

**Chairman - Anne Monk**

When appointed - background?

Are you satisfied with the composition of the Board - do you have the right skill/experience mix?

Have the Board members taken on a specific role? Eg has someone taken led for clinical governance/patient issues etc?

Could you describe your working relationship with the Chief Executive?

RO support? What are your links with the RO/HA are they helpful and supportive.

Examples of joint meetings etc.

Do the executive directors stick to their professional roles or do they act corporately - examples?

How does the Board undertake its strategic function? How is the strategic agenda developed? How has the Board been involved in PCT consultation?

How does the Convener, David Lee feed complaints in to you and the Board?

What formal links do you have with patient groups - eg regular meeting with chair of CHC?

What information based on patient surveys do you receive? Example of how concerns of patients have been addressed and care improved?

What regular performance monitoring information does the Board receive? What information do you receive around quality and complaints issues?

Are you confident that the Board would be able to identify and act around any worrying trends - any recent examples?

What's your interpretation of the culture of the organisation?

Whistleblowing policy - role of Board, is there non-exec involvement? Has it been used - what kinds of issues & what outcome?

How do you become aware of good practice? Are there any achievements you're particularly proud of?

**Chief Executive - Max Millet**

When appointed - background?

Describe working relationship with Chair and Trust Board. Are you satisfied with the composition of the Board - do you have the right skill/experience mix?

RO support? What are your links with the RO/HA are they helpful and supportive. Examples of joint meetings etc.

How does the RO monitor trust performance? How would you categorise this working relationship? Supportive?

Focus on joint working with acute trust - how would you describe the impact of recent changes of chief executive there?

How does the Board undertake its strategic function? How is the strategic agenda developed? How has the Board been involved in PCT consultation?

What formal links do you have with patient groups - eg regular meeting with chair of CHC? Any informal links?

What has been your personal involvement in the issues raised through complaints in older peoples services?

What has been learnt as a result of these issues being raised? - Examples

What is your involvement in complaints? What kind of clinical advice is sought prior to your correspondence? Eg is nurse director involved if about care issues? Are all complainants informed of their right to request an IRP?

How are complaints linked into clinical governance framework?

What information on patient care (including) complaints do the Board receive - who identifies and monitors where improvements need to be made.

Whistleblowing policy - how often used - your role? Outcome? How confident are you that every member of staff could raise a concern about a colleagues performance?

How would you begin to detect if unsafe practice were being undertaken? What would you expect to see and how would you react?

How has the trust supported those staff through previous investigations - especially Dr Barton?

How did you react to Dr Barton's concerns over clinical cover and increased case complexity? (letter to Ian Reid, MD 28.1.00) Was anything done?

How prepared is the trust for the PCT? What will be the main impact on the care of older people?

How do you become aware of good practice? Are there any achievements you're particularly proud of?

**Quality Manager - Lesley Humphrey**

What is your remit generally - and around complaints?

What constitutes good quality care? How do you know this is being delivered?

What level of quality indicators are routinely discussed at Divisional Meetings and at Board - do you attend?

What role to the Nurse Director and Medical Director have around quality issues & complaints?

How can the trust begin to identify trends in complaints?

Who is responsible for action planning/monitoring post complaint. Do the Board have a role in monitoring any action plans post IRP?

Is staff attitude (as it is in other trusts) a common cause of complaints? What steps have been taken to address? If no, what are common causes for complaint?

How has the trust learnt from complaints of 1998? How do you know this has improved patient care - what kind of indicators have you used?

Quality of RO support to Convener - training etc?  
Quality of Lay Chairs nominated by RO (for Independent Review Panels)

What quality/complaints info do you routinely report to RO - do you get any feedback?

**Senior Consultants - Althea Lord, Dr Jarrett, Dr Banks  
(elderly mental health)**

What are your responsibilities for clinical supervision?  
Examples of how these are fulfilled?

Describe how multi-disciplinary team working operates in  
elderly medicine? Suggest areas of good practice?

What interfaces do you share with the acute trust?  
Examples of joint working and learning around best  
practice?

How do you work with GP assistants & Sultan wards staff  
(inc. out of hours)

What drug protocols/care plans do you follow? Examples  
of good practice?

