

Pain Control  
How has the service developed and learnt since 1988? Use of morphine was a concern. He had previously dealt with relative's complaint that mother received inadequate pain relief.

CODE: NC No Code  
 Site Interviews-Monday.IanReid-Med Dir

G?. How do you ensure that policies are actually implemented? Difficult in absence of observing all pt/ staff, but can monitor through: complaints, satisfaction surveys, pharmacist.

CODE: NC No Code  
 Site Interviews-Monday.IanReid-Med Dir

His predecessor said it's a 'very moral organisation' I thought it was a strange thing to say but quickly realised it is the case.

CODE: NC No Code  
 Site Interviews-Monday.IanReid-Med Dir

EG when nursing recruitment problem in acute - money was found and put into strategies to resolve.

CODE: NC No Code  
 Site Interviews-Monday.IanReid-Med Dir

Cited example of TIC in September 2001 from Public Health Dr regarding RMO's enquiry re: GWMH - he contacted, asked what about, was told about "the culture of euthanasia at GWMH". He was shocked, first mention he had heard. Says do not know who has been to police, feels being judged, but they do not know what on.

CODE: NC No Code  
 Site Interviews-Monday.JeffWatling-ChiefPharmacist

Non-trading part 87 staff 23 or 24 are pharmacists. He is based at QA. Service from QA, St Mary's and St James' (three locations).

CODE: NC No Code  
 Site Interviews-Monday.JeffWatling-ChiefPharmacist

Code A is lead for elderly and works independently and works with Ann Dow, one of the geriatricians.

CODE: NC No Code  
 Site Interviews-Monday.JeffWatling-ChiefPharmacist

Some audit undertaken on his services, simplification of regimes. But struggle to provide the basic services.

CODE: NC No Code  
Site Interviews-Monday.JeffWatling-ChiefPharmacist

Specialist Use - System can designate special medication to certain specialities. Eg special for ophthalmology.

CODE: NC No Code  
Site Interviews-Monday.JeffWatling-ChiefPharmacist

Cannot improve checks without computerisation. In general the dose range of diamorphine has narrowed. A computer system would provide the historic use for an individual.

CODE: NC No Code  
Site Interviews-Monday.JeffWatling-ChiefPharmacist

He was involved with Police Inquiry to explain controlled Drug records. Pharmacy have had limited involvement "not outrageous quantities" being used. **Code A** may be able to advise us better - goes to local hospice "The Rowans". Concerns do get flagged up. Much is settled at a lower level. He get to know if it is not resolved.

CODE: NC No Code  
Site Interviews-Monday.JeffWatling-ChiefPharmacist

Active service is in MAU and Medicine - help check patients in and help with discharge.

CODE: NC No Code  
Site Interviews-Monday **Code A** Coporate Risk Advi

Worked in Trust since 1994 - started as Assistant Business Manager - no previous NHS experience. Two year project looking at security/safety. 1.4.00 appointed as Corporate Risk Advisor. Manual Handling, COSHH, Management of systems / processes eg Incident reporting. Leads on major Incident and Emergency Planning. Managed by Lesley Humphrey. 1.8.01 started at E Hants PCT and seconded back to Portsmouth two days per week and as of 31.12.01 down to one day. **Code A** just appointed as replacement in this Trust. Directly manages one staff - data input.

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

Your own training? HNC in Public Administration whilst doing legal role - attended anything relevant.

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

In terms of identifying risk in the Trust - what areas of corporate risk affect the care of older people on the wards and how do you become aware of them? Two mechanisms:

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

Risk Assessment Process. Annual h + s developed to be more ongoing under RA process eg h + S and clinical risk

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

Any Communication to staff copied to Fiona Cameron.

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

Julie d/w Service Manager - what do staff get back?

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

Whilst involved in handling Trust Insurance - she does not recall there being any issues on the three wards (check with Caroline Harrington)

CODE: NC No Code  
 Site Interviews-Monday: **Code A** Corporate Risk Advi

Controls Assurance. Not an area of expertise of mine. Several services contracted from Portsmouth. 18/19 standards - L Officer identified for each standard. Steve carried out Baseline Audit - has worked with Jeff Worthing and Paula Diapar.

CODE: NC No Code

Site Interviews-Monday: **Code A** Corporate Risk Advi

Her choice of which PCT to move to influenced by number of Trust Senior Managers who have gone to E Hants.

