

TEXT: Site Interview-Friday.AnnHasteClinical manager (2/9)

CODE: NC No Code (G:100)

In Post since 1996-qualified in 1990-Staff Nurse and Acute Eldelry 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.

TEXT: Site Interview-Friday.BarbraMelrose -Complaints (2/6)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Friday.EileenThomas-NursingDir (52/66)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (96/97)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Friday.IanPiper/FionaCameron (111/112)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Friday.IanPiper/FionaCameron (125/125)

CODE: NC No Code (G:100)

Broader themes - nutrition.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (106/106)

CODE: NC No Code (G:100)

Have filled sickness vacancies by going over budget

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (119/121)

CODE: NC No Code (G:100)

Would like IT system to captivate data e.g hand held help analysis

Its presented BCs for improving pharmacy IT.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (14/19)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (131/134)  
 CODE: NC No Code (G:100)  
 Senior Management support pay rise.

Management support and told not to worry about CHI.

TEXT: Site Interview-Friday. **Code A** SeniorDiet (6/9)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interview-Friday.SharonLundy Telephone Int (3/3)  
 CODE: NC No Code (G:100)  
 Been at GWMH year and a half - new to the trust.

TEXT: Site Interview-Friday.SharonLundy Telephone Int (5/6)  
 CODE: NC No Code (G:100)  
 Communications - people open with constructive criticism and praise.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (18/20)  
 CODE: NC No Code (G:100)  
 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

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (26/26)  
 CODE: NC No Code (G:100)  
 Result because concern medical wards too early

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (31/31)  
 CODE: NC No Code (G:100)  
 Have dual trained nurses on ward sometimes

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (32/33)  
 CODE: NC No Code (G:100)  
 4 consultants and staff X3 staff grade doctors and one part-time

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (43/43)  
 CODE: NC No Code (G:100)  
 works well with resources

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (44/46)  
 CODE: NC No Code (G:100)  
 Chaplain visits weekly-takes an interest  
 Sees terminally ill people  
 Not involved in care plans

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursCoIW (59/61)

CODE: NC No Code (G:100)  
 Healthcall anticipatory prescribing  
 Get doc in, theoretically  
 Over weekend would use healthcall

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (64/71)  
 CODE: NC No Code (G:100)  
 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

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (72/72)  
 CODE: NC No Code (G:100)  
 Mulberry Ward is? Royal Collingwood

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (73/73)  
 CODE: NC No Code (G:100)  
 Talk of H Grade to work on other wards

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (74/74)  
 CODE: NC No Code (G:100)  
 Disengage with this and 'they'

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (80/84)  
 CODE: NC No Code (G:100)  
 Line Manager Julliete diamond  
 St James and Alistair Mc Naughton  
 Very recent change  
 Southeast Hants  
 V fragmented

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (85/85)  
 CODE: NC No Code (G:100)  
 are kept updated on whats happening by trust

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (2/7)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interview-Friday. **Code A** Pharma (2/2)  
 CODE: NC No Code (G:100)  
 Employed by Portsmouth Hospital Trust, not this Trust.

TEXT: Site Interview-Friday. **Code A** Pharma (3/5)  
 CODE: NC No Code (G:100)  
 Policy development - pharmacist always involved. Each policy has named Pharmacist  
 included - check who it is for - syringe drivers?

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (3/5)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (3/4)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (3/12)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (81/83)

CODE: NC No Code (G:100)

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

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

TEXT: Site Interviews- Tuesday.BillHooper-ProjDir (91/91)

CODE: NC No Code (G:100)

"Infallible but not criminal".

