



Field Fisher Waterhouse


GENERAL MEDICAL COUNCIL

-and-

Code A

CHI INVESTIGATION INTO GWMH

FFW/66/04

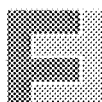
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**CHI INVESTIGATION INTO
GWMH**



CHI Investigation Index

- A. Trust Strategic Management ✓
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- L. Quality Indicators ✓
- M. CODE: Leadership ✓
- N. Trust Strategic Management ✓

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CHI INVESTIGATION INTO GOSPORT WAR MEMORIAL HOSPITAL

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A. Trust Strategic

- A1 Leadership: Approach and role of chief executive; culture of trust
- A2 Accountabilities: Role of trust board; accountability to regional office
- A3 Direction & Planning: broad strategic planning including Service & Financial Frameworks (SaFFs); key priorities during investigation period
- A4 Health Economy Partnerships: eg policy on, and work with, acute trust, health authority, social services, primary care, nursing homes
- A5 Patient and Public Partnership: eg consultation with public about trust planning; use of patient surveys; involvement of community health council

B Service Strategic

- B1 Leadership: Include under this code any information you may receive about direction of elderly peoples' care at the trust. Is leadership solely from the consultant or is it shared with senior nurses and/or managers?
- B2 Accountabilities: What systems are used to report internally and externally about the care of older people at the trust?
- B3 Direction & Planning: Any information about planning for the care of older people should be included under this code. Who does it? How is it done?
- B4 Service performance management: How is it managed, against which targets and by whom? What is the system for recording and reporting adverse incidents internally and externally? Is it understood by key staff?

C Quality

- C1 Staff attitude: eg staff morale ; view of trust leadership; attitude toward patients
- C2 Effectiveness & Outcomes: eg examples of ensuring appropriate rehabilitation for patients
- C3 Access to Services: eg access to occupational, physiotherapy
- C4 Organisation of Care: access to X-Ray, pathology and other diagnostic services; handover arrangements
- C5 Humanity of Care: eg kindness and compassion; policy and practice in making patients and relatives comfortable (tea for relatives, reading material for patients, TV and radio); privacy and dignity of patients and their relatives; ensuring that patients given their own clothes; help with basic activities like feeding, using the lavatory; responding to patient requests for help
- C6 Environment: ie cleanliness, attractiveness and comfort of wards and lounges; regular cleaning and maintenance
- C7 Positive patient experience: Include under this code any examples you may be given of good treatment of patients, particularly those that may have been acknowledged in writing.
- C8 Negative patient experience: Examples of unsafe, uncaring or negligent treatment of patients.

D Staffing and Accountability

D1 Workforce and Service Planning: How has the staffing of the older people's wards been planned and managed? What criteria or guidelines have been used in this planning?

D2 Medical Accountability: accessibility of consultants and clinical assistants; attendance of doctors on wards and involvement in care of patients

D3 Nursing Accountability: nurse cover on wards: how many and roles of different nurses; handover arrangements

D4 Allied Health Professionals Accountability: role of AHPs on three wards; involvement in planning for individual patient care and rehabilitation programmes

D5 Other Staff Accountability: middle management involvement in three wards; porters; reception and catering staff; chaplain

D6 Out of hours arrangements: How do they work in practice? Experience with Healthcall doctors; are arrangements known and understood by staff, patients and relatives

D7 Team Working (within teams): Nursing team work arrangements: how do they work; what is the level of co-operation? How is conflict/disagreement within the team managed?

D8 Team Working (between teams): How do the allied health professionals work with the nursing staff on the wards (regular meetings, consultation about procedure?); medical team working relationship with the nursing staff/AHPs

D9 Staff Welfare: eg staff counselling services, support from union; trust support for staff through ensuring humane working hours (compliance with European Working Time Directive); family-friendly work arrangements

D10 Recruitment & Retention: any problems in recruiting skilled staff locally? sickness and turnover; exit interviews

D11 Performance Management: Appraisal of staff; anything about the IPR process; work targets and objective setting; management of poor performance; grievances

E Guidelines

E1 Patient transfer: eg policy between GWM and other hospitals about transfer of patients; management of patients during transfer

E2 Do Not Resuscitate policy: is it recorded, and known to ward staff? Is it discussed with patients and their relatives?

E3 Palliative care: *For E3,4 & 5, note down any information about the guidelines and procedures for care of the dying patient, and for the rehabilitation and continuing care of patients on the three wards.*

E4 Rehabilitation: See E3

E5 Continuing care: See E3

E6 Nutrition: any matter relating to the provision of food and drink to patients, orally or by IV drip; also include anything about mouth swabbing

E7 Patient records

E8 Continence: eg catheterisation of patients; use of commode/bedpan; assistance in using the toilet

E9 Trust performance management: CHI needs to be aware of any guidelines against which the performance of this trust is managed either through the health authority or regional office.

E10 Consent: trust policy on consent & practice in seeking it from patients and relatives

E11 Control of infection: eg segregation of patients when infection identified; ward or trust procedures on management of MRSA

F Drugs

F1 Prescribing: trust procedures for ensuring appropriate prescription; system for taking prescription instructions from doctors by telephone, fax or email; adherence to prescribed protocols and guidelines

F2 Administration: Responsibility for giving drugs (who can do it and to whom are they accountable?); adherence to trust/health authority/national guidelines and protocols; management of errors in administration of drugs

F3 Review: eg doctors checking that drug prescription was right or if any nurse concerns re effect of drugs; is checking of prescriptions done routinely?

F4 Recording: eg note of doctor's telephone instructions for prescription recorded by nurse; instructions or information about prescriptions from sending hospital, GP or nursing home; maintenance of drug Codexes

G Communication

G1 Patients: eg oral and written communication with patients; consultation with patients about their care; informing patients about their treatment and care

G2 Relatives & Carers: eg oral and written communication with relatives/carers; consultation with them about their care; informing patients about treatment and care of their sick relatives

G3 Primary Care: eg systems for keeping GPs informed the admission, care and discharge of their patients; systems for keeping LMC and PCG abreast of changes in procedure, key matters affecting care of the elderly at GWM, particularly concerns about issues like out of hours cover, transfer from acute trusts and discharge

G4 Acute: Any information about liaison between GWM and the main acute trusts in the area (ie Queen Alexandra, Haslar and St Mary's). How do staff in charge of older peoples' care at GWM learn about bed pressures in the acute sector and about intended transfer of patients?

G5 Health Authority: liaison between trust and health authority through meetings or other means

G6 Haslar: regular meetings/other exchange of information; agreed policies and procedures

G7 Social services: informing them about admission, transfer and discharge of patients

G8 Nursing homes: How does GWM keep informed about bed availability in local homes? Any visiting of ward by nursing home staff?

G9 Staff: Examples of how staff are kept informed of trust policy and wider developments in the health economy; consultation with staff about changes in trust policy

H End of Life

H1 **Patient Care:** How is the dying patient cared for?

H2 **Relatives & Carers:** Breaking the news to relatives (practical examples of how this has been done at GWM); supporting relatives sensitively and compassionately

H3 **Staff:** Support for staff caring for dying patients

H4 **Cultural & spiritual needs:** Role of the chaplain; catering for patients and relatives of different faiths

I Supervision and training

11 **Medical:** Include under this code any evidence about supervision of the consultant (eg by medical director) appraisal of consultants (ie for revalidation or by medical director); also include information about any CME/CPD in gerontology for medical staff. What arrangements are made for supervising clinical assistants, new staff grade doctor and locums? What are the reporting arrangements?

12 **Nursing:** How are nurses supervised on the wards? How are their training needs determined? Is their training linked to complaints or untoward incidents on the wards?

13 **Allied Health Professionals:** Include here any evidence about training for occupational and physiotherapists and about their reporting arrangements.

14 **Other Staff:** Include here any information about training for managers that may be relevant to the care of patients on the 3 wards as well as staff in portering, catering and administration. Who do A&C, catering and portering staff report to?

15 **Induction:** Include here any information about induction for all categories of staff including sessional and temporary staff.

16 **Mandatory training:** Include here training which must be undertaken to meet the requirements of professional bodies (royal colleges etc) and courses which the trust requires staff to attend.

17 **Joint training:** Include here evidence about multi-disciplinary courses or those which a range of staff were required or encouraged to attend as part of, for eg, complying with an action plan.