CODE: NC No Code

Site Interviews-Monday: **Code A** Corporate Risk Advi

Community Nursing and Therapies are low reporters. About to launch the 'Home Workers Risk Assessment Guide'.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Quality Manager March 97 -> June 01 - app Gen Man. Elderly Medicine

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Corporate risk and clinical risk strategy. PCT devolved out services.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Training CRR and Cont. of infection - need to maintain links. 2 aims - services safe -> PCTs, safe once got into PCTs.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Barbara Melrose and an independent nurse investigator and CE sec. to team. (managed database and logs).

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Managed/delivered training for front line staff. Caseloads - Barbara Melrose and LH divided services up - Barbara for Gost and Fareham and GWMH.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Lessons learnt - how that happen? Individual complaint and then broad lessons.  
Complaint - investigation done - eg manager elsewhere - would talk to clinicians. \*  
guidance on conducting investigating may or may not be an action plan. Every complaint  
recorded and comp rep x 3 months and then review action plan would be discussed at  
review meeting.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Each service has lead consultation also used them for advice - this is how 1998  
complaints dealt with.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Some complaints - just have no resolution - how manage to pull off? Take step back.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Current trends - clinical management / staff attitude

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Quality

What is good quality care and how knew providing it.

As a journey - clinical governance made it mainstream. Night staff, right place, right  
numbers to ensure quality need. Elderly Manager user involvement through CHC on  
clinical governance reference group.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

User of the centre - knowing got good quality? Review process, staff sickness, agency  
usage. Intangibles - staff feedback. Complaints are an indicator of quality.

CODE: NC No Code

Site Interviews-Monday.LesleyHumphrey-Quality Manage

Critical Incidents. Eg how things have changed mental health - guidance on involving and informing relatives when been an incident. -> this goes on all wards.

CODE: NC No Code

Site Interviews-Monday.PennyWells-District Nurse

District Nurse 18 month Gosport, Community SE Hants and Portsmouth. Worked for two Dr's practices. Outside and inside GWMH. Fiona Cameron - general manager.

CODE: NC No Code

Site Interviews-Monday.PennyWells-District Nurse

Sultan ward and DNT very good comm. in expertise and discharge.

CODE: NC No Code

Site Interviews-Monday.PennyWells-District Nurse

Dryad - no dealings with. Very rare for District Nurse as most people go into nursing.

CODE: NC No Code

Site Interviews-Monday.PennyWells-District Nurse

Discharge. Senior Ward Nurse telephone call -> DN and community clerk filling out form to inform DN.

CODE: NC No Code

Site Interviews-Monday.PennyWells-District Nurse

Community enabling service changed, focused - Sultan acute medical patients.

CODE: NC No Code

Site Interviews-Monday.PennyWells-District Nurse

Interchange between community nurse and ward? Nurses forum with community ward nurse in forum.



CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

No barriers to communication.

CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

Impact on colleges who went into PCT. Personally not affected, worked with district and local authorities.

CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

Very good rapport with house visitors.

CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

It is developed understanding - crisis intervention - District Nursing lead service so acute hospital needs to contact DN.

CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

Case conferencing asap to enable someone to come home and die.

CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

Resuscitation on older patients

CODE: NC No Code  
Site Interviews-Monday.PennyWells-District Nurse

Quality of nursing practice.

CODE: NC No Code  
 Site Interviews-Monday.PennyWells-District Nurse

Believes DN point of view PHT very supportive of training.

CODE: NC No Code  
 Site Interviews-Monday.PennyWells-District Nurse

DN Clinical supervision. Meet month to every weeks.

CODE: NC No Code  
 Site Interviews-Monday.PennyWells-District Nurse

Terms of Reference - medication

CODE: NC No Code  
 Site Interviews-Monday.PennyWells-District Nurse

PCT Board nurses moving into PCT concerned about the move. - going into isolation => decreased networking communication of information may decline.

CODE: NC No Code  
 Site Interviews-Monday.PennyWells-District Nurse

Trust has encouraged innovation but as always time constraints.

CODE: NC No Code  
 Site Interviews-Monday.PennyWells-District Nurse

Open culture.

CODE: NC No Code  
 Site Interviews-Monday.PeterKing-PersDir

PK role is to ensure infrastructure - but personal/professional responsibilities for staff development.