How are relatives given bad news? Is there an option to  
die at home - how is this facilitated? How do you manage  
relatives expectations of rehabilitation?

What are the systems used to certify death? Under what  
circumstances is the coroner notified - who does this?

When would you expect to be called on for senior medical  
input (out of hours?) - some recent examples.

How would you describe the nursing care provided to  
rehab/palliative, elderly care patients? Suggest areas  
of good practice & what could be improved?

What is your role in the induction of new medical staff?

**Dr Jane Barton**

How long did you work as a clinical assistant?

What are the main responsibilities of the role?

How was your practice supervised? Appraisal?

How were you able to work as part of the team - what was your involvement in team decisions

Who would you call on for senior input & under what circumstances? Was this routinely available?

Where you aware of any change in complexity of patients? What was the impact & how was this managed?

Understand you raised concerns with Dr Reid regarding increased complexity of patients - how did this become evident - examples- what was trust response?

When did you first become aware of Mrs Mackensie's complaint? What was your input into the trust's response?

How were you supported during the police/GMC investigations? What support would you have like to have had?

Role of HA and the Cause for Concern process?

Describe the process for assessing patients on admission. Who made the initial assessment? What would have happened to the patient in the fist 24 hours?

Were patients/relatives given the choice to die at home/hospice?

Could you let us know of any palliative care training you have had - when?

Were there any links with the palliative care team at the acute trust? How kept practice up to date?

What training in controlled drugs use? Kept up to date?

What was practice for pre-prescribing on admission? What was routinely prescribed? When was this reviewed? By Whom? Were there any core care plans?

How were deaths certified?

Any training on breaking bad news etc? How were patients/families given the option to die at home/hospice?

**General Manager - Fiona Cameron/Deputy General Manager -  
Barbara Robinson**

How long in post - who in post previously? - any gaps?  
(Fiona)

How do your dual managerial and nursing accountability  
work in practice - do you report to 2 directors? (Fiona)

Community enabling service - impact on quality of care?

Responsibility for Risk Management? - Divisional reviews?  
- how identify trends / problems? Any examples of trends  
which have led to a change in practice and improved care?

Impact of 11/00 stroke rehab patients on the elderly care  
wards?

How would you be expected to know of poor performance?  
What steps would you take? What is the trust poor  
performance framework?

How are you confident staff would feel able to raise  
concerns with you? Any examples?

What information do you routinely receive about quality  
issues - including complaints - what happens to that  
information? How is any action monitored - how do you  
check changes have been implemented?

PALS and Patient Forum expectation have been taken  
forward on experimental basis by Elderly medicine (Acc to  
clinical governance dev plan 2001/02) what has been  
impact?

How have staff been encouraged to record critical  
incidents and drug errors? What happens to this  
information?

How has the service learnt from the complaints raised?  
How are you sure?

Do you have any links with the RO performance monitoring  
team - what are they - do you receive any feedback?



**GP' s**

Out of hours arrangements? - weekend / nights?

Any involvement in NSF work?

How link into the trust's systems?

What do the wards feel like to work on - general atmosphere?

Any recent change in casemix? How has this been managed?

What training do you have in elderly/palliative care?

Who supervises your clinical work for the trust? Have you had an appraisal?

How would you go about raising a concern about a trust colleagues conduct?

What information regarding drug protocols is available on the wards? Eg. the compendium of drug therapy guidelines?

What is the policy for pre-prescription on admission?

What is the process for certifying death?

**Medical Staff**

Impact of closure of Haslar on medical take.

Case mix = increase in complexity? ->  
more specialist intervention? -  
urgent transfer protocols?  
out of hours?

Who makes initial assessment of patient? How is this communicated?

How do you access senior medical input? What happens out of hours?

Links with stroke & palliative care teams at acute hospital?

What good practice links are there with St Christophers on cont care & Petersfield for stroke care? Any examples?

What information regarding drug protocols is available on the wards? Eg. the compendium of drug therapy guidelines?

What is the process for prescribing/administering/recording/reviewing controlled drugs?

## Medical Director

Outline of role - number of sessions? Outline of role as a care of the elderly physician - any conflicts?