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (3/7)

CODE: NC No Code (G:100)

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)

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (10/10)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (14/15)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (30/38)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (105/106)  
 CODE: NC No Code (G:100)  
 Since 1994, has been on call 1 in 8 - has never been rung.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (118/119)  
 CODE: NC No Code (G:100)  
 Local press have not helped the local community through this.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (120/123)  
 CODE: NC No Code (G:100)  
 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

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (144/144)  
 CODE: NC No Code (G:100)  
 Jubilee House pilot NHS N Home.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (145/147)  
 CODE: NC No Code (G:100)  
 Total of C/C beds @ 150 - would not be accurate check? St Mary's, Jubilee House, Q Alex (George), St Christophers, Gosport & Petersfield.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (148/152)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interviews- Tuesday. **Code A** HCSW Sult Ngt (3/7)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (3/9)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClit (14/15)  
 CODE: NC No Code (G:100)  
 Ward understood notion of teamwork in 1997/8? Team not as united as could have been.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClit (16/17)  
 CODE: NC No Code (G:100)  
 Challenging bit? Example given of ward managing this well 3 1/2 / 4 years ago.  
 Perceptive, welcoming etc.

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClt (27/27)  
 CODE: NC No Code (G:100)  
 Checking good practice implemented?

TEXT: Site Interviews- Tuesday.JaneWilliams-NursClt (31/33)  
 CODE: NC No Code (G:100)  
 Shown the Trust how services can be better organised. Spill over into other areas positively. Good feedback from public (especially elderly on stroke service).

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (3/4)  
 CODE: NC No Code (G:100)  
 April 2000 - Come from Elderly Medicine at Q&A and been there 13 yrs, Service Manager at Q&A.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (77/77)  
 CODE: NC No Code (G:100)  
 Movement of nurses

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (84/87)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interviews- Tuesday.Linda Woods-Staff NursDaed (2/5)  
 CODE: NC No Code (G:100)  
 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

TEXT: Site Interviews- Tuesday Code A HCSWDaed (98/98)  
 CODE: NC No Code (G:100)  
 Wants CHI to confirm??

TEXT: Site Interviews- Tuesday.MarilynBarker-ENNursDaed (3/4)  
 CODE: NC No Code (G:100)  
 EN back as HESW? To GWMH in 99 then return to practice course. Not in post in 1998.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (3/9)  
 CODE: NC No Code (G:100)  
 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 - beareavement 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.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (77/78)  
 CODE: NC No Code (G:100)  
 Mrs Mackenzie feels that a lot of the problems are guilt. Left presents for the staff etc.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (55/57)  
 CODE: NC No Code (G:100)

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

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (62/62)  
CODE: NC No Code (G:100)  
New pain control EMI?? Deliveries

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (5/7)  
CODE: NC No Code (G:100)  
Been in hospital since opened but also knew it as a GP Hospital. Trained in London & Bristol and worked in New Zealand.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (17/17)  
CODE: NC No Code (G:100)  
Been independent of Portsmouth and Southampton.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (28/29)  
CODE: NC No Code (G:100)  
One Dr (Consultant) newly appointed 0 gave regular sessions for joint ward rounds.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (30/30)  
CODE: NC No Code (G:100)  
Strengthened formal links and reviews of patients.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (73/74)  
CODE: NC No Code (G:100)  
Many groups - LITs etc are feeding into clinical governance.

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (93/94)  
CODE: NC No Code (G:100)  
Has had to make a lot of workload changes to accommodate management function.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (217/219)  
CODE: NC No Code (G:100)  
Tries to offer families (complaints) realistic perspective of what can be achieved and what NHS can offer.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (230/231)  
CODE: NC No Code (G:100)  
Cannot be completely sure if all wards, departments etc - are working as they should.

TEXT: Site Interviews-Monday.07.01 Max Millet-CEO (232/233)  
CODE: NC No Code (G:100)  
Also borderline between legitimate presurre between inducements to meet targets and undue pressure.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (19/19)  
CODE: NC No Code (G:100)  
Fareham and Gosport elderly care - good.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (60/60)  
CODE: NC No Code (G:100)  
Practice Examples

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (69/70)  
CODE: NC No Code (G:100)  
How quality issues are communicated to board or director? Example

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (79/80)  
CODE: NC No Code (G:100)  
Member on risk management. Liaises with clinical management etc, confusion is key.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (90/91)  
CODE: NC No Code (G:100)  
Not top down view.  
How are tensions resolved?