Devolved HR staff do get involved - eg. training matters.

Specialist - external contracts.

Wf planning (consortium). Also they support training on demand (70D) packer.

Are training programmes linked to complaints, outcomes etc. - plays a part - osmosis - egs. For changes triggered by 98 themes - communicate drugs admin,

pain control. Work with MD? Yes, closely on clinical governance, Cpr, ALERT training etc.

CODE: NC No Code  
Site Interviews-Monday.SteveKing-Clin Risk Advisor

Incident forms usually OK, some are not crisp.

CODE: NC No Code  
Site Interviews-Observation.3 wards Wed-10pm-12pm-TL

Used to have minor injuries - closed last year so Fiona Walker can't do the suturing anymore.

CODE: NC No Code  
Site Interviews-Observation.3 wards Wed-10pm-12pm-TL

Eg. Patient with scalp cut - 9pm  
2 hours ambulance  
4 hour wait there  
Returned at 6am with 2 sutures  
No longer allowed to give ATT either

CODE: NC No Code  
Site Interviews-Observation.Daedalus-Mon-3.20pm-hando-mp

Observed handover from charge nurse to part time staff nurse. Held in office - away from patient beds.

CODE: NC No Code  
Site Interviews-Observation.Daedalus-Mon-3.20pm-hando-mp

Visitors able to make drinks for themselves as required.

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.Deadalus-Wed-7.45-9am-handove

Observed one patient attempting to get up out of bed himself before curtains drawn around.

CODE: NC No Code

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

One man left to sit at breakfast table alone, let cereal bowl moved to left - I mentioned this to ward staff before we left, as concerned re: safety.

CODE: NC No Code

Site Interviews-Observation.Therapy-Thurs

OT, PT and SLT facilities along one corridor, PT access by double doors off main hospital corridor and OT end can also be accessed from Day Hospital (only labelled as Physiotherapy). OT has administration office in corridor alongside Physiotherapy. Staff office plus treatment facilities at other end of corridor alongside Day Hospital.

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

Site Interview-Thursday **Code A** Sp-LangThera

Recent arrival, experience in different care settlings.

CODE: NC No Code

Site Interview-Thursday **Code A** Sp-LangThera

Nothing unusual about ward, patient and relatives.

CODE: NC No Code

Site Interview-Thursday **Code A** Sp-LangThera

Qualified 99

Portsmouth Health Trust August 99 at Q&A.

Oct 99 joined all adults group.

3 days at GWMH

2 days at Q&A

June 2001 Grade 2, Clinical co-ordinator for speech therapy for GWMH, day running, organisation, supervision of other staff.

Majority of work is outpatient.

50 inpatient.

Community work.

CODE: NC No Code

Site Interview-Thursday: **Code A** Patient Affairs

Office downstairs

Bereavement training. PHCT - whole day workshop. Could improve / or better the process now. Involved in policy for GP deaths.

CODE: NC No Code

Site Interview-Thursday: **Code A** Patient Affairs

Will do a compensation claim. Laundry system, problems, as things go missing

CODE: NC No Code

Site Interview-Thursday: **Code A** Patient Affairs

Info exchange given out monthly - divisional info too. Heads of department meeting - attends to take minutes - because info exchange.

News item on not replacing staff.

PCT info. Given awareness training. Holiday cover works ok.

CODE: NC No Code

Site Interview-Thursday.DrBeasleyGP

Accompanied by Dr Coonan, Senior Partner in local GP practice. Accompanied in role as "friend".

CODE: NC No Code

Site Interview-Thursday.DrBeasleyGP

He was extremely nervous, asked twice for time to confer with colleague, frequently asked for clarification of question/terminology; has not slept for nights, does not know why "picked upon".

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Arrangement was clearly with Dr Barton (5 clinical assistant sessions per week) - whose partners helped her out. Since 2000, Practice has contract for out of hours cover =- some of which H/O Healthcall.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

No apparent lines of communication at Trust in terms of workload/workforce planning, guideline/policy development or awareness.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Specialist skills?

