

Clinical Governance.K1 Trust arrangements	Stakeholder.Mrs [Code A].txt	Links with three concerned wards was through PDF -Clinical Governance- input into wards to raise awareness and give examples amongst staff. -Facilitated annual away days, which would result in looking at patient care, may have a remit of wards 0 (Reflective Practice)
Clinical Governance.K1 Trust arrangements	Stakeholder.Mrs [Code A].txt	Clinical Governance (CG) agenda Director of Nursing would put the CG {Programme together and then 22 people throughout trust would be given CG, CG supervision through the trust. It was very successful.
Clinical Governance.K1 Trust arrangements	Stakeholder.Mrs [Code A].txt	CG was then tailored to specific areas of trust.
Clinical Governance.K1 Trust arrangements	Stakeholder.Mrs [Code A].txt	Shared-learning through CG boards with A4 information on particular subjects with access to numbers and names of people.
Clinical Governance.K1 Trust arrangements	Stakeholder.Mrs [Code A].txt	Round days- Nursing staff, OT, Physio and CG reporter.
Clinical Governance.K1 Trust arrangements	Stakeholder.Mrs [Code A].txt	All audit have to be evidence based and would be done on a formal and informal basis.
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Betty Woodlands.txt	I'm really proud of our whistle blowing policy, it definitely works. It is used
Clinical Governance.K1 Trust	Statutory	

arrangements	Stakeholder.Community Health Council.txt	Joyce has been member of trusts' clinical governance panel over the last year Helps to ensure that voice of patient is heard has recently been involved in action planning by trust in response to incidents at War Memorial
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Interview with Dr Warner.22.1	Clinical governance: we used to feel that we had more of a dialogue with the trust about incident reporting and risk management; now we don't feel consulted about clin governance
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Interview.Nicky Pendleton.22.	With advent of clinical governance, arrangements were set up for different area of elderly care in Portsmouth/Gosport: continuing care, acute care, strokes
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Interview.Nicky Pendleton.22.	most of the work in the drugs area done by the acute group but had trust wide relevance
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Code A.txt	Full union input under trust whistleblowing policy and also into domestic abuse issues
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Code A.txt	Code A would expect that staff would investigate if incident reporting to them
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Code A.txt	Difficulty to persuade staff, safe to blow whistle on major incident
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder.Code A.txt	Working hard to create culture in which staff feel safe to report incidents

Clinical Governance.K1 Trust arrangements	Statutory Stakeholder Code A Code A.txt	I've never seen anything major I would want to blow whistle on
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder Code A Code A.txt	Confident that NB messages about trust business getting through to staff
Clinical Governance.K2 Ward arrangements	Stakeholder.Mr Code A.txt	The family also question the sedated state of their father. Their father was on diamorphine.
Clinical Governance.K2 Ward arrangements	Stakeholder.Mrs Code A.txt	Every ward had a CG board.
Clinical Governance.K2 Ward arrangements	Stakeholder.Mrs Code A.txt	The downfalls were that it should have been accessible at ward level.
Clinical Governance.K2 Ward arrangements	Stakeholder.Mrs Code A.txt	Everybody had a valued input into an issue At ward level Daeduls was multi disciplinary. CG implementation- nurse led but a good level of medical input.
Clinical Governance.K2 Ward arrangements	Stakeholder.Mrs Code A.txt	Deadulus had not problems with its management a view taken form being opposite the ward on a working day.
Clinical Governance.K2 Ward arrangements	Statutory Stakeholder.Interview.Nicky Pendleton.22.	NP feels that GP wards (including Sultan) 'sometimes left out of the loop'

Clinical Governance.K2 Ward arrangements	Statutory Stakeholder.Interview.Nicky Pendleton.22.	GP beds often 'misused' for non-clinical care (especially respite: GPs would place elderly patients on wards when family on holiday); Sultan beds also often used for younger patients with chronic progressive conditions like MS: there were no real care plans for such patients
Clinical Governance.K2 Ward arrangements	Statutory Stakeholder.Code A Code A.txt	trust is preparing to move towards a more collaborative 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)
Clinical Governance.K2 Ward arrangements	Statutory Stakeholder.Tele Int-John Kirtley	Ward Arrangements Clinical Governance - had meeting with trust re staffing structures. Have 3 posts at Primary Care Trust to support clinical governance. Second step - how integrate with what PCG has done already.
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Betty Woodlands.txt	Life isn't going to change much for community hospital staff will pretty much stay the same, some of the managers will change
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Community Health Council.txt	Serious reservations in CHC about new PCT in Gosport - proposal is to overload the trust by giving them too much work i.e learning disability service and elderly services
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Interview with Dr Warner.22.1	Expects GP influence to decline after PCT comes into being

Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Interview.Nicky Pendleton.22.	Fareham & Gosport have worked as a virtual PCT for over a year (NP describes it as a 'very well done exercise'); F&G implementation group includes all key stakeholders with robust framework underpinned by clear targets - eg number of rehab beds needed); identified nurse deficiency and charted plans for addressing it
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Code A.txt	There will be no personnel director at board level in new PCT re:- much unions disappointment
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Code A.txt	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
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Code A.txt	Confident that NB messages about trust business getting through to staff
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Tele Int-John Kirtley	PCT Arrangements Clinical Governance - had meeting with trust re staffing structures. Have 3 posts at Primary Care Trust to support clinical governance. Second step - how integrate with what PCG has done already.
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Tele Int-John Kirtley	PCT Arrangements One of <?> x 3 PCT's. How to rationalise corporate functions eg training and ed function - will manage specialised function on behalf of 3 others.
Clinical Governance.K3 PCT	Statutory	

arrangements	Stakeholder Telephone Interview- Tony War	PCT- it will have impact on local social services; I would hope that it provides us with more positive opportunities.
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