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (95/100)  
CODE: NC No Code (G:100)  
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 hear.  
Safeguards - local performance improvement plan - broader ownership not aware of knock on in each area.

TEXT: Site Interviews-Monday.Andy Wood-Dir of Finance (106/107)  
CODE: NC No Code (G:100)  
Since two years ago Eileen's strategy has reduced staff wastage by 1/2.

TEXT: Site Interviews-Monday.AnneMonk-Chair (13/13)  
CODE: NC No Code (G:100)  
PH - accommodation problems.

TEXT: Site Interviews-Monday.AnneMonk-Chair (26/28)  
CODE: NC No Code (G:100)  
Care groups. Divisional reviewer. Quality sector - includes complaints and compliments about 85 complaints a year.

TEXT: Site Interviews-Monday.AnneMonk-Chair (32/33)  
CODE: NC No Code (G:100)  
Patient focus care. CHC input. Around meetings - invite carers and users - eg Alzheimers, Parkinson.

TEXT: Site Interviews-Monday.AnneMonk-Chair (53/53)  
CODE: NC No Code (G:100)  
Try and diffuse complaints.

TEXT: Site Interviews-Monday.AnneMonk-Chair (54/55)  
CODE: NC No Code (G:100)  
chaplain is very supportive. Patient affairs coordinator. Ethnic minority - not a big issue.

TEXT: Site Interviews-Monday.AnneMonk-Chair (63/64)  
CODE: NC No Code (G:100)  
Culture - have valued boards people, partnering, performance.

TEXT: Site Interviews-Monday.AnneMonk-Chair (68/68)  
CODE: NC No Code (G:100)



A ward of??? for Alzhemiers

TEXT: Site Interviews-Monday.AnneMonk-Chair (72/74)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.AnneMonk-Chair (75/78)

CODE: NC No Code (G:100)

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 stff . We want to draw a line under this. We are doing a good job."

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (13/13)

CODE: NC No Code (G:100)

\*1998 - non executive for three years.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (23/23)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (26/28)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (31/32)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (35/35)

CODE: NC No Code (G:100)

Feels Max Millet provides sense of openness style.

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (36/37)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (41/42)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.DavidLee-Complaints Conveynor (46/46)

CODE: NC No Code (G:100)

CHI information with Leslie Humphries: as a lay member.

TEXT: Site Interviews-Monday.Debra Hunt-telephone (2/11)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.DrAltheaLord (129/129)

CODE: NC No Code (G:100)

Palliation team: called in where complex case.

TEXT: Site Interviews-Monday.Eileen Thomas Nursing Dir (23/25)

CODE: NC No Code (G:100)

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?

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (3/9)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (10/10)

CODE: NC No Code (G:100)

How Top team works

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (28/28)

CODE: NC No Code (G:100)

Where would hot issues be translated into actions?

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (32/37)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (38/38)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (41/44)

CODE: NC No Code (G:100)

Good relations with staff reps. Comms with other director.

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

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (63/63)

CODE: NC No Code (G:100)

What mechanisms will stop acute dumping beds.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (79/84)

CODE: NC No Code (G:100)

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 ->.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (85/89)  
CODE: NC No Code (G:100)  
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.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (107/108)  
CODE: NC No Code (G:100)  
Qualitative aspect -> Awareness of feelings involved in complaints?

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (117/117)  
CODE: NC No Code (G:100)  
Review and monitoring changes.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (124/124)  
CODE: NC No Code (G:100)  
1998- Reviews - 3 or 4.

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (125/125)  
CODE: NC No Code (G:100)  
How do you know about good practice / bad practice?

TEXT: Site Interviews-Monday.IanPiper-Ops Dir (138/139)  
CODE: NC No Code (G:100)  
5 Open - no blame culture works and clear about accountability and empowerment.

TEXT: Site Interviews-Monday.IanReid-Med Dir (14/17)  
CODE: NC No Code (G:100)  
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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (32/36)  
CODE: NC No Code (G:100)  
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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (44/48)  
CODE: NC No Code (G:100)  
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 6/7sessions have annual appraisal - started about a year ago.