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Qualified 1970 - LH Medical College. Then Brighton (geriatrics), Radcliffe (Anaesthetics) then General Practice Gosport 1974. April 1975 Principal 1975 to now.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Assessment of pain. What assessment tools in use on ward? Pain Control - Doctor B wanted examples of what this meant. Relies on judgement eg. of patient not able to communicate. Not aware of guidelines.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Protocols - EMH not allowed in.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

No training on transfers.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Bed Fund - for admitting people to Sultan. £67 per month for admin to Sultan.

CODE: NC No Code  
Site Interview-Thursday.DrBeasleyGP

Dr B and Dr C then requested time to discuss and they went out of room briefly. When they came back in, said we'll leave it there. Had obviously decided not to discuss whatever he had been going to say. Interview ran over by about half an hour.

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

19years/20 years Night Sister, part time. All wards and hospital.  
October - minor injuries, ward closed 2000

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

G grade up to 4 years ago was 3 - 1 retired, 1 left under a cloud. Nights F grades 2, B grades.

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

Pain assessment chart

- chart filled when admitted
- assessment of sight, mental health, constant, intermittent
- scale 1-10
- scale recorded in medical notes

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

Pain management staff on other wards.

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

Alternative medicine for Elderly care not used.

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

No nurse involvement in pain management policy - awareness.

CODE: NC No Code  
Site Interview-Thursday.FionaWalker-SenStafNursSultNt

CHI Report - to write a glowing report, pointing to good examples, nothing.

CODE: NC No Code  
Site Interview-Thursday.JamesHareChaplain

Began in 97 as community mental health chaplain for Gosport and ????. Early 98 became Chaplain of St Christopher's. 10/89 became Chaplain at GWM - appointed as chaplaincy team leader for Trust.

CODE: NC No Code  
Site Interview-Thursday.JaneParvin Senior Personn

Until October responsible for provision of service Fareham and Gosport and East. 14,000 staff 26 hours and 2 staff. Maureen Mills. Admin. Local operation service. Central training department training and development. Personnel function. Planning. 10 years involvement with community hospitals. Report to Personnel Director. Divided Local Management. Division Management meeting. Monthly. Sickness in unit - advising rec. & ret. Ward managers work with.

CODE: NC No Code  
Site Interview-Thursday.JaneParvin Senior Personn

Workforce planning recruitment

CODE: NC No Code  
Site Interview-Thursday.JaneParvin Senior Personn

Direct contact - interviews, sickness etc - through her and junior staff day to day interface.



Issues torn between division and HR department in Trust. <?> to devote to elderly medicine <?> insult <?> tension. Elderly med huge issue. Culture important and engage staff at all levels. Ward Management work

CODE: NC No Code  
Site Interview-Thursday.Joan LockExSisterSultan

Retied June 1999

CODE: NC No Code  
Site Interview-Thursday.Joan LockExSisterSultan

Her RGN training in Portsmouth,surgery then cardiothracic,cornoray care-  
Did ENB 249-cardiothoracic, individual study days, often experienced in led ulcers

CODE: NC No Code  
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Pain assessment tool. Lack of clarity about standard accepted tool. Nurse was ENB trained in elderly and palliative care. Unsure if everybody is ENB trained.

CODE: NC No Code  
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Out of hours will take verbal instruction on prescription of drugs (not controllable).

CODE: NC No Code  
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Care focused planning involved patients and relatives - DNR is not reviewed weekly, end of life.

CODE: NC No Code  
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Good bereavement counselling for relatives.

CODE: NC No Code  
Site Interview-Thursday.JoDunleavystaffnursSultanNt

Concern about patient pain. It has increased as a result of analgesic ladder.

CODE: NC No Code

Site Interview-Thursday.JoDunleavystaffnursSultanNt

13 years. Night shift. Initially worked on all wards and surgical. Now set wards - Sultan. Began D Grade, August 2001 E Grade.

CODE: NC No Code

Site Interview-Thursday.JoDunleavystaffnursSultanNt

Differences between wards - difference not sure only works on Sultan.

CODE: NC No Code

Site Interview-Thursday.JoDunleavystaffnursSultanNt

Generally GPs are very good.

CODE: NC No Code

Site Interview-Thursday. **Code A** PhysioAss

Excellent continuity of care from Ward Physiotherapy to the community - step down facilities, stroke club.

CODE: NC No Code

Site Interview-Thursday. **Code A** PhysioAss

Relatives and patient involved in planning for physiotherapy including watching gym activities. Maintained regular contact with relatives.