J Complaints

J1 Trust management: Systems for responding to complaints from patients and relatives; reporting to board

J2 Ward management: How do ward staff respond to complaints from patients or relatives? How are they reported to senior clinicians and management? Are there written guidelines? Also include anything here about post-complaint action plans and their implementation.

J3 Trust Lessons: How does the trust ensure that key lessons from complaints are translated into changes in the care of patients or in dealing with relatives?

J4 Ward Lessons: Is there a process for informing ward staff about complaints and for ensuring that there are appropriate changes in practice following complaint?

J5 Training: What training is provided on dealing with complaints and to whom?

K Clinical Governance

K1 Trust arrangements

K2 Ward arrangements

K3 PCT arrangements

OBS Observations*

NC No Code

Stakeholders – All codes

A

Trust Strategic Management.A1 Leadership	Site Interview- Friday, <input type="text" value="Code A"/> - Complaints	no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. <input type="text" value="Code A"/> is excellent and defuses complaints.
Trust Strategic Management.A1 Leadership	Site Interviews- Tuesday, <input type="text" value="Code A"/>	Can always talk to <input type="text" value="Code A"/> easily.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	However, his priority over the past year is to arrange a smooth handover to the PCT so haven't had time to go on wards very much
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	My aim is to know every E Grade nurse on a first name basis
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	I think we can demonstrate that we can respond to crises well What keeps me awake at night? Worries about pressures on beds in area and the uncertain impact of those pressures
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Sees trust board's role as helping staff 'make sense' of any context of care. Not just passing on Government demands but interpreting things for staff and enabling people to deliver.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Also sees self as personal accountability - does not believe in 'one man band'- <input type="text" value="Code A"/> is part of team. Likes to stick with people he knows.

Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Code A	For elderly people. Need to slide with improvements - long slow slog.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Code A	Need open culture - especially for vulnerable people where staff and facilities have lacked investment.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Code A	Wanted good access to all best staff - for NEDs. Chair meets staff regularly.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday.07.01 Code A	Happy with Board composition. Works closely with Code A Executive team meeting two weekly. Notes go to all NEDs.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday. Code A Code A	Code A would act as mediator.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday. Code A Conveynor	Did publicity and seriousness come as a surprise? No already become accustomed to how they would react to their relatives in any of the hospitals.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday. Code A Conveynor	The team also took very seriously any complaints especially when effecting patient care.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday. Code A	Visit wards GWMH 4 trips since March. Elderly Med - 3 x since March.
Trust Strategic Management.A1 Leadership	Site Interviews-Monday. Code A	2 Partnership with voluntary organisations, CHC, as well as internal. In external meetings

		people speak highly.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/>	Enormous respect for <input type="text" value="Code A"/>
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/> Risk Advi	Culture within the Trust? Have never worked anywhere quite like here - work closely to board. Such a high commitment / caring organisation.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/> Risk Advi	How invisible are the Board? Annual conferences; staff seminars to launch any new policy - <input type="text" value="Code A"/> always knows every staff members name.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> and Quality retired and CE responsible for Quality at Board level. Quality Manager x 5 roles = 1. Complaints, 2. Risk Management, 3. Clinical Audit, 4. Quality / patient charter / clinical governance 5. User groups eg CHC. Responsibility of Chief Executive but access to executive team eg Director of Ops for RM systems. Invited to present quality rep to Trust board.
Trust Strategic Management.A1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/>	How well - known are Director's to front line staff? <input type="text" value="Code A"/> doesn't wander around meeting people prefers to meet more formally through away days & staff conferences.
Trust Strategic Management.A1 Leadership	Site Interview- Thursday: <input type="text" value="Code A"/>	Culture at trust: Charismatic leadership style. Individualistic, very heavily focused on patients and staff. <input type="text" value="Code A"/> really has grounded consultation with staff. Good values. Value driven.
Trust Strategic	Site Interview-	

Management.A1 Leadership	Thursday <input type="text" value="Code A"/> HA	<input type="text" value="Code A"/> knows many staff and what they do (walk round). Knows a lot of clients. Cares about needs, environment for patients. Examples of user innovation eg. user involvement in Mental Health. In Learning Disability each client is handled personally for plans.
Trust Strategic Management.A1 Leadership	Site Interview- Wednesday <input type="text" value="Code A"/> SenStafNursSultan	Close link with Countess Mountbatten hospice. Palliative Care.
Trust Strategic Management.A2 Accountabilities	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Policy has been given a high level of value by senior management – influence practical use of policy.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	appy with Board composition. Works closely with <input type="text" value="Code A"/> Executive team meeting two weekly. Notes go to all NEDs.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Medical Director has always bee geriatrician. Some board members been in place sine 'gf - have good knowledge of NCE issues.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Account to MMN -> <input type="text" value="Code A"/> -> Contractor Deputy Director -> Management. Mb of board and operational Mg group.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Responsibility for Elderly Services at GWMH - Fareham and Gosport - <input type="text" value="Code A"/> Elderly Medicine - Acute management.
Trust Strategic Management.A2 Accountabilities	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	How is <input type="text" value="Code A"/> told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.

Trust Strategic Management.A2 Accountabilities	Site Interviews- Monday: <input type="text" value="Code A"/>	Delegation - how do you keep track. Operational Team
Trust Strategic Management.A2 Accountabilities	Site Interviews- Monday: <input type="text" value="Code A"/>	Weekly meeting general manager. 6 GM's. 1 - 1 1/2 hours.
Trust Strategic Management.A2 Accountabilities	Site Interviews- Monday: <input type="text" value="Code A"/> Risk Advi	Role = advisory, support to line managers to perform. From writing <input type="text" value="Code A"/> strategy to visiting areas to review issues.
Trust Strategic Management.A2 Accountabilities	Site Interviews- Monday: <input type="text" value="Code A"/>	Discussions review main system of accountability. Much soft information <input type="text" value="Code A"/> very close to which / staff reps.
Trust Strategic Management.A2 Accountabilities	Site Interviews- Monday: <input type="text" value="Code A"/>	Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.
Trust Strategic Management.A3 Direction & planning	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	Significant evidence of systems change (1) pain management (2) clinical practice development (3) leadership programme Clearer indication of reasons for not initiating internal inquiry. Treated as medical incident. Would not happen now as Clinical Governance Group/Risk Management Group would identify it earlier. In absence of robust clinical indicators for nursing rely on verbal, informal reporting with those she meets regularly. But benchmarking/essence of care standards being introduced.

		Good examples of efforts to involve and consult patients and carers more regularly on patient care and policy development. Good evidence of learning from complaints. Staff workshops to discuss and reflect on complaints.
Trust Strategic Management.A3 Direction & planning	Site Interview- Friday: <input type="text" value="Code A"/>	Blockage investment in elderly mental health & inherited under resources service.
Trust Strategic Management.A3 Direction & planning	Site Interview- Friday: <input type="text" value="Code A"/> Pharma	Policy Development. Always a pharmacist involved. Paula involved. Drug policy covers both Trusts. <input type="text" value="Code A"/> not involved in Policy Development. Included policies have a link pharmacist eg <input type="text" value="Code A"/> <input type="text" value="Code A"/> . Eg. <input type="text" value="Code A"/> - alcohol withdrawal policy, named pharmacist? Who for syringe driver.
Trust Strategic Management.A3 Direction & planning	Site Interview- Friday: <input type="text" value="Code A"/> Pharma	Review in progress of pharmacy services for PCT change.
Trust Strategic Management.A3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Examples of impact of shared good practice b/w two community hospitals. At year awayday. Asked nurse - topics - rehab, nutrition.
Trust Strategic Management.A3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Was part of process of developing change plan. Describes it as being messy.
Trust Strategic Management.A3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Changing shape for PCT development has meant some key figures are now now around.
Trust Strategic Management.A3 Direction &	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Redcliffe House was EMI moved to GWH.

planning		
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Code A	How does he know the hospital is safe now? He has made major changes in last couple of years; quality management system used to be very paper-driven with little impact on the wards and noone leading the job with the time to do it properly (nurse director used to have responsibility in addition to her other roles). Now have whole new QMS with responsibility shared by senior management
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Code A	Code A appointed to ensure evidence-based good practice introduced and integrated into clinical practice; now he is confident that clinical practice on the wards is safer : getting direct feedback of this through network set up by Code A throughout the trust
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Code A	Code A has 'uncovered some very uncomfortable things'
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday.07.01 Code A	Have invested much time in developing risk management systems to minimise mishaps; when warning signs that things getting bad (eg in winter pressure periods) focused review of elderly medicine was instigated; review found that trust falling below safe staffing levels so triggered action plan which included closing beds and recruiting more nurses from overseas
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday Code A Code A	Devolved Budget Structure. Managed by locality and service. Joint account to FD and Fareham and Gosport locality.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday Code A Code A	Local flexible management? Autonomous and good communication with e@ division. So long as comply with policies.

Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	Surplus monies? - look at Trust finance as a whole.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	Trust OVP. Broke even since 1994. 2001 - 2002 difficult year. Elderly medicine experience pressures -> recruitment, drugs.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	CRAZ progs? SAFF. Give activity - kept central and tried to prevent impact on operational divisions.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	2 - 3 years no stress on meeting targets.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	Elderly services? Medicine. 97 - imbalance some issues. 18 months - 2 years Finances have got worse -> services grown -> recruitment down / agency bills up.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	Corporate response toward deficit -> new General Manager -> action plan = ongoing budget into balance -> agency and drugs.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	2001 -2002 = 1 million pound but after plan £330,000 overspend.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <small>Code A</small> Code A	SAFF negotiations being tough? Effect on Elderly Medicine -? Last year no increased input.

Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	2 - 3 years ago SAFF input into elderly medicine.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	Investment for Int Care in Daedalus? Designated Int Care - national money general review.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	Elderly people's services balance. No money from CRAZ and SAFF. How address balance - review MSE office budget, agency usage, use of Trust Fund. Mainly short term.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	It will be prevented by NSF, PAMS, F + G and E HAMP PCT relate to Hampshire as far as social services are concerned.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	Operational issues with new model in PCT
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	There are groups within PCT and District-wide for non acute aspects of Elderly Medicine. % 3 geographical areas.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	Strategic reserve - whenever there is a problem that needs to be addressed - Trust comes up with money and is very supportive.
Trust Strategic Management.A3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/>	Services from Pharmacy have improved to Elderly Care Wards at QA - no resource to put

planning	Code A	in more time to "outposts" eg GWMH.
Trust Strategic Management.A3 Direction & planning	Site Interviews- Monday Code A Code A	SAFF process not helping bolter Pharmacy Services.
Trust Strategic Management.A3 Direction & planning	Site Interviews- Monday Code A	Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.
Trust Strategic Management.A4 Health econ partnerships	Site Interview- Friday Code A Code A	All information there is for drugs and palliative care from pharmacies and hospices
Trust Strategic Management.A4 Health econ partnerships	Site Interview- Friday Code A Complaints	no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. Code A is excellent and defuses complaints.
Trust Strategic Management.A4 Health econ partnerships	Site Interview- Friday Code A SenNursDayWard	Increased outreach work so visit patient at home.
Trust Strategic Management.A4 Health econ partnerships	Site Interview- Friday Code A	Blockage with Acute Trusts - relationships and cooperation on strokes good. Pathingway Much hope with neck & femur etc.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews- Tuesday Code A LdConslt	CC - HA/SS agreement. Continuing care criteria?

Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	Example of good practice: Government panic about mixed sex wards recently: visit by department; Code A says very impressed by clarity and conviction of staff explanation about measures taken to minimise or avoid mixing sexes
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	I think we can demonstrate that we can respond to crises well What keeps me awake at night? Worries about pressures on beds in area and the uncertain impact of those pressures
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	RO - 'leave item alone'. Performance Previews. Whole system is documented by acute trust. RO informed of pv suicides - unexpected deaths. Main interface over reprovision of NH acute facilities where RO have been helpful.#
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	Performance Management by RO. In PR terms - acute trust has dominated. This trust have always met all targets, so not been focus of RO attention.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	Happy RO 'has kept off their backs' but have offered help when necessary.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	HA - good links have been established to ensure support for resources -> H.C.E
Trust Strategic	Site Interviews-Monday.07.01	

Management.A4 Health econ partnerships	Code A	Have had to develop collaborative relationships with HA, but also be aware of 'whole systems' requirements eg. cannot have excellent services for elderly at expense of others.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	Problems re winter pressure - trying to ensure seamless working between acute medicane and elderly.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday.07.01 Code A	Not sure what more managers or clinicians could have done to improve relationships between primary and secondary care. There have been some successful Integrated Care Pathways developed - but best examples of ICPs are where 2 degree care has not had to be involved.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday Code A	It's important getting contributions from all agencies.
Trust Strategic Management.A4 Health econ partnerships	Site Interviews-Monday Code A	Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Thursday Code A SenStafNursSultNt	Assessment – symptom control, access Countess Mount Batten
Trust Strategic Management.A4 Health econ partnerships	Site Interview-Thursday Code A	Based at GWM on Thursday and Sunday. 2 chaplaincy assistants here have just been recruited to help him in all trust work and prior to Code A appointment. GWM had part-time Free Church chaplain who still works there on a voluntary basis.
Trust Strategic Management.A4 Health econ	Site Interview-Thursday Code A HA	Local player? Good. Code A very difficult. Good relationship with Code A H Econ.

partnerships		Meetings. Fights causes strongly.
Trust Strategic Management.A4 Health econ partnerships	Site Interview- Thursday <input type="text" value="Code A"/> OT	Health and Social Service, OT services going to be integrated?- Not sure if it will happen any more but close links anyway-good working relationship.
Trust Strategic Management.A5 patient & public partners	Site Interview- Friday <input type="text" value="Code A"/> NursingDir	User and carer attendance. User carer groups have now been set up.
Trust Strategic Management.A5 patient & public partners	Site Interview- Friday <input type="text" value="Code A"/>	Users and Carers/Strategy and Framework - user and carers framework document developed 12 months ago. - set up cross trust obligations and requirements - option doing two things - engaging users. - framework piloted at St James Hospital
Trust Strategic Management.A5 patient & public partners	Site Interview- Friday <input type="text" value="Code A"/>	Gerontological NP - advisory group - first stab at planning input into users and carers strategy. Director of Elderly Medicine - have worked into QAs PALS and user fold. Users on clinical governance groups.
Trust Strategic Management.A5 patient & public partners	Site Interview- Friday <input type="text" value="Code A"/>	Patient care experience should have clear pathway of care. Clinical governance will be collection of Trusts - over a wide area.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Have very active service user groups in adult MH. Good links with CHC chain. Believes trust has been effective at involving local community and local groups.
Trust Strategic	Site Interviews-Monday <input type="text" value="Code A"/>	

Management.A5 patient & public partners	Code A	Investment in outside capital? Historical equipping budget - £50,000 - £100,000.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday Code A	Local - GWMH supported by Trust Fund and league of friends. Estates.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday Code A	Some questions passed on if said services question outcome and practice.
Trust Strategic Management.A5 patient & public partners	Site Interviews-Monday Code A	Open day. Public invited to see GWM therapy facilities.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday Code A Personn	User and carer involvement - what who are the drivers. Code A } older people services, Code A
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday Code A PractDevlFacil	Developer group patient involvement, feels strongly that they should be multi-disciplinary, should involve patient. ??? lady from Petersfield Insight will give an enourmous.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday Code A phy	Where is give going to be? Pressure is going to be outside in community.
Trust Strategic Management.A5 patient & public partners	Site Interview-Thursday Code A phy	Work with groups of patients, plan which patients for 6 sessions eg. tea dances, nativity plays etc., more confidence to do things. Want to keep themselves fit. Contact Code A Super 3 manager - ??? G&F pt stroke spec.

Trust Strategic Management.A5 patient & public partners	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.
Trust Strategic Management.A5 patient & public partners	Site Interview- Wednesday <input type="text" value="Code A"/> SenStafNursSultan	Good link with district nurses until recently shared notes.