TEXT: Site Interviews-Monday.IanReid-Med Dir (84/87)  
CODE: NC No Code (G:100)  
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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (121/126)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (127/128)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.IanReid-Med Dir (138/142)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (151/154)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (177/179)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.IanReid-Med Dir (181/182)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.IanReid-Med Dir (191/197)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (9/11)

CODE: NC No Code (G:100)

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).

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (27/28)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (32/34)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (42/44)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (48/51)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (78/84)

CODE: NC No Code (G:100)

He was involved with Police Inquiry to explain controlled Drug records. Pharmacy have had limited involvement "not outrageous quantities" being used. Vanessa 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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (90/91)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Advi (3/13)

CODE: NC No Code (G:100)

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. Caroline Harrington just appointed as replacement in this Trust. Directly manages one staff - data input.

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Advi (20/21)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Advi (26/29)

CODE: NC No Code (G:100)

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:

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Advi (36/38)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Advi (41/41)

CODE: NC No Code (G:100)

Any Communication to staff copied to Fiona Cameron.

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Adv (52/52)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Adv (55/57)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Adv (66/70)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Adv (76/77)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.JulieJones-Corporate Risk Adv (95/97)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (3/4)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (13/14)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (18/20)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (23/24)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (25/27)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (31/37)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (49/50)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (53/54)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (67/67)

CODE: NC No Code (G:100)

Current trends - clinical management / staff attitude

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (70/75)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (76/79)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.LesleyHumphrey-Quality Manage (80/82)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (3/5)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (12/13)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (14/15)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (45/46)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (52/53)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (70/71)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (74/74)

CODE: NC No Code (G:100)

No barriers to communication.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (83/84)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (87/87)

CODE: NC No Code (G:100)

Very good rapport with house visitors.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (89/91)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (94/95)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (96/96)

CODE: NC No Code (G:100)

Resuscitation on older patients

TEXT: Site Interviews-Monday.PennyWells-District Nurse (102/102)

CODE: NC No Code (G:100)

Quality of nursing practice.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (118/119)

CODE: NC No Code (G:100)

Believes DN point of view PHT very supportive of training.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (120/120)

CODE: NC No Code (G:100)

DN Clinical supervision. Meet month to every weeks.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (123/123)

CODE: NC No Code (G:100)

Terms of Reference - medication

TEXT: Site Interviews-Monday.PennyWells-District Nurse (133/135)



CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Monday.PennyWells-District Nurse (136/137)

CODE: NC No Code (G:100)

Trust has encouraged innovation but as always time constraints.

TEXT: Site Interviews-Monday.PennyWells-District Nurse (138/138)

CODE: NC No Code (G:100)

Open culture.

TEXT: Site Interviews-Monday.PeterKing-PersDir (126/140)

CODE: NC No Code (G:100)

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.

TEXT: Site Interviews-Monday **Code A** Clin Risk Advisor (42/42)

CODE: NC No Code (G:100)

Incident forms usually OK, some are not crisp.

TEXT: Site Interviews-Observation.3 wards Wed-10pm-12pm-TL (2/3)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Observation.3 wards Wed-10pm-12pm-TL (5/9)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Observation.Daedalus-Mon-3.20pm-hando-mp (3/4)

CODE: NC No Code (G:100)

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

TEXT: Site Interviews-Observation.Daedalus-Mon-3.20pm-hando-mp (20/21)

CODE: NC No Code (G:100)

Visitors able to make drinks for themselves as required.

TEXT: Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove (3/3)

CODE: NC No Code (G:100)

Attended handover meeting started at 7.30am

TEXT: Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove (129/130)  
 CODE: NC No Code (G:100)  
 Observed one patient attempting to get up out of bed himself before curtains drawn around.

TEXT: Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove (139/141)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interviews-Observation.Therapy-Thurs (2/8)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interviews-Observation.Therapy-Thurs (26/28)  
 CODE: NC No Code (G:100)  
 Margaret has involvement in Falls. Staff competency levels chart on wall - needs updating but leaving as currently reorganising service.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (4/4)  
 CODE: NC No Code (G:100)  
 Recent arrival, experience in different care settlings.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (7/7)  
 CODE: NC No Code (G:100)  
 Nothing unusual about ward, patient and relatives.