CODE: NC No Code

Site Interview-Thursday. **Code A** PhysioAss

Training excellent. Much more extensive, apparently than that available to other members of staff. Joint training with all nurses - under community enabling scheme.

CODE: NC No Code

Site Interview-Thursday. **Code A** PhysioAss

Team working good. Attends ward meetings. Involved in care meetings including where physio inappropriate in particular patients.

CODE: NC No Code

Site Interview-Thursday: **Code A** HCSW

Kellie ensures she is on circulation list for report.

CODE: NC No Code

Site Interview-Thursday: **Code A** OT

OT structure very different to other therapists? But reflective of more nationally (ie. OT good practice?). OT speciality based for the locality, based at Haslar and inreach to Hospitals, see patients at home, inhome. Is there specific OP practitioner?

CODE: NC No Code

Site Interview-Thursday: **Code A** OT

Use range of standardised assessment tools ref. To speciality although little evidence of actual post reg spec. experienced in working with older people? Informal links with specialist colleagues eg. OP Mental Health.

CODE: NC No Code

Site Interview-Thursday: **Code A** OT

Feels changes have happened as result, eg. Hydration Policy, DNR/communication of status policy. Feels empowered as therapist to influence and manage care/service promotion/development.

CODE: NC No Code

Site Interview-Thursday: **Code A** OT

Dryad was always continuity care and despite so called redesignation of beds to rehab, no additional OT resources put in so eg. previously referred about 6/8 patients per year, then Dr L referred 6 in one week and by nature of patients there are complex needs therefore no rehab, no occupational service budgeted for.

CODE: NC No Code

Site Interview-Thursday: **Code A** OT

Here in 1998 anything you would like to share with us re: generality and causality?  
Society's attitude to dying/old age.

CODE: NC No Code

Site Interview-Thursday: **Code A** DT

We're human, we don't get it right and there are always budget constraints.

CODE: NC No Code

Site Interview-Thursday: **Code A** HA

Good culture at Trust. Charismatic leadership style, value driven, focused on staff and users.

CODE: NC No Code

Site Interview-Thursday: **Code A** HA

Good player in the local health economy - fight "vulnerable" care strongly.

CODE: NC No Code

Site Interview-Thursday: **Code A** HA

Governance and quality. Difficult to tell whether one incident or broader issue. Especially concerned about (1) medical cover supervision and support and (2) slight laxness of clinical procedures given the distance of Gosport from THQ.

CODE: NC No Code

Site Interview-Thursday: **Code A** HA

Ian Reid good but stretched.

CODE: NC No Code

Site Interview-Thursday: **Code A** HA

Speak to Reto Old DPH (initiated poorly performing doctors procedure and Dr Barton) detailed I/V.

CODE: NC No Code

Site Interview-Thursday.PhilipBeedclinicMgr|Daed

Clear explanation of how new pain management policy is being operationalised. Also nursing notes have been revamped and are also being trailed at the same time.

CODE: NC No Code  
Site Interview-Thursday.PhilipBeedclinicMgr|Daed

Documentation appears comprehensive and there are checking mechanisms for monitoring increase of dosages. New documentation is being adjusted as necessary.

CODE: NC No Code  
Site Interview-Thursday.PhilipBeedclinicMgr|Daed

Appropriate clients for pain, nutrition, mental health and moving & handling.

CODE: NC No Code  
Site Interview-Thursday.PhilipBeedclinicMgr|Daed

Complaints part. Daedelius through complaints procedure, interviewed and statements. Action plan, policy for fract. and disloc. out of hours. Using documentation, clothing.

CODE: NC No Code  
Site Interview-Thursday.PhilipBeedclinicMgr|Daed

Support post police  
Main RCN - excellent - areas got it v right and some wrong. . Dr L. V Very Supportive

CODE: NC No Code  
Site Interview-Thursday. **Code A** OT

Falls check list-MDT tool- **Code A**, OT Technician

CODE: NC No Code  
Site Interview-Thursday. **Code A** phy

9 years, community work, 8 physios, stroke unit - 9 hours insufficient.

CODE: NC No Code  
Site Interview-Thursday. **Code A** phy

Team Leader  
 Patient senior 1 in community.  
 Patient reno physio - outpatient  
 Senior 2 day hospital  
 Junior just started  
 And 2 assistants  
 Sultant Ward

CODE: NC No Code  
 Site Interview-Thursday: **Code A** phy

Which posts gained + 2 senior + junior - gained those posts with new YC money.