B

Service Strategic Managemen.B1 Leadership	Site Interview- Friday [Code A] NursingDir	Initiated post-grad. Certificate on clinical governance.
Service Strategic Managemen.B1 Leadership	Site Interview- Friday [Code A] NursingDir	[Code A] and Medical Director had just arrived in post in 98. [Code A] didn't learn about complaints until police became involved.
Service Strategic Managemen.B1 Leadership	Site Interview-Friday.Text [Code A]-SenNursColW	Acute administration on mental Health ward-Collingwood Accepted her and warmed well From Knowles Hospital 6years ago when it closed
Service Strategic Managemen.B1 Leadership	Site Interview- Friday [Code A] SenNursCoord	Came from QA ward manager medical ward intermediate care. Started November 2000. 11m in post with gap*, new post role is supporting/managing clinical manager/areas. Also facilitate clinical practice. 50:50 clinical admin. Involved in training and development of nurses at GWMH eg. alert system. Back before care wards tended to deal with issues alone. Now have "common" ACD.
Service Strategic Managemen.B1 Leadership	Site Interview- Friday [Code A] SenNursCoord	Purpose of post? Reason was there was no nursing leadership at GWMH. Also [Code A] [Code A] had too wide a role. H grade. Aware of problems when arrived? Knew but not in depth - bring up skills of nurses.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] DepGenMgr	General - In this area since 1981. Nurse (district) background. 1987 management - ?? care - Mental Health - Comm Hospital is Fareham. 1996 Managed St Christophers (F) GWMH, other services in Gosport. GWMH was small, but upgraded and enlarged.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] ProjDir	Oversaw principles applied at other community hospitals. Strong union representatives

		very high health and safety. Union - domestic abuse whistle blowing.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] -ProjDir	Sultan - 1998. Very comfortable service - efficient, excellent senior nurse, 5 senior GP - GP committee meet monthly, 50 GP had admission rights, worry single handed GP would be edged out by group practice, some beds were used for ??? were flexible within reason. Haslar were ?? did not specialise in Elderly. Haslar staff changed often which caused problems with admission & discharge. Translation of Processes - no problems, GP Gostop, used GWMH outpatients as base rather than surgeries.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] -Gen Mgr	Background of elderly nursing, was Service Manager Petersfield Hospital. Then added Havant as Nurse leader. Now locality General Manager. (Leader) Contract for Phys, OT, Community Hospitals, Podiatry, Physical disability, now has health visiting, district nursing - Fareham & Gosport. Primary Care Trust (attends Gosport 1 day a month). So she has a very broad & diverse remit.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] -Gen Mgr	Is Line Manager for [Code A] meets monthly. Spends one day a month Gosport, [Code A] leads intermediate care. She reports to Nurse Director & [Code A]
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] -ServMgr	Supervision route? [Code A] Support Service Manager - [Code A] Out patients Manager No clinical involvement - Core management. Support appraisal.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday [Code A] -ServMgr	Personal appraisal - constant contact. Informally - meet monthly - Development problems. Fiona IPR 6 months & annually.

Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday: <input type="text" value="Code A"/> ServMgr	Int care developments. Ward - D Initially anxious then excited. Daedulus developed skills for slowstream & continuing care. Big leap - to rehab. Meet regularly with clinical team & with therapist about managing beds. Conclusion - need to increase level E grade staff, 4 staff, 4 support. E & D night staff - ward clerk time - <input type="text" value="Code A"/> nurse leadership. Took a year to recruit the staff for the post - due to extra cash that had been released across the trust opening more opportunity for staff.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday: <input type="text" value="Code A"/> ServMgr	Clinical Manager of Sultan was away so clinical manager of Shannon ward at St Christophers came to cover. St Christophers - 9 beds stroke. Shannon - 26 beds rehab. 18 continuing care. Nurse consultant: <input type="text" value="Code A"/> - stroke management. To improve & develop nurse skills.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Clinical Manager very good, looking at self medication 'self contained flat' in ward.
Service Strategic Managemen.B1 Leadership	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClt	Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.
Service Strategic Managemen.B1 Leadership	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Trust style - expressed in four Ps (people, pennies, partnerships, performance). Nothing can be acheived by trust alone. Have always tried to involve local communities.
Service Strategic Managemen.B1 Leadership	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Local flexible management? Autonomous and good communication with e@ division. So long as comply with policies.

Service Strategic Managemen.B1 Leadership	Site Interviews-Monday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	How is <input type="text" value="Code A"/> told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.
Service Strategic Managemen.B1 Leadership	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Clinician and front line staff involvement? Business plans written by reference groups and multidisciplinary groups.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday. <input type="text" value="Code A"/>	Staff Union Reps. Could they forward to the Manager. "Ask <input type="text" value="Code A"/> ". Does not know if staff would be afraid to whistle blow.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday. <input type="text" value="Code A"/> Complaints Conveynor	It was evident at divisional level good management between Managers and clinical staff / lead consultants.
Service Strategic Managemen.B1 Leadership	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	gets good support from <input type="text" value="Code A"/> <input type="text" value="Code A"/> and meets with him and other colleagues regularly to be given information about new developments and other trust issues
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday <input type="text" value="Code A"/>	'Everyone chips in' ie no one leads or chairs meetings.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday <input type="text" value="Code A"/>	Chair risk management group.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday <input type="text" value="Code A"/>	Accountability. Lead Consultants - not line managed by F.C. but internally managed by each division. - They work alongside divisions.

Service Strategic Managemen.B1 Leadership	Site Interviews- Monday [Code A] ChiefPharmacist	Eg. Intrathecal drugs, DoH wanted consultant only use. Trust wanted a Waiver agreed to by the CEO.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday [Code A] ChiefPharmacist	Audit Commission "spoonful of sugar" - recommended more pharmacy involvement in clinical areas, warning of high doses.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday [Code A]	98 - very good manager in elderly medicine. [Code A] her successions are "ok", but [Code A] was especially good.
Service Strategic Managemen.B1 Leadership	Site Interviews- Monday [Code A]	[Code A] given specific responsibility to oversee service (checking client care plans etc).
Service Strategic Managemen.B1 Leadership	Site Interview- Thursday [Code A] Sp- LangThera	Ethical decision will be made by Consultant and documented in medical notes. Discussion with family and Consultant and nurse grade. Issues around swallowing eg. patient who refused to eat although had swallowing problem but consultant wanted to peg speech, therapist would not. Late stage dementia – Consultant wanted peg feeding – therapist felt quality of life said no and family decided no. Decisions – no MDT meeting not necessarily unilateral decision.
Service Strategic Managemen.B1 Leadership	Site Interview- Thursday [Code A] Personn	Sickness in unit - advising rec. & ret. Ward managers work with. Work force information divided reviews Sickness info, turnover, vacancy levels, workforce, predictive planning, training and development.

Service Strategic Managemen.B1 Leadership	Site Interview- Thursday [Code A] Senior Personn	Perception with ward managers, now need more support than others. Would know by meeting with people and establish how managing problems and pick up data. [Code A] meeting with ward managers.
Service Strategic Managemen.B1 Leadership	Site Interview- Thursday [Code A] Daed	Rehab was driver for change and strategy team working and letting them drive change. Particularly focus on rehab.
Service Strategic Managemen.B1 Leadership	Site Interview- Thursday [Code A] Daed	Common approach to other wards Code A And many supervision meetings Monthly meetings and [Code A]
Service Strategic Managemen.B1 Leadership	Site Interview- Wednesday [Code A] SenSt afNursDryad	Support lower down through grades is reduced. Training available for qualified staff but not same level for HCSW.
Service Strategic Managemen.B1 Leadership	Site Interview- Wednesday [Code A] SenSt afNursDryad	Morale was low – investigation management support. Communication was good.
Service Strategic Managemen.B1 Leadership	Site Interview- Wednesday [Code A] SenSt afNursDryad	Comms – very good: memos, memos to individual, communication book night staff, ward team meeting.
Service Strategic Managemen.B1 Leadership	Site Interview- Wednesday [Code A] SenSt	Policies – Head of department meeting, clinical managers meeting, memo notice

	afNursDryad	board, manager identified policy and alert staff to folder.
Service Strategic Managemen.B1 Leadership	Site INterview- Wednesday [Code A] SenSt afNursDryad	Expressed concern about MH numbers. Set up working parties to look at problems to develop skills – study days often clashed with low staffing levels.
Service Strategic Managemen.B1 Leadership	Site INterview- Wednesday [Code A] SenSt afNursDryad	Junior have not received as much support <ul style="list-style-type: none"> - invited to CHI meeting directed at grade - briefing with general discussion - aware support is there
Service Strategic Managemen.B1 Leadership	Site INterview- Wednesday [Code A] SenSt afNursDryad	[Code A] has always been available.
Service Strategic Managemen.B1 Leadership	Site INterview- Wednesday [Code A] SenSt afNursDryad	Required to participate in resus. Lack of support , only people directly involved in resus. Support need from ward managers LD, HCSW or [Code A]
Service Strategic Managemen.B1 Leadership	Site INterview- Wednesday [Code A] SenSt afNursDryad	Look to HCSW local experience rather than Senior Management.
Service Strategic Managemen.B1 Leadership	Site INterview- Wednesday [Code A] SenSt afNursDryad	Clinical supervision system in place, 2 groups, mixed nights and days <ul style="list-style-type: none"> - 6 people group night/day/grades - reflective practice and learning - confidential issues - ways of dealing - researched producing solutions - meets monthly - staff shortages not monthly