TEXT: Site Interview-Thursday: **Code A** Sp-LangThera (10/20)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interview-Thursday: **Code A** Patient Affairs (7/10)  
 CODE: NC No Code (G:100)  
 Office downstairs  
 Bereavement training. PHCT - whole day workshop. Could improve / or better the process now. Involved in policy for GP deaths.

TEXT: Site Interview-Thursday: **Code A** Patient Affairs (13/14)  
 CODE: NC No Code (G:100)  
 Will do a compensation claim. Laundry system, problems, as things go missing

TEXT: Site Interview-Thursday: **Code A** Patient Affairs (18/23)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.DrBeasleyGP (2/3)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.DrBeasleyGP (4/7)

CODE: NC No Code (G:100)

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".

TEXT: Site Interview-Thursday.DrBeasleyGP (8/11)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.DrBeasleyGP (12/14)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.DrBeasleyGP (15/15)

CODE: NC No Code (G:100)

Specialist skills?

TEXT: Site Interview-Thursday.DrBeasleyGP (16/19)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.DrBeasleyGP (172/175)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.DrBeasleyGP (185/185)

CODE: NC No Code (G:100)

Protocols - EMH not allowed in.

TEXT: Site Interview-Thursday.DrBeasleyGP (191/191)

CODE: NC No Code (G:100)

No training on transfers.

TEXT: Site Interview-Thursday.DrBeasleyGP (195/196)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.DrBeasleyGP (199/203)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (4/6)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (15/17)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (65/70)

CODE: NC No Code (G:100)

Pain assessment chart

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

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (73/73)

CODE: NC No Code (G:100)

Pain management staff on other wards.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (99/99)

CODE: NC No Code (G:100)

Alternative medicine for Elderly care not used.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (102/103)

CODE: NC No Code (G:100)

No nurse involvement in pain management policy – awareness.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (146/147)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.JamesHareChaplain (23/26)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (2/10)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (17/17)  
CODE: NC No Code (G:100)  
Workforce planning recruitment

TEXT: Site Interview-Thursday.JaneParvin Senior Personn (68/73)  
CODE: NC No Code (G:100)  
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

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (2/2)  
CODE: NC No Code (G:100)  
Retied June 1999

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (26/29)  
CODE: NC No Code (G:100)  
Her RGN training in Portsmouth,surgery then cardiothracic,corneray care-  
Did ENB 249-cardiothoracic, individual study days, often experienced in led ulcers

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (2/4)  
CODE: NC No Code (G:100)  
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.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (5/6)  
CODE: NC No Code (G:100)  
Out of hours will take verbal instruction on prescription of drugs (not controllable).

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (7/8)  
CODE: NC No Code (G:100)  
Care focused planning involved patients and relatives - DNR is not reviewed weekly, end of life.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (9/9)  
CODE: NC No Code (G:100)  
Good bereavement counselling for relatives.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (10/11)  
CODE: NC No Code (G:100)  
Concern about patient pain. It has increased as a result of analgesic ladder.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (12/14)  
CODE: NC No Code (G:100)  
13 years. Night shift. Initially worked on all wards and surgical. Now set wards - Sultan. Began D Grade, August 2001 E Grade.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (155/156)  
 CODE: NC No Code (G:100)  
 Differences between wards - difference not sure only works on Sultan.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (195/195)  
 CODE: NC No Code (G:100)  
 Generally GPs are very good.

TEXT: Site Interview-Thursday: **Code A** PhysioAss (2/3)  
 CODE: NC No Code (G:100)  
 Excellent continuity of care from Ward Physiotherapy to the community - step down facilities, stroke club.

TEXT: Site Interview-Thursday: **Code A** PhysioAss (4/6)  
 CODE: NC No Code (G:100)  
 Relatives and patient involved in planning for physiotherapy including watching gym activities. Maintained regular contact with relatives.

