

CODE: NC No Code	Site Interview- Friday.AnneHasteClinical 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 anaylsis 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 conjution 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. <b>Code A</b> Senior Diet	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. <b>Code A</b> Telephone Int	Been at GWMH year and a half - new to the trust.

CODE: NC No Code	Site Interview-Friday Telephone Int <b>Code A</b>	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. <b>Code A</b> Phar ma	Employed by Portsmouth Hospital Trust, not this Trust.
CODE: NC No Code	Site Interview- Friday. <b>Code A</b> Phar ma	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. Angela Wilson- 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. Barbara Robinson- DepGenMgr	Barbara Robinson, Deputy General Manager, Elderly Medicine, Portsmouth Healthcare NHS Trust.
CODE: NC No Code	Site Interviews- Tuesday. Bill Hooper-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. Bill Hooper-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 I - 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 <span style="border: 1px dashed black; padding: 0 2px;">Code A</span> 's complaint bypassed the normal procedure & went straight to the police. Not ?? to what happening & police & Mrs <span style="border: 1px dashed black; padding: 0 2px;">Code A</span> has actively campaigned through press. Mr <span style="border: 1px dashed black; padding: 0 2px;">Code A</span> 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.
	Site Interviews-	

CODE: NC No Code	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. <b>Code A</b> 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-	Ward understood notion of teamwork in 1997/8? Team not as united as could have been.

	NursClt	
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
	Site Interviews-	



CODE: NC No Code	Tuesday. <b>Code A</b> HC SWDaed	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-LdClt	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-LdClt	Been independent of Portsmouth and Southampton.

CODE: NC No Code	Site Interviews-Tuesday.VickyBanks-LdClf	One Dr (Consultant) newly appointed 0 gave regular sessions for joint ward rounds.
CODE: NC No Code	Site Interviews-Tuesday.VickyBanks-LdClf	Strengthened formal links and reviews of patients.
CODE: NC No Code	Site Interviews-Tuesday.VickyBanks-LdClf	Many groups - LITs etc are feeding into clinical governance.
CODE: NC No Code	Site Interviews-Tuesday.VickyBanks-LdClf	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 hear. 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.AnneMonk-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 Alzhemiers
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 stff . 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?
	Site Interviews-	

CODE: NC No Code	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 6/7sessions 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	<b>Code A</b> 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. 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.
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. <b>Code A</b> Coporate Risk Advt	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.
CODE: NC No Code	Site Interviews- Monday <b>Code A</b> Coporate Risk Adv	Your own training? HNC in Public Administration whilst doing legal role - attended anything relevant.
CODE: NC No Code	Site Interviews- Monday <b>Code A</b> Coporate Risk Adv	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 <b>Code A</b> Coporate Risk Adv	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 <b>Code A</b> Coporate Risk Adv	Any Communication to staff copied to Fiona Cameron.
CODE: NC No Code	Site Interviews- Monday <b>Code A</b> Coporate Risk Adv	<b>Code A</b> d/w Service Manager - what do staff get back?
CODE: NC No Code	Site Interviews- Monday <b>Code A</b> Coporate Risk Adv	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 <b>Code A</b> Coporate Risk Adv	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. <b>Code A</b> Coporate Risk Advr	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. <b>Code A</b> Coporate Risk Advr	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-	Lessons learnt - how that happen? Individual complaint and then broad lessons.

	Quality Manage	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.
	Site Interviews-	

CODE: NC No Code	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 Adivsor	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 <b>Code A</b> Sp-	Recent arrival, experience in different care settlings.

	LangThera	
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> -Sp- LangThera	Nothing unusual about ward, patient and relatives.
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> -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. <b>Code A</b> 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. <b>Code A</b> Patient Affairs	Will do a compensation claim. Laundry system, problems, as things go missing
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> 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.
	Site Interview-	

CODE: NC No Code	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.
	Site Interview-	

CODE: NC No Code	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 <ul style="list-style-type: none"> <li>- chart filled when admitted</li> <li>- assessment of sight, mental health, constant, intermittent</li> <li>- scale 1-10</li> <li>- scale recorded in medical notes</li> </ul>
CODE: NC No Code	Site Interview-Thursday.FionaWalker-	Pain management staff on other wards.