Lead for clinical governance - outline of role?

Who undertakes your clinical appraisal? How are you appraised as medical director?

How often does he attend divisional review meetings?

Examples of joint working with Nurse Director - eg clinical governance/quality.

District Audit review 98/99 - more work needed to be done with clinical staff on openness and supporting staff alerting senior management of poor performance - what was done?

- Continuing Professional Development?
- R&D?
- Clinical audit? - who sets agenda, what is his input who ensures findings disseminated? Examples of how practice has changed

Role in NSF?

How are good practice and joint learning shared between the community hospitals eg GWMH with Petersfield's stoke work?

What was your reaction to Dr Barton's letter (28.01.00) outlining her concerns about complexity of patients and adequate medical cover? What was done?

How has the service developed & learnt from complaints of 1998? Examples of best practice?

What is your role in detecting and improving poor clinical performance?

How are trust wide clinical policies eg - management of pain developed & implemented. What systems are used to ensure compliance?

**Trust Convener - David Lee**

How long been in the role?

Any support/training from RO?

Do you have a trust board role on complaints? IS there an annual report on complaints?

What routine information do the board receive? How are trends identified?

Are all complainants explained of their right to request an Independent Review Panel (last phase of NHS complaints process)?

How are IRP reports discussed by the Board - who undertakes action planning? Does the Board receive progress updates?

How does the Board function as a team - is the level of information you receive sufficient?

Quality of Lay Chairs appointed by RO?

**HCSW**

awareness of Clinical Governance - attendance at away days?

Are you aware of clinical incident forms - could you tell us about the last one you filled in? What happened? Are you encouraged to report near misses?

What is your role around drug administration? Have you received any training on controlled drugs checking? Do you do this often - how does it work in practice - examples

What would you do if you felt one of your colleagues was not administering drugs correctly?

How are you involved as part of the team? Do you attend any team meetings.

What is the ward like as a place to work? General atmosphere?

Is there anything which concerns you about how patients are looked after?

Could you give some examples of good patient care?

What is your role around helping patients to eat? How do record if someone has not eaten/had any fluids.

Staffing levels?

**Finance Director**

Executive director of Risk Management – how does this link in with MD’s responsibility for clinical risk? What nursing input is there?

How do the executive directors work as a team – give examples?

How prepared is the trust for the move to PCT?

How are quality issues discussed by the board? What weight is given to them at Board meetings?

## Ward Nurses

Designated key worker system? How does it work?

- how do you involve patient / family?
- How assess risk?

Use of risk event forms

- feedback from risk event database?

How are you made aware of any new guidelines? Can you give an example of any you have had a direct input into?

How are your skills and experience used on the ward to influence how patients are cared for? Eg - if you have specialist knowledge how are you able to share with your colleagues.

Have you worked on any of the other elderly wards? Any differences?

Training in syringe drivers/drugs competency/care of the dying/palliative care/older people?

What drugs do you routinely administer? Could you describe the process from prescription to administration and review & recording?

What is done in first hour/12/24 after admission? Who undertakes first assessment of patient? How is this communicated to the doctor/rest of team?

Is there a core care plan? Who writes this up? When is this done? Typically who is involved in the decision as to how a patient is cared for?

Does the ward have a clear sense of leadership - if you have a problem - do you know who to speak to & are you confident of getting constructive help?

What would you do if you felt one of your colleagues was behaving inappropriately? Eg not caring for a patient properly.

How are you involved as part of the team? Who attends team meetings? Do you feel able to raise concerns at these meetings? How are they run?

What is the ward like as a place to work? General atmosphere & staff morale?

Could you give us some examples of good patient care? Is there anything which concerns you about how patients are looked after?

As you are looking after very poorly patients, how are patients encouraged to maintain their independence eg - washing, eating & recreational activities such as reading, listening to music? Examples?

How are patients assisted to remain continent? How is this decision reached to catheterise a patient - what is the system for reassessment?

What is your role around helping patients to eat? How do you record if someone has not eaten/had any fluids. Under what circumstances would you draw to a senior colleagues attention?

Under what circumstances would you discuss pain management with medical staff? Recent examples?