TEXT: Site Interview-Thursday: **Code A** PhysioAss (7/10)  
 CODE: NC No Code (G:100)  
 Training excellent. Much more extensive, apparently than that available to other members of staff. Joint training with all nurses - under community enabling scheme.

TEXT: Site Interview-Thursday: **Code A** PhysioAss (11/13)  
 CODE: NC No Code (G:100)  
 Team working good. Attends ward meetings. Involved in care meetings including where physio inappropriate in particular patients.

TEXT: Site Interview-Thursday: **Code A** HCSW (7/7)  
 CODE: NC No Code (G:100)  
 Kellie ensures she is on circulation list for report.

TEXT: Site Interview-Thursday: **Code A** OT (2/6)  
 CODE: NC No Code (G:100)  
 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?

TEXT: Site Interview-Thursday: **Code A** OT (7/11)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interview-Thursday: **Code A** OT (12/15)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interview-Thursday: **Code A** OT (16/21)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site Interview-Thursday: **Code A** DT (120/122)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday: **Code A** DT (159/160)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PennyHumphriesHA (2/3)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PennyHumphriesHA (4/5)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PennyHumphriesHA (6/10)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.PennyHumphriesHA (11/11)

CODE: NC No Code (G:100)

Ian Reid good but stretched.

TEXT: Site Interview-Thursday.PennyHumphriesHA (47/48)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (2/4)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (5/7)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (8/9)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (42/45)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.PhipBeedclinicMgr|Daed (94/96)

CODE: NC No Code (G:100)

Support post police

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

TEXT: Site Interview-Thursday. **Code A** PT (114/115)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday. **Code A** phy (2/3)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday.ShirleyDunleavy-phy (18/24)

CODE: NC No Code (G:100)

Team Leader

Patient senior 1 in community.

Patient reno physio - outpatient

Senior 2 day hospital

Junior just started

And 2 assistants

Sultant Ward

TEXT: Site Interview-Thursday. **Code A** phy (33/34)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday. **Code A** phy (116/116)

CODE: NC No Code (G:100)

MD warning admitted December 2000.

TEXT: Site Interview-Thursday. **Code A** WardClerk (2/7)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Thursday. **Code A** WardClerk (8/12)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Thursday. **Code A** WardClerk (33/33)

CODE: NC No Code (G:100)

Clinical coding - **Code A**



TEXT: Site Interview-Thursday: **Code A** -WardClerk (34/41)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (2/4)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (5/8)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (9/10)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (11/11)

CODE: NC No Code (G:100)

Felt Trust took appropriate action re. her grievance.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (12/14)

CODE: NC No Code (G:100)

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).

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (11/17)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (202/202)

CODE: NC No Code (G:100)

Move to PCT welcomed.

TEXT: Site Interview-Wednesday.DebbieBarker-StafNurseDryad (3/5)

CODE: NC No Code (G:100)

D grade since September 1998, E grade since November 2001. 30 hours a week.

General nurse - midwives training, nursing home.

TEXT: Site Interview-Wednesday.DebbieBarker-StafNurseDryad (38/38)

CODE: NC No Code (G:100)

Generally good ward morale. No training for charge.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (40/40)  
 CODE: NC No Code (G:100)  
 Good staffing levels this week!! No holiday allowed!

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (162/162)  
 CODE: NC No Code (G:100)  
 Sometimes I don't know how we can do it, but we do it.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (210/211)  
 CODE: NC No Code (G:100)  
 He has been here as locum consultant since Jan 2001 until March 2002. Has worked in Trust on/off.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (17/18)  
 CODE: NC No Code (G:100)  
 No formal system for reflective practice. [Taken on so much info in short space of time].

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (22/25)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (30/32)  
 CODE: NC No Code (G:100)  
 Patients - Daedalus, Q+A, Haslar, no direct admission. Admission -> faxed letter, Dr is informed staff grade, own assessment.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (33/36)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (56/56)  
 CODE: NC No Code (G:100)  
 Generally aware of new policy before formal policy

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (67/68)  
 CODE: NC No Code (G:100)  
 No called reg - does not do nights so cannot comment on healthcall.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (83/90)  
 CODE: NC No Code (G:100)  
 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].