	SenStafNursSultNt	
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.JoDunleavystaffnurs SultanNt	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.JoDunleavystaffnurs SultanNt	Out of hours will take verbal instruction on prescription of drugs (not controllable).
CODE: NC No Code	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Care focused planning involved patients and relatives - DNR is not reviewed weekly, end of life.
CODE: NC No Code	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Good bereavement counselling for relatives.
CODE: NC No Code	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Concern about patient pain. It has increased as a result of analgesic ladder.
CODE: NC No Code	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	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.JoDunleavystaffnurs SultanNt	Differences between wards - difference not sure only works on Sultan.
CODE: NC No Code	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Generally GPs are very good.
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> PhysioA ss	Excellent continuity of care from Ward Physiotherapy to the community - step down facilities, stroke club.
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> PhysioA ss	Relatives and patient involved in planning for physiotherapy including watching gym activities. Maintained regular contact with relatives.
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> PhysioA ss	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. <b>Code A</b> PhysioA ss	Team working good. Attends ward meetings. Involved in care meetings including where physio inappropriate in particular patients.
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> HCSW	Kellie ensures she is on circulation list for report.
CODE: NC No Code	Site Interview- Thursday. <b>Code A</b> 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: <b>Code A</b> DT	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: <b>Code A</b> DT	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: <b>Code A</b> DT	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: <b>Code A</b> DT	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: <b>Code A</b> DT	We're human, we don't get it right and there are always budget constraints.
CODE: NC No Code	Site Interview- Thursday.PennyHumphriesHA	Good culture at Trust. Charismatic leadership style, value driven, focused on staff and users.
	Site Interview-	



CODE: NC No Code	Thursday.PennyHumphriesHA	Good player in the local health economy - fight "vulnerable" care strongly.
CODE: NC No Code	Site Interview- Thursday.PennyHumphriesHA	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.PennyHumphriesHA	Ian Reid good but stretched.
CODE: NC No Code	Site Interview- Thursday.PennyHumphriesHA	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: <b>Code A</b> DT	Falls check list-MDT tool- <b>Code A</b> OT Technician
CODE: NC No Code	Site Interview- Thursday: <b>Code A</b> phy	9 years, community work, 8 physios, stroke unit - 9 hours insufficient.
CODE: NC No Code	Site Interview- Thursday: <b>Code A</b> 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: <b>Code A</b> phy	Which posts gained + 2 senior + junior - gained those posts with new YC money.
CODE: NC No Code	Site Interview- Thursday: <b>Code A</b> phy	MD warning admitted December 2000.
CODE: NC No Code	Site Interview- Thursday: <b>Code A</b> 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 <b>Code A</b> 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 <b>Code A</b> WardClerk	Clinical coding <b>Code A</b>
CODE: NC No Code	Site Interview- Thursday <b>Code A</b> 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.AnitaTubrittSenStaffNursDryad	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.AnitaTubrittSenStaffNursDryad	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.
	Site INterview-	

CODE: NC No Code	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. <b>Code A</b> Porter	Management awareness and action re. Poor attitude among some staff (uncaring and lazy).
CODE: NC No Code	Site INterview- Wednesday. <b>Code A</b> 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. <b>Code A</b> Porter	Know how to raise concerns but did not believe system would response or work.
CODE: NC No Code	Site INterview- Wednesday. <b>Code A</b> 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.MickLoneyPorter	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. <b>Code A</b> 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 relative4s 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.MMChrisJoiceNur seExStaffNurs	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.MMChrisJoiceNur seExStaffNurs	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.MMChrisJoiceNur seExStaffNurs	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.MMChrisJoiceNur seExStaffNurs	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 HCSWDryad <b>Code A</b>	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 HCSWDryad <b>Code A</b>	Supportive culture on ward - focus on core basic needs - examples given.
CODE: NC No Code	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	Not much clinician input - feeling v. hot.
CODE: NC No Code	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	Workload pressures
CODE: NC No Code	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	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.TLDrRavindraneC onsult	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.TLDrRavindraneC onsult	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.TLDrRavindraneC onsult	Lapse between Consultant assessor - actual transfer resulting in ill people arriving, sometimes need to be readmitted.
CODE: NC No Code	Site Interview- Wednesday.TLDrRavindraneC onsult	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.TLDrRavindraneC onsult	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. Palliative Care QA? Controlled drugs.
CODE: NC No Code	Site Interview- Wednesday.YongPease-	Palliative guidelines controlled drugs not written down.

	StafNursSultan	
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 <b>Code A</b>	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

		<ul style="list-style-type: none"><li>* How would region learn from complaints? "We don't!"</li><li>* There hasn't been convenor training in area for last two years; lay chairs are trained but that's a trust responsibility</li></ul>
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