Code A UNISON

Staff at GWM feeling very battered And bruised'

4th enquiry they've been about the incidents

Code A said that he would probably attend when his members being interviewed, particulary the support workers

concerned re adverse local publicity

 $c_{\text{ode }A}$ has been with the trust for 9 years

trust is preparing to move towards a more colaborative approach to work in an open transparent way in close constructive dialogue with members

however not sure that the message getting down to junior level (message coming from trust board level)

managers or middle managers moving in that direction

informally some still working in old way

Trust has set up joint training with unions - eg, course in employment on enlightened managers will listen

No system to identify managers who are not working constructively

No. of grievances would give an indication

There will be no personnel director at board level in new PCT re:- much unions disappointment

Don't know if any other union steward who could ring chief executive confidently and speak to him openly

Max Millett is always open to such approaches

code A attends all inductions

contrast between culture at Portsmouth Healthcare Trust and with Portsmouth Hospitals systems analysis approach at Healthcare Trust

Gosport Approach

Why did this go wrong?

How can things be changed?

People are given a second chance in appropriate cases

It is a very enlightened organisation - even prepared to enter in an open dialogue over finance and pay

Unhappiness about losing bits of trust to Portsmouth and East Herts

Much more written information accessible to staff as to what's happening in transition to PCT & need for Board Management to remind people what is going to happen in April 2002

Aspect of care really under valued in Pats view is basic care to patients

Full union input under trust whistleblowing policy and also into domestic abuse issues

Trust has gone out of its way year after years to meet pay results

Trust has always allowed employees who wished to can move from CP To Whitley Council Concept

Trust aspiring to be a very good employer

Working time directive (EWTD) Management has invested a lot of time educating staff about working hours & benefits of EWTD

They'll own up if they make mistakes. (Senior managers)

code A would expect that staff would investigate if incident reporting to them

Difficulty to persuade staff, safe to blow whistle on major incident

Working hard to create culture in which staff feel safe to report incidents

I've never seen anything major I would want to blow whistle on

We are on the farside of being too collaborative

Trust issues regional but Heads of department meetings informal communications

At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff

Confident that NB messages about trust business getting through to staff

Problem is getting through to people who don't want to know, only want to complain

Workers at health care support level difficult to persuade to take interest

CQC100583-0003

Type of patients in wards has changed recently much more dependent much more sickness on wards for longer

code A works on all 4 wards

Immediate support from Gode A for OT's when problems rise.

Independent counselling service for staff completely independent of trust (up to 6 counselling sessions available)

We are caring organisations but some management less caring than others

Chaplainancy service - intergrated into teams - open accessible & visible

Human scale - people know each other - like a family unit

Sits very well within community

Appraisal cycle process trust is 'Investor In People' centred

Approval cycle built into business process - all staff have IPR's

Through induction process general and specialist union each and every to encourage refelctive practice

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