Staffing levels? Are these adequate - how are any vacancies covered?

How does clinical supervision work?

Impact of night skill mix review?

### **Daedalus**

Concern Aug 2001 around staffing levels & 10 incidents - has this changed - what happened? Any vacancies?

Nurse input into admission guidelines produced by Dr Lord in 2000? What has been the impact?

Bogus clinician. 2000/01 Q4 Daedalus - 1 incident - tell us some more about this?

### **Sultan**

How does clinical governance impact on the ward?  
To what degree do you feel integrated into the trust?

What are the benefits/dibenefits of GP led care?

What happens out of hours - how do you call in medical support?

### **Dryad**



Are ward meetings being held at the moment - what was discussed at the last one?

**Ward sisters/charge nurses/senior nurses**

How identify / act on inappropriate behaviours ie poor attitude?

Under what circumstances would you discuss pain management with medical staff? Recent examples?

What information regarding drug protocols is available on the wards? Eg. the compendium of drug therapy guidelines?

What is your role in the administration/review and recording of drugs?

What information regarding drug protocols is available on the wards? Eg. the compendium of drug therapy guidelines?

How do you judge the competency of junior staff to administer/check drugs?

Use of data from clinical effectiveness department?

Exit interview feedback?

How are policy/nursing guidelines discussed eg pre-prescribing, nutrition, hydration.

Is there a nominated nutritional representative?

How is pain assessed, how is this done with patients with levels of dementia.

How are patients assisted to remain continent? How is this decision reached to catheterise a patient - what is the system for reassessment?

Staffing levels and agency usage?

**Chief Pharmacist & deputy - Jeff Watling & Paula Diaper**

How is the Pharmacy Dept managed - links with QA?

How do you work with clinicians to establish medication regimes for older people? How often are these reviewed?

How would you know if drugs were being inappropriately prescribed/administered?

How do you audit medication and prescribing patterns?

Who is responsible for ensuring that staff are adequately trained/supervised?

Are any medicines used on the elderly wards designated as Specialist Use - which ones & by whom?

Where you aware (according to docs provided by the trust) that no qualified nurses on Deadalus & Dryad had attended any syringe driver and drug competency course between 1998-2001?

Describe your input into the medicines and prescribing committee?

How are staff (inc GP assistants & Sultan staff) kept upto date with evidence based prescribing etc?

Compendium of drug therapy guidelines - is this available in all clinical areas? Which is the latest version?

Are patients on elderly wards given choice of hand held syringedriver?

**Service Manager - Jan Peach**

How does your dual nursing and managerial accountability work in practice.

How would you identify poor individual performance?

How follow up drug errors?

Noted that the recent nursing practice audit was excellent on all 3 wards - why do you think?

What external input is there on monitoring patient care, eg patients/patient groups?

How are policy issues that directly impact on patient care discussed/implemented/reviewed eg nutrition guidelines.

**Nurse Director**

How would you describe your role at ward level?

What is your involvement in clinical governance?

Give us an example of joint working with the medical director which has improved patient care?

Are there sufficient staff on elderly wards? Impact of agency staff?

Has there been a recent skill mix review in elderly services- what was the outcome?

How do you become aware of complaints with a nursing/care element?

How is nursing care audited?

Role of the nurse consultant - how will this improve care of older people - what are your expectation?

Could you describe the process a new policy such as that on pain management is developed, discussed and implemented. What system would be used to ensure compliance?

How often do you regularly meet with senior nurses/ward managers in elderly services?

What is the nurse input in bed management?

Do you have a strategy for nursing older people? Has there been any impact from the gerontological nursing programme?

**Director of Personnel - Peter King**

Staffing levels? Any local recruitment problems?

How have staff been supported through recent investigations?

How routine are exit interviews? Who receives the feedback eg ward?

Since 1998

- Dryad - 1 dismissal }
- Daedalus - 1 dismissal } what for?

How are corporate polices such as whistleblowing developed/agreed and implemented - give us an example?

**District Nurse - Penny Wells**

What procedures are followed in the community to allow people to die at home?

General relationship with the elderly care wards?

What is the general condition of patients discharged from GWMH home?

How is the respite facility of the Sultan ward used/regarded?