		- not available across the board Support from Code A
Service Strategic Managemen.B1 Leadership	Site Interview- Wednesday Code A SenStafNursDryad	Standard of care is very high. Improved by new H grade structure and training and development.
Service Strategic Managemen.B1 Leadership	Site Interview- Wednesday Code A ENNursDryadNi	Leadership - no problem.
Service Strategic Managemen.B2 Accountabilities	Site Interview-Friday Code A Code A ChiefPharmic	Code A has led at trust level, with prper input from other Profs and has been developed together with partners in health community.
Service Strategic Managemen.B2 Accountabilities	Site Interview- Friday Code A Senior Diet	Executive feeding people committee
Service Strategic Managemen.B2 Accountabilities	Site Interview- Friday Code A SenNursCoord	Service Manager is person who will be responsible for addressing radical ????? goals on wards.
Service Strategic Managemen.B2 Accountabilities	Site Interview- Friday Code A Phar ma	How does she find out about policy? Code A deals with these matters. Information is e-mailed.
Service Strategic Managemen.B2 Accountabilities	Site Interview- Friday Code A Phar ma	Communication of new policy? Paula is main link, but may occasionally forget to tell her of changes.

Service Strategic Managemen.B2 Accountabilities	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Is Line Manager for <input type="text" value="Code A"/> meets monthly. Spends one day a month Gosport, <input type="text" value="Code A"/> leads intermediate care. She reports to Nurse Director & <input type="text" value="Code A"/>
Service Strategic Managemen.B2 Accountabilities	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Communication - own and aware of trust values.
Service Strategic Managemen.B2 Accountabilities	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Pounds matter - making sure people are aware of value of spending. Corporate - Trust newspaper, staff letters, monthly info exchange, divisional review process, personal contact, networks.
Service Strategic Managemen.B2 Accountabilities	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Executive Director - group operational management, group very cohesive - role awareness. Group meets 2 weekly or monthly.
Service Strategic Managemen.B2 Accountabilities	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Clinical Management. Lead Consultant -> MD. No direct role. Voice heard through divisional meetings.
Service Strategic Managemen.B2 Accountabilities	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> - empowering clinical leadership, is in harmony with operational remit.
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday: <input type="text" value="Code A"/>	Regional Support. On edge of Region - Induction SE Regional if 18 months. Induction training for South West. Can go if Region, Chairs District. Twice yearly Chair meeting in London. Chair of clinical governance training meeting. Non-executive.
Service Strategic Managemen.B2	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints	Feels that there has been no findings of clinical negligence, has never to be shown to be

Accountabilities	Conveynor	proven
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday.Eileen Thomas Nursing Dir	New approach to improving care she's trying to introduce: direct observation and evidence like critical incidents, complaints is approach trust key evidence if review direct observation?????????
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday.IanPiper-Ops Dir	Delegation - how do you keep track. Operational Team
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday.IanPiper-Ops Dir	Something may have been delegated by accountability would not change.
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday.JeffWatling- ChiefPharmacist	Accountable to Division Manager for Clinical Support in Portsmouth. He provides services through SLA to this Trust. Liaises with Finance Director.
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday.JeffWatling- ChiefPharmacist	Service to Trust is managed by a Grade E Pharmacist (Paula Diaper) and 2 pharmacists elderly and mental health + community. She also has staff at QA.
Service Strategic Managemen.B2 Accountabilities	Site Interviews- Monday.PeterKing-PersDir	Weekly management when problems in elderly medicine came to fore.
Service Strategic Managemen.B2 Accountabilities	Site Interview- Thursday.DianeLaw Patient Affairs	Employee of the trust Communication, do know what's going on. Line communication very good

<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site Interview- Thursday: Code A Personn</p>	<p>Report to Personnel Director. Divided Local Management. Division Management meeting. Monthly.</p>
<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site Interview- Thursday: Code A Personn</p>	<p>Training on personnel policies. Her lead is on sickness management policy.</p>
<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site Interview- Thursday: Code A PractDevlFacil</p>	<p>Has wide remit in her role of Clinical Governance - not much in corporate. Sees Code A on general matters only every 3 months. Code A might raise training needs of staff in ad hoc way.</p>
<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site Interview- Thursday: Code A PractDevlFacil</p>	<p>Examples of working with Code A No specific examples. Training and Development "can you make sure that people get ??? training.</p>
<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site Interview- Thursday: Code A - PractDevlFacil</p>	<p>3 monthly meeting with Code A - Training, Development. Is everything OK? Asks about Gerentological developments, ??? training discussed.</p>
<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site Interview- Thursday: Code A OT</p>	<p>Structure, no-one is ward based. Work alongside Rehab. Code A stroke. Code A Fareham and Gosport area manager for OT. Code A Distinct Manager. Code A GWMH / Code A St Clins. Code A has similar structure - not as close in links. Unit more self-contained.</p>
<p>Service Strategic Managemen.B2 Accountabilities</p>	<p>Site INterview- Wednesday: Code A SenSt afNursDryad</p>	<p>Teamworking character. Very caring team put patients first but let down by documentation.</p>

Service Strategic Managemen.B2 Accountabilities	Site INterview- Wednesday. Code A SenSt afNursDryad	Code A has always been available.
Service Strategic Managemen.B2 Accountabilities	Site INterview- Wednesday.TL Code A onsult	Chaired Clinical Governance Group (Acute). Feeds into service meetings Feeds into service meetings - Code A Clinical Governance groups stroke.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday Code A Clinical manager	Initially problems therefore different management style-everyone equally valued. After a course, changes implemented and evaluated
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday Code A Clinical manager	Change to Intermediate Care, needs have to be met and management system 'Flattened'
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday Code A NursingDir	Processes of system in clinical practice since 98: have been major changes in 3 areas: (1) Management of pain training related to it triggered by incidents, primarily for nurses. (2) 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.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday Code A NursingDir	Changes include: evidence based practice ?????? consistency in dealing with patients and focused on middle grade nurses – appointed better calibre people from outside.
Service Strategic	Site Interview-Friday Code A	

Managemen.B3 Direction & planning	Code A	In respect of total medicines Policy that has been recently revamped
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A SenNursDayWard	MDT training – other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A SenNursDayWard	Oe patients are on wards, easy to think save to MDT is forgotten.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A SenNursDayWard	Staff – front line staff should be involved in management meeting.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A	Blockages to change - choices - culture of ward levels. More objective blockages than culture. There's no such thing as "open culture". Difference in culture and beliefs between three wards.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A Senior Diet	Systems were very different between Dolphin and Dryad and Sultan. Knowledge seemed less than on Dolphin.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A Senior Diet	3 wards 1 day a week. Daedalus – stroke patterns had dedicated support on nutrition/feeding. Sultant and Dryad – called for critical incidents or special problems with feeding – responded when called.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday: Code A Senior	Now working on learning disabilities so aware of policies of trust and aware policy

planning	Diet	of feeding in place.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday. <input type="text" value="Code A"/> Senior Diet	Dealt specifically with a patient needs not over whole ward. Eg. of cases of needs <ul style="list-style-type: none"> - overweight, diabetics lipids - glycogen levels, home preparation - peg feeding - nasal feeding
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Nutritional reps meeting – 6 months <ul style="list-style-type: none"> - regular update training - access to info.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Role of dietician, has changed and respected more by clinical staff now.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday. <input type="text" value="Code A"/> Senior Diet	Enablement team Full-time dietician At wards, St Christopher and Community plus MDT meetings.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday. <input type="text" value="Code A"/> Senior Diet	Enablement Services – to improve, interface between hospitals and communities.
Service Strategic Managemen.B3 Direction & planning	Site Interview-Friday.Text <input type="text" value="Code A"/> -SenNursColW	40 bedded admission ward-Gosport & Fareham-bigger catchment area
Service Strategic Managemen.B3 Direction &	Site Interview- Friday <input type="text" value="Code A"/>	Team Working - how can <input type="text" value="Code A"/> make it happen. <input type="text" value="Code A"/> works on ward herself to role