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (91/95)  
 CODE: NC No Code (G:100)  
 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.

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (101/101)  
CODE: NC No Code (G:100)  
Near misses - [not sure of definition] - no experienced

TEXT: Site INterview-Wednesday.GinnyDay-SenStafNursDryad (126/126)  
CODE: NC No Code (G:100)  
Access to external expertise

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (3/8)  
CODE: NC No Code (G:100)  
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.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (3/7)  
CODE: NC No Code (G:100)  
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.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (73/73)  
CODE: NC No Code (G:100)  
Control of pain: UKCC Guidelines.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (84/85)  
CODE: NC No Code (G:100)  
DNR decisions. Of 19 patients on ward at moment, only 3 or 4 are DNR status.

TEXT: Site INterview-Wednesday.LynBarrat-StafNursDryad (94/94)  
CODE: NC No Code (G:100)  
Dryad split in two (Mary rose and Warrior)

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (36/39)  
CODE: NC No Code (G:100)  
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".

TEXT: Site INterview-Wednesday, **Code A** Porter (2/3)  
CODE: NC No Code (G:100)  
Management awareness and action re. Poor attitude among some staff (uncaring and lazy).

TEXT: Site INterview-Wednesday, **Code A** Porter (4/6)  
CODE: NC No Code (G:100)  
Culture undergoing - not worse, not better. Attributable to some staff in place (small percentage). Others very caring.

TEXT: Site INterview-Wednesday, **Code A** Porter (7/8)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday **Code A** Porter (9/11)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday **Code A** Porter (12/14)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Wednesday **Code A** Porter (15/16)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (2/2)

CODE: NC No Code (G:100)

No info. Either way.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (3/3)

CODE: NC No Code (G:100)

Surprised at police investigation.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (4/5)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (6/9)

CODE: NC No Code (G:100)

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.

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (16/17)

CODE: NC No Code (G:100)

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

TEXT: Site Interview-Wednesday.MMChrisJoiceNurseExStaffNurs (33/48)

CODE: NC No Code (G:100)

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 relative4s care plans. Care plans used - ADL used.

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

TEXT: Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs (51/55)

CODE: NC No Code (G:100)

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.

TEXT: Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs (56/58)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs (62/80)

CODE: NC No Code (G:100)

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.

TEXT: Site INterview-Wednesday.MMChrisJoiceNurseExStaffNurs (91/98)

CODE: NC No Code (G:100)

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.

TEXT: Site INterview-Wednesday.MM **Code A** HCSWDryad (2/5)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.MM **Code A** HCSWDryad (6/7)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.MM **Code A** HCSWDryad (8/8)

CODE: NC No Code (G:100)

Not much clinician input - feeling v. hot.

TEXT: Site INterview-Wednesday.MM **Code A** HCSWDryad (9/9)

CODE: NC No Code (G:100)

## Workload pressures

TEXT: Site INterview-Wednesday.MM: **Code A** HCSWDryad (10/11)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (38/38)

CODE: NC No Code (G:100)

Pain may?? Policy.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (72/75)

CODE: NC No Code (G:100)

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.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (82/84)

CODE: NC No Code (G:100)

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

Good qual.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (9/13)

CODE: NC No Code (G:100)

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.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (14/17)

CODE: NC No Code (G:100)

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.

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (18/20)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (21/23)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.TLDrRavindraneConsult (24/25)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (3/4)

CODE: NC No Code (G:100)

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

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (29/30)

CODE: NC No Code (G:100)

Pain control guidelines. Palliative Care QA? Controlled drugs.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (78/79)

CODE: NC No Code (G:100)

Palliative guidelines controlled drugs not written down.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (80/80)

CODE: NC No Code (G:100)

Pharmacy - not give controlled drugs.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (81/82)

CODE: NC No Code (G:100)

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

TEXT: Stakeholder. **Code A** (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