CODE: NC No Code  
 Site Interview-Thursday: **Code A** phy

MD warning admitted December 2000.

CODE: NC No Code  
 Site Interview-Thursday: **Code A** WardClerk

Discharge planning, delays in SS assessment and care package, delays in transport and TTOs.

No appropriate training, no customer care training

IT only received training on ward.

Asked about debriefing after interview session.

CODE: NC No Code  
 Site Interview-Thursday: **Code A** WardClerk

Ward Clerk, November 2001

Banker HCSW and Nursing qualified (registration now lapsed)

GWMH Daedalus

8.30 to 12 Monday to Friday + 1.30 on Wednesday

CODE: NC No Code  
 Site Interview-Thursday: **Code A** WardClerk

Clinical coding - **Code A**

CODE: NC No Code  
 Site Interview-Thursday. **Code A** WardClerk

Computer arrived this Tuesday - access to patients medical results, tracking system, word processing, email, calendar. Training has happened on ward but no opportunity to follow up since there is no computer. Phillip Beed, Pat Watkins, Dr Lord/Joseph will have access to the computer - fax TTOs, pharmacist.

CODE: NC No Code  
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Conflict between Ward Sister (Gill Hamblin) and Dr Barton and other nurses - mainly Shirley. Evidence of Gill and Dr Barton controlling things.

CODE: NC No Code  
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Shirley expressed concerns re. prescribing and administration of controlled drugs - does not appear to have reported this outside of ward - will send details of her grievance.

CODE: NC No Code  
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Some protocols and guidelines bad on Jubilee ward but interpretation different.

CODE: NC No Code  
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Felt Trust took appropriate action re. her grievance.

CODE: NC No Code  
 Site INterview-Wednesday.ACShirleyHallmanNurseDryad

Came into Trust in 1998 (Jan) came from Rehab (Moorgreen) to Dryad. F grade post. Left 1 year ago. Works nights in Jubilee House (part of Trust still).

CODE: NC No Code  
 Site INterview-Wednesday.AnitaTubrittSenStafNursDryad

5 years ago F Grade, night duty.  
 Started 1987 @ GWMH.

Elderly care since 1987.  
Worked at Redcliffe, then Dryad  
Night duty 2 years  
Came on duty but not sure of ward  
Since when? Became permanent 6/7 years ago.

CODE: NC No Code  
Site INterview-Wednesday.AnitaTubrittSenStafNursDryad

Move to PCT welcomed.

CODE: NC No Code  
Site INterview-Wednesday.DebbieBarker-StaffNurseDryad

D grade since September 1998, E grade since November 2001. 30 hours a week.  
General nurse - midwives training, nursing home.

CODE: NC No Code  
Site INterview-Wednesday.DebbieBarker-StaffNurseDryad

Generally good ward morale. No training for charge.

CODE: NC No Code  
Site INterview-Wednesday.DebbieBarker-StaffNurseDryad

Good staffing levels this week!! No holiday allowed!

CODE: NC No Code  
Site INterview-Wednesday.DrQureshi-CltDryad

Sometimes I don't know how we can do it, but we do it.

CODE: NC No Code  
Site INterview-Wednesday.DrQureshi-CltDryad

He has been here as locum consultant since Jan 2001 until March 2002. Has worked in Trust on/off.

CODE: NC No Code



Site INterview-Wednesday.GinnyDay-SenStafNursDryad

No formal system for reflective practice. [Taken on so much info in short space of time].

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Difference between continuing care and rehab - less physio. Continuing Care may contain patients who need more medical/nursing care. Rehab needs - no fast stream rehab patients.

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Patients - Daedalus, Q+A, Haslar, no direct admission. Admission -> faxed letter, Dr is informed staff grade, own assessment.

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

A uniform admission -> documentation needs improvement / prob being addressed, training admission pack. B form is complicated cannot distinguish key issues - presently not uniformly used throughout admissions.

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Generally aware of new policy before formal policy

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

No called reg - does not do nights so cannot comment on healthcall.

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Pain management - assess degree of pain/ response - no-one on syringe drivers, 5 month - 3 syringe drivers. Good practice - >careful consideration before syringe driver is used. Establish pain level, reg analgesia, analgesia is no working, swallowing problems. Patient on morphine amount calculated. [Should be a policy - not read policy as of yet]. [Anxiety

of syringe drivers in hospital since 1998].

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Pain management chart to monitor drugs - monitored every 4 hours - dosage increased. Stopped and prescription be reviewed. Prescription written down. PNR - as and when - increase in PNR may indicate increase in syringe prescription.

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Near misses - [not sure of definition] - no experienced

CODE: NC No Code

Site INterview-Wednesday.GinnyDay-SenStafNursDryad

Access to external expertise

CODE: NC No Code

Site INterview-Wednesday.KatieMann-SenStafNursSultan

Has done a lot of work with tissue viability and infection control. Three day training on infection control. Is the resource file for wound care 'tissue viability'. Special interests generally encouraged. Can be released easily for external training and in-house training.

CODE: NC No Code

Site INterview-Wednesday.LynBarrat-StafNursDryad

Has been at GWM since 1980. Originally on Radcliffe Annex then Dryad since 1987. E grade staff nurse, does day work. Line management - g -> f -> e nurses above her. Reports direct to G Grade sister then above her to Toni Scammel. John Peach is service manager.

CODE: NC No Code

Site INterview-Wednesday.LynBarrat-StafNursDryad

Control of pain: UKCC Guidelines.

CODE: NC No Code  
 Site INterview-Wednesday.LynBarrat-StafNursDryad

DNR decisions. Of 19 patients on ward at moment, only 3 or 4 are DNR status.

CODE: NC No Code  
 Site INterview-Wednesday.LynBarrat-StafNursDryad

Dryad split in two (Mary rose and Warrior)

CODE: NC No Code  
 Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt

Newspapers have been atrocious - horrified. Made her feel angry and hurt and colleagues as well. Acted as Judge and Jury. Feels they are good nurses. "Chinese whispers".

CODE: NC No Code  
 Site INterview-Wednesday **Code A** Porter

Management awareness and action re. Poor attitude among some staff (uncaring and lazy).

CODE: NC No Code  
 Site INterview-Wednesday **Code A** Porter

Culture undergoing - not worse, not better. Attributable to some staff in place (small percentage). Others very caring.

CODE: NC No Code  
 Site INterview-Wednesday **Code A** Porter

Know how to raise concerns but did not believe system would response or work.

CODE: NC No Code  
 Site INterview-Wednesday **Code A** Porter

How do contracted out staff engage with Trust and become involved in CG and practice. He did know about incident reporting.

CODE: NC No Code  
 Site INterview-Wednesday. **Code A** Porter

Hospital porter, works on all wards and departments "at the beck and call of everyone". In post 7 years. Building still in progress at outset of his employment.

CODE: NC No Code  
 Site INterview-Wednesday. **Code A** Porter

Now employed by "Rentokill" but doing same job as before ie. service contracted out.

CODE: NC No Code  
 Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

No info. Either way.

CODE: NC No Code  
 Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

Surprised at police investigation.

CODE: NC No Code  
 Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

Ward high dependency care unit. New system of team working.

CODE: NC No Code  
 Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

12 years up to 1999 - left 9/99 into community then staff nurse. Left to further career in community. Daedalus Ward staff nurse E Grade. Team Leader of stroke rehab team and continuity care needs patients.

CODE: NC No Code  
 Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

Ward Meetings - quite frequently. Stroke team meeting + ward meetings with Phillip every 6/8 weeks.

CODE: NC No Code

Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs

Shortage of staff? Underestablishment of sickness etc. - bit of everything - managed internally to cover 1st.

Involved in changes of care unit - were nurses involved - no not involved in decisions - no choice.

Training needs which went along with that - programme to support.

Jane Williams - developing rehabilitation on stroke patients.

Risk assessment - can't remember.

What expected on admission?

Prepared - ie. know who/where coming from.

On ward - admission procedures phone doc. To say patient in and complete ad docs with patient and relative's care plans. Care plans used - ADL used.

Discuss with staff and relatives done by bed when filling in care plan.

CODE: NC No Code

Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs

Patient agitated/confused - how manage? As for help from relatives.

Different approach in the community to Ward - in community - seeing one specific problem - same notes and scoring systems.

CODE: NC No Code

Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs

When patient came onto ward - stroke rehab - change - deteriorated how handled on the ward - would inform doctor. As patients relatives to come in.

CODE: NC No Code

Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs

Policy to use pain assessment sheets not at the time. How did do? Day to day - continuing thing assess through the shift.

Ask doctor for analgesia - doctor in every morning and discuss if needs changed during day - ask doctor to come in. If at weekends - ring for one of other doctors. Doctor discussion over phone and then would come in.

1998/99 - extended roles - syringe drivers - any training in syringe drivers - what sort - study seriousness then Countess Mountbatten hospice.

Initial training in 1989 - when did training.

Did someone watch syringe driver set up and check - no.

Any other attended roles?

How to keep up to date with practice journals/internet/work for university essay on communication.

Community monthly update on practice development in new job.

CODE: NC No Code

Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs

If aware practice of colleague not correct - what would you do - go to line manager - would do the same in wards. How handled? Consequences would not worry about it. Known of colleagues who have to do it - how handled - badly. Some years ago. They are actively encouraged to raise concerns on nursing generally.

Where look for nursing leadership/role models - talk to colleagues and manager - Jill Bennett.

CODE: NC No Code

Site INterview-Wednesday.MM **Code A** HCSWDryad

Excellent practitioner - ???? induction - sufficient training/support/emotional support, bit lacking on dementia training/support care and consent training and restraining.

CODE: NC No Code

Site INterview-Wednesday.MM **Code A** HCSWDryad

Supportive culture on ward - focus on core basic needs - examples given.

CODE: NC No Code

Site INterview-Wednesday.MM **Code A** HCSWDryad

Not much clinician input - feeling v. hot.

CODE: NC No Code

Site INterview-Wednesday.MM **Code A** HCSWDryad

Workload pressures

CODE: NC No Code

Site INterview-Wednesday.MM **Code A** HCSWDryad

Since Sept 1998 and HCSW was doing training - long gap. Dryad.

CODE: NC No Code

Site INterview-Wednesday.TinaDouglas-StafNursSultan

Pain may?? Policy.

CODE: NC No Code

Site INterview-Wednesday.TinaDouglas-StafNursSultan

Anything else? Want to be positive. Positive things will be seen & come out of it. Care is good compared to acute hospitals - time spent with pts - care given is good.

CODE: NC No Code

Site INterview-Wednesday.TinaDouglas-StafNursSultan

Ancillary process - non-nursing duties: "Can you come & get the meal, xray....."  
Good qual.

CODE: NC No Code

Site INterview-Wednesday.TLDrRavindraneConsult

Aware, supports the blend of palliative, rehab, continued care. Unaware of out of hours (practical arrangements). No anticipatory prescribing. Good clear support to staff grade Doctor. Liaison with relatives good.

CODE: NC No Code

Site INterview-Wednesday.TLDrRavindraneConsult

Good links with Psychiatric in Palliative Care specialities. Has had good contact with Rowan and Countess Mountbatten. Palliative care discussed with relatives, including religious requirements.

CODE: NC No Code

Site INterview-Wednesday.TLDrRavindraneConsult

Lapse between Consultant assessor - actual transfer resulting in ill people arriving, sometimes need to be readmitted.

CODE: NC No Code

Site INterview-Wednesday.TLDrRavindraneConsult

Training of nurses, by possibly rotating with Mulberry Ward, nurses contemplated? Dr banks to lead. Awareness of nurses anxieties needed.

CODE: NC No Code

Site INterview-Wednesday.TLDrRavindraneConsult

In post 1 year. Consultant geriatrician. Trained as specialist Registrar.

CODE: NC No Code

Site INterview-Wednesday.YongPease-StafNursSultan

15th year at GWMH. On female. 1998 moved new hospital male and female - always worked on SP ward.

CODE: NC No Code

Site INterview-Wednesday.YongPease-StafNursSultan

Pain control guidelines. Palliatvie Care QA? Controlled drugs.

CODE: NC No Code

Site INterview-Wednesday.YongPease-StafNursSultan

Palliative guidelines controlled drugs not written down.

CODE: NC No Code

Site INterview-Wednesday.YongPease-StafNursSultan

Pharmacy - not give controlled drugs.

CODE: NC No Code

Site INterview-Wednesday.YongPease-StafNursSultan

Is a problem with new staff - not a better place to work.

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