planning	SenNursCoord	model behaviour. Doesn't think they have got it right yet. Would like documentation to be better across the board - everyone adhering to same core plan. One of issues is to get that sense of working together for integrated goal setting and person centred goal setting, wants to get people working together. Her physio on nursing documentation groups. Hopes this will lead to multi-professional documentation and goal setting.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Friday <input type="text" value="Code A"/> SenNursCoord	Service Manager is person who will be responsible for addressing radical ????? goals on wards.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday <input type="text" value="Code A"/> SenStafNursDaed	Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts. Ordered by management, happened regularly.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday <input type="text" value="Code A"/> SenStafNursDaed	Leaves Daedulas short. Near miss with a drug error at Collingwood - 2 agency nurses.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday <input type="text" value="Code A"/> DepGenMgr	To "integrate" - cross fertilise?? - between Elderly Care and GP. Also quick PSE (old age psych) opinions. She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday <input type="text" value="Code A"/> DepGenMgr	In March 2000 - asked to move (reluctantly) to Elderly medicine - because of ward closures and staff leaving.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday <input type="text" value="Code A"/> ProjDir	Main barrier blocking medical cover was funding?? Felt DGH was absorbing all the money.

		Transfer arrangements - Haslar & Q&A. Q&A - new dept - not system that was in place in 98.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> } LdConslt	Forming into 3 groups as per localities with lead clinicians in each patch. Advertising for extra post, really need 12 % 3 groups of 4.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> } LdConslt	Health - complex medical & nursing needs that require specialist input eg swallowing/fits. If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds. Rehab emphasis / eg slow stream stroke rehab.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> }-Gen Mgr	Community Enabling Service - funding for it came all at once. Intermediate care - possible £1 000 000 Budget - Intergrates current services and all new services. Not yet happening. Purpose of service to prevent admission and promote discharge.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> }-Gen Mgr	Hospitals use - enabling service - using physiotherapy, integrity.?? Of occupation therapy ?? of Health Social Services includes OT - Health Care Services ??? "It will happen faster discharge". Hope disclose difficulties relaxed discharge very high??
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> }-ServMgr	Continually care 'Care in the community' Agenda. Helps identify gaps in training. Initial role was Nurse lead & Service Manager. Service Manager St Christophers Colde East?? Development of service to creating good networks for patient care.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> }-ServMgr	Examples of impact of shared good practice b/w two community hospitals. At year awayday. Asked nurse - topics - rehab, nutrition.

Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday ^{Code A} ^{Code A} SenStaffNursDaed	Induction - was continuing care ward. Had continuing care & slow stream stroke. Now has fast stream stroke and general rehab. Take orthopaedic cases - fractured neck of femur & general rehab. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday. ^{Code A} LdClT	98 - ward changed from continuing care to rehab. Ward staff confused re role. Also for GPs there was some difficulties about treating different group of patients.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday. ^{Code A} LdClT	Nurses found change from continuing care -> rehab patients quite difficult. Does not think nurses were involved in decision in change of ward.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Tuesday. ^{Code A} LdClT	Felt there has been improvement over last two years in terms of how decisions over patient care are handled especially change form rehab -> palliative care.
Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday.07.01 ^{Code A}	Acute wards are operating at above safe level of occupancy; creates unacceptably high workload for community teams
Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday.07.01 ^{Code A}	For elderly people. Need to slide with improvements - long slow slog.
Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday.07.01 ^{Code A}	Not much freedom to manoeuvre concerning priorities for vulnerable groups - ie NSFs etc - set direction. Choice is around 'how' - how to work with staff etc, choice around style culture work with voluntary groups etc.

Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Training budgets. Resources - each division has own training budget but particular issues Trust would invest and fund training.
Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Role in Business Planning? - Ops Director and comms - <input type="text" value="Code A"/> - Planning patient focused and clinical? Board here for support and providing a framework.
Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -telephone	?nurses are responsible for acre plans and for discharge planning. Have one ICP- for NOF developed plans with QA
Service Strategic Managemen.B3 Direction & planning	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	it is seen as very happy on wards and sorry to leave, but feels hassle to develop skills because of case-mix of patients on ward. Thinks too many patients are wrongly placed, having acute hospital health problems. (Anxiety dementia) feels these patients should go to EMI wards.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	We started doing rehab before we were funded to do it.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	Financial year - away day - key issues. Mixture of operational and reconfiguration agenda.

Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	Ring <input type="text" value="Code A"/> or <input type="text" value="Code A"/> group meeting, fortnightly ED meetings, review and comms briefing, forms/key documentation.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	Consideration given to using the model in place now for elderly medicine to the new PCT? Beds geographically retained local focus - but maintaining a strong linkage d/w two PCT.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	- planning of elderly services needs to be strategic.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	M.D Martin Severes 1990 - developed stroke services.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	Last 3 - 4 years Int Care, separation of ward functions? The driver was <input type="text" value="Code A"/> - general manager for elderly medicine.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/>	No successful CREZ programmes. Very pragmatic approach to CREZ by keeping health level of reserve. Ie. Recurring 1/2 - 3/4 million on turnover of 100 million. Ie CPR training received 80,000 recurring funds.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Nurses are talking and so communication has not failed due to becoming a PCT?
Service Strategic	Site Interviews-	

Managemen.B3 Direction & planning	Monday: <input type="text" value="Code A"/>	Weekly management when problems in elderly medicine came to fore.
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday: <input type="text" value="Code A"/>	Satisfied that reasonably well staffed in elderly medicine now - thinks staffing level ok
Service Strategic Managemen.B3 Direction & planning	Site Interviews- Monday: <input type="text" value="Code A"/>	"This isn't an area that particularly worried me (esp compared too often, areas like psychiatry).
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> Sp-LangThera	Service <ul style="list-style-type: none"> - disvager/swallowing - speech therapy 60/40 - work with patient and family, inpatients and outpatients
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> GP	So workload complexity increased - what about staffing/infrastructure? <input type="text" value="Code A"/> asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH - presents a number of problems - so scream and howl at lot. Had word with <input type="text" value="Code A"/> (could he make a room soundproof?).
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Change in case-mix - letters sent from the time to time.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Based on Sultan ward last few months with 2 trained staff on nights. Medical problems – will attend, Medical problems on Mulberry – called in frequently.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/>	Documentation changed with syringe driver.

planning	SenStafNursSultNt	Intro. Policies <ul style="list-style-type: none"> - Placed on desk - Do not go to clinical management meetings so now policy lands on desk. - No support in developing career
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	Not aware what is going to be placed on computers.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	NSF older people – no discussion, no opportunity to discuss new research and effect on staffing.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	No benchmarking.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday <input type="text" value="Code A"/> PractDevlFacil	Sharing of good practice with the Trust is not developed, but community network recently established to improve sharing.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday <input type="text" value="Code A"/> PractDevlFacil	Clinical Network group being maintained.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday <input type="text" value="Code A"/> OT	<input type="text" value="Code A"/> is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dyrad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.
Service Strategic	Site Interview-	

Managemen.B3 Direction & planning	Thursday: <input type="text" value="Code A"/> OT	Future- fax referral to central office. Social Services and OT will be based in a central office with outreach workers-Sept 2000 new service started.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> OT	There will be no ward OT Officially community OT
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> OT	caseload divided- based in locality but cover speciality orthopaedics trauma orthopaedics medical team complex general rehab strike rehab
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Change/move rehab - 4/5 years ago. Next change - intermediate care 14/15 months ago - and staff became team leader.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Freedom to follow people through - what happened - to change service - organisational change - why to NSF - intermediate care national policies.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> phy	What drives better practice? Validated tools - NSF, government, service plans.
Service Strategic Managemen.B3 Direction & planning	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Goal setting in point of fact physio felt last year has been done badly. Now INSET improving.

Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday.AC [Code A] nNursDryad	Mix of patients changed during [Code A] time on Dryad. Continuity Care to rehab. Funding not in place to provide sufficient support staff and AHPs to meet PR need.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH. Was admitted for terminal care but Dryad rehabilitated patient. Dryad often gets patients for continuing care but rehabilitated. Occasionally patients been tried for rehab but medical condition deteriorates and no rehab.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Dryad – care has improved with time – communication has improved, tightening up more.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Issue – confusion – mental frailty. - large proportion of patients - managed as best as possible - could do more mental health training on challenging behaviour, staff safety, communication.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Expressed concern about MH numbers. Set up working parties to look at problems to develop skills – study days often clashed with low staffing levels.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Required to participate in resus. Lack of support , only people directly involved in resus. Support need from ward managers LD, HCSW or [Code A]

Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday [Code A]- SenStafNursDryad	Policy translations - new changes - talked at mg meetings, minutes from mg meeting - D Ward meeting, memos sent out.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday [Code A]- ENNursDryadNt	Patients have changed. No longer there for years as in Redcliffe annexe. Activity increased, more go to nursing homes - space for more acute beds.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday [Code A]- ENNursDryadNt	Response to Risk forms. Short staffed even through forms are filled in but skill mix review resulted in extra staff.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday [Code A]- StafNursSultan	Manicured?? that change.
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday [Code A]- StafNursSultan	Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing. How did patient care improve?
Service Strategic Managemen.B3 Direction & planning	Site INterview- Wednesday.TL [Code A]- onsult	In charge of Dryad ward Jan - October 2001, Service now expanding. Elderly care department in a self-contained elderly unit.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday [Code A]- Complaints	there have been disciplinary consequences for staff - need to look at patterns and Issues.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday [Code A]- NursingDir	There was a c???? 3% of nurses/ward managers who were subject to most complaints and who were reluctant to change.

Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	Training all managers in performance management.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	We do have some nursing staff that we'd prefer not to have our most difficult ward managers do need a lot of help to change.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	Nursing clinical indicators very poorly developed.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	Essence of Care – aiming to ensure that all wards work to essence of care. PCT will take ??????
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> NursingDir	In the past, some of the senior nurses haven't had confidence to confront poor performing staff. I'd only get involved if I witnessed it myself. Whistle-blowing – good relationship with union reps who'd not hesitate to tell me re. poor practice.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayW ard	senior management expectations of CG does not match realistic working of front line staff
Service Strategic Managemen.B4 Service perf	Site Interview- Friday: <input type="text" value="Code A"/> Senior	Dryad and Sultan – felt they did not need dietician and was not involved in care

man	Diet	planning.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Feels that in 1998 that across the board it was not common practice to document everything ie. nutrition notes.
Service Strategic Managemen.B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> Phar ma	IT for Pharmacy is good. Good technicians.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Tuesday: <input type="text" value="Code A"/> Gen Mgr	No contact out with Regional Office.
Service Strategic Managemen.B4 Service perf man	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Satisfied that trust's performance management system integrates clinical governance concerns
Service Strategic Managemen.B4 Service perf man	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Also there is a group to address winter pressures across health community. Issues (problems) structural, not personal or professional - ie elderly medicine needed additional beds and trust now living with problems generated from not having them.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	Quality performance matters "It's nice to treat people well", ie care needs to be good. Is clinical care good? Clinical audit include users view.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/> -Complaints Conveynor	Action list would be integrated into 1/4 division meeting.
Service Strategic	Site Interviews-	

Managemen.B4 Service perf man	Monday: <input type="text" value="Code A"/>	Quarterly divisional process. Performance Review Process agreed upon common template.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	Weekly meeting general manager. 6 GM's. 1 - 1 1/2 hours.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	Monthly operational management group - policy dev key op issues. <input type="text" value="Code A"/> - Chairs.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	*Involvement of clinical and front line staff in perf manage?
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	Divisional reviews clinicians are attending on specific issues but minutes are sent to those absent.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	1998 - Incidents Made aware through divisional review process as complaints.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	Information translated to board on quarterly meetings.
Service Strategic Managemen.B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	4 Perf deliver clinical governance and activity targets and financial targets.
Service Strategic Managemen.B4 Service perf man	Site Interview- Thursday: <input type="text" value="Code A"/> Senior Personn	Work force information divided reviews Sickness info, turnover, vacancy levels, workforce, predictive planning, training and

		development.
Service Strategic Managemen.B4 Service perf man	Site Interview- Thursday <input type="text" value="Code A"/> Senior Personn	What does <input type="text" value="Code A"/> get back on his own ward. Predictions, sickness levels and individuals. <input type="text" value="Code A"/> not getting individual ward predictive information for each ward.
Service Strategic Managemen.B4 Service perf man	Site Interview- Thursday <input type="text" value="Code A"/> IA	Slight laxness of clinical procedures. Wanted you to look at.
Service Strategic Managemen.B4 Service perf man	Site Interview- Thursday <input type="text" value="Code A"/> Daed	Rehab was driver for change and strategy team working and letting them drive change. Particularly focus on rehab.
Service Strategic Managemen.B4 Service perf man	Site Interview- Thursday <input type="text" value="Code A"/> OT	Daedalus - rehab / stroke. Variety, fluctuate in case loads.
Service Strategic Managemen.B4 Service perf man	Site INterview- Wednesday <input type="text" value="Code A"/> SenSt afNursDryad	Informal meetings management approachable.
Service Strategic Managemen.B4 Service perf man	Site INterview- Wednesday <input type="text" value="Code A"/> - SenStafNursDryad	Main reporting - falls, trips.
Service Strategic Managemen.B4 Service perf man	Site INterview- Wednesday <input type="text" value="Code A"/> - SenStafNursDryad	Monitoring indicators - Toni Scammel is doing drug audits. Would not know trends of incidences.

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Quality Indicators.C1 Staff attitude	Site Interview- Friday [Code A] SenNursDayWard	Very happy working and with job.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - SenStafNursDaed	Culture - personally, old ways V new ways. Politics, not easy to come as a new comer. Naval?? influence, more hands on practice - too much bureaucracy.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - DepGenMgr	Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment, monitor standards eg oral health in stroke patients.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - DepGenMgr	Comment huge developments since Clin Gover - got Investors in People Award July 1999.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - LdConslt	when asked again about tension - honestly don't know.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - LdConslt	General comment re: nursing & therapy. Not worked here so can't comment as such, but always enjoy coming here, I hear good things.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - LdConslt	When asked if he wanted to say anything else, his view - Staff have been through huge turmoil cannot underestimate suffering - staff interviewed under caution??, for hours, ?? with [Code A] feeding in questions.
Quality Indicators.C1 Staff attitude	Site Interviews- Tuesday [Code A] - [Code A] -SenStaffNursDaed	[Code A] very good, looking at self medication 'self contained flat' in ward.

Quality Indicators.C1 Staff attitude	Site Interviews- Monday: <input type="text" value="Code A"/>	Informal and formal relationships. Staff opinion surveys. Points. 1 Clear set of values. Value used to structure for framework and business views - 4 key values.
Quality Indicators.C1 Staff attitude	Site Interviews- Monday: <input type="text" value="Code A"/>	3 Distinct audit and staff reports. Show values and good practice.
Quality Indicators.C1 Staff attitude	Site Interviews- Monday: <input type="text" value="Code A"/>	I think we've got good staff here in Gosport - in time I worked here - I never never found a nurse who was not fully committed and Jane cared - she was very caring.
Quality Indicators.C1 Staff attitude	Site Interviews- Monday: <input type="text" value="Code A"/>	Colleague <input type="text" value="Code A"/> I don't know how she and 3 nurse colleagues have stood up to it all.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> } SenStafNursSultNt	This had led to her being demoralised, unhappy with no respect or trust. This has been communicated to managers and union rep.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> } SenStafNursSultNt	Very demoralised all staff.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/>	Impression that staff morale very high but has not had much direct contact with staff. He arrived in 1999 after incidents.
Quality Indicators.C1 Staff attitude	Site Interview-Thursday: <input type="text" value="Code A"/> } <input type="text" value="Code A"/> ExSisterSultan	'Good make up of staff'

		good team spirit, staff would organise training
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Proud of care given to patients, happy atmosphere, pts do not like leaving ward - extra kind to those who never get visitors.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Sultan staff donate their own milk to give rels drinks who have come a long way. Staffing levels - 6 morning - 4 evening - 3T 3NA - 2T 4NA - nearly everyday.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Sickness? Work extra or get agency. In last month has worked extra twice. Use to get "time back", now get paid extra.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	"We managed quite well" with staffing level.
Quality Indicators.C1 Staff attitude	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	"Her" really sad about the events.
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday: <input type="text" value="Code A"/> SenSt afNursDryad	Morale low – press and investigation.
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday: <input type="text" value="Code A"/> SenSt afNursDryad	Staff very keen to update.
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNurseDryad	"We are proud of nurses care that we give here".

Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> CltDryad	Nicely managed.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> CltDryad	Nurses are hardworking.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> CltDryad	Caring place
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	Team on own ward give excellent care to patients and give a lot of ourselves to the ward".
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> Porter	Things that have "inspired" him to stay in job remain the same, but some things have changed. Eg. attitude of some staff. Feels motivated by doing good for patients. Some staff are not like this - just come to do as little as possible.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> Porter	Saw problems of staff attitude that occurred, giving rise to original complaints (ie. <input type="text" value="Code A"/> <input type="text" value="Code A"/>
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> Porter	Some nurses do not want to respond to patients' needs. Would rather have tea and real breaks. Not all staff in Daedalus and Mulberry wards are like this but some. Blatant in not caring. Patients left to care for themselves eg. on Mulberry and Ark Royal.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday. <input type="text" value="Code A"/> Porter	Sometimes you would think patients are in charge. Patients walk corridors while staff sat in the lounge.

Quality Indicators.C1 Staff attitude	Site INterview- Wednesday: [Code A] Porter	Staff should be interested in what patients are doing.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday: [Code A] Porter	Was called to ward the day of incident with [Code A] Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. [Code A] appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. [Code A] appeared again - other porter swore at [Code A] [Code A] because of their frustration (the porters). [Code A] response was to say he would go and look for other nurses.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday: [Code A] Porter	Feels there is still a lack of interest among nurses. Many times porters are called and nurses have not prepared patients.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday: [Code A] Porter	One example of porters being asked to take patient alone because no nurse around yet some were seen coming out of coffee lounge after this.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday: [Code A] Porter	No particular time of day that this has happened - more associated with certain members of staff. Some staff are excellent.
Quality Indicators.C1 Staff attitude	Site INterview- Wednesday: [Code A] Porter	Surprised there are not more patient complaints about staff eg. staff did not appear to pretend to work hard.
Quality Indicators.C1 Staff	Site INterview-	

attitude	Wednesday [Code A] Porter	Patients comments (to porters) eg. buzzers - most staff will always answer them but a few staff will say things like "oh they are always buzzing there is nothing to worry about".
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday [Code A] Porter	Long-term staff still in post so this contributes to continuation of culture of lack of caring.
Quality Indicators.C1 Staff attitude	Site Interview- Wednesday [Code A] StafNursSultan	Its improved over 8 years. N practice improved.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Friday [Code A] SenNursDayWard	Assess patient at home and clarify difference with carers about day centres and day ward.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Friday [Code A] SenNursDayWard	Assessment process - referred by GP, by letter - meeting Wed with MDI - discuss referrals and agree appropriate clinician to assess patient - go to home and assess in day ward and assess condition - element with a whole team approach
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday [Code A] LdConslt	Feel care here is good - if relative of his here - would have no worries.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday [Code A] -Staff NursDaed	Nursing assessment after Doctors visit. Waterlow score, nutritional, bowls and ADL. Pain charts and bed charts kept as needed, weighed within 24hours, weighed fairly frequently. Particularly if Nasogastric. Does swallowing assessment. We thickened fluids if necessary. Meais ordered as needed. There is a daily nurse assessment.

Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] Staff NursDaed	how do you recognise deterioration. All trained staff have done diet course. Basic assessment and report to doctor. Possible readmission to acute ward.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] Staff NursDaed	Alert courses used to assess of sudden deterioration. ECG anxiety-fax ECG to cardiac unit.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] HC SWDaed	Plenty of information is available on wards for everyone. [Code A] makes sure all information is available.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] HC SWDaed	Now have hip protectors & wear leg protectors aswell. Everyone has a tv - ?? to keep ?? ward. [Code A] has introduced all of these.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] ENNursDaed	Done well on ward.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] ENNursDaed	Rehab activities?? What active rehab with involvement of nurses?
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] [Code A] SenStaffNursDaed	Patient m/x has changed. More rehabilitation care needed.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] [Code A] StaffNursDeadNgt	Realistic? Not always as able. Same between hospitals. As referring hospital suggests.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday: [Code A] [Code A] StaffNursDeadNgt	Effect on care? Yes eg of man??

Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday [Code A] [Code A] StaffNursDeadNgt	Patients with confusion on - significant problem at night time? Yes eg. impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday. [Code A] -LdClk	Have some benchmarks eg <??> and referral rates. Less on outcomes.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Tuesday. [Code A] -LdClk	Have developed multi disciplinary team assessments, audit results and GP satisfaction with system. Have used results to change and improve practice.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews-Monday.07.01 [Code A] CEO	Example of good practice: Government panic about mixed sex wards recently: visit by department; [Code A] says very impressed by clarity and conviction of staff explanation about measures taken to minimise or avoid mixing sexes
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday. [Code A]	Quality. Quality performance indicator. Complaint of bed sore for each complaint. Risk event - rated - where they happen computerised.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews-Monday. [Code A] [Code A] telephone	use individual care plans for patients and tries to see care on assessment of need.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday. [Code A]	Now that nurses have had ALERT course, able to recognise when patient becoming hypotoxic or hypertensive

Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Quality of patient care very important- she spends one quarter of time spent on wards
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday <input type="text" value="Code A"/>	No feeling of patients being 'written off' helped on their way.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Daedalus Ward. Patients are in good condition when discharged.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	No patients have been discharged with no pressure sores recently.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	When lady's legs could use compression bandages liaised between District Nurse and Ward Nurse.
Quality Indicators.C2 Effectiveness & outcomes	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Bad practice -> according to CGR 1, discuss at ward level, ward management. 2, GP. Feel strongly about bad practice. 3, near miss form / risk form.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday <input type="text" value="Code A"/> taffnurs SultanNt	Patients may be kept in pain
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday <input type="text" value="Code A"/> ICSW	"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.
Quality Indicators.C2	Site Interview-	

Effectiveness & outcomes	Thursday: <input type="text" value="Code A"/> DT	Trend to use MEAMS (Middlesex Elderly Assessment of Mental State), Allens Cognitive Level Test), Liaison, DPMH Service OTS
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday: <input type="text" value="Code A"/> DT	His view in general? I believe this unit is a very good unit. I would have any concerns about a relative staying here.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Accurate picture should be a good picture.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Personally would feel devastated if not a good picture because it would mean I've misread it and it would bring into question my reflective practice.
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday: <input type="text" value="Code A"/> DT	<p>Assessment of patients</p> <ul style="list-style-type: none"> -Daedalus-good MDT -background notes -speak to nurses/physio -interview forms-functions -ring next of kin -set of goals -home patterns -social networked -further assessment <p>stroke-neurological assessment-cognitive, Rivermead assessment tool,CONTAB assessment tool, Chessington O.T neurological assessment battery, Visual screening test and standard neuro screens.</p>
Quality Indicators.C2 Effectiveness & outcomes	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Good at detecting depression- have a scale tool (maybe GDS Geriatric Depression Rating Scale?)

		-Mini mental tool -to detect Cognitive impairment. 1-10 scale.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday: Code A CltDryad	The sort of problems that came to continuing care - bed sores... Most of the patients fare quite well gave eg of bed sores - healing.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday: Code A StafNursSultan	Falls? Individual risk assessment - eg. BP assessment, hip protection.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday: Code A StafNursSultan	No example of recent changes which have improved patient care.
Quality Indicators.C2 Effectiveness & outcomes	Site INterview- Wednesday: Code A StafNursSultan	Give very good patient care - spend time with them and thank you.
Quality Indicators.C3 Access to services	Site Interview- Friday: Code A Clinical manager	we employ staff, ?, continence, care of elderly, palliative care, orthopaedic and intermediate care. NHS a nurse specialising in leg ulcers and postoperative wounds. Awaiting a chronic lung course and some have done nutritional course. Otherwise staff have done health promotion and ITU courses.
Quality Indicators.C3 Access to services	Site Interview- Friday: Code A Telephone Int	Expert input. If already known by Consultant and have an appointment - will keep that up.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday: Code A Staff NursDaed	Activities coordinator is employed-but she is never there.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday: Code A Code A: SenStaffNursDaed	Drug assessment Manual? - updated annually. The Shipman Inquiry Care has put back

		Palliative care. Afraid to use diamorphine now.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday <small>Code A</small> <small>Code A</small> SenStaffNursDaed	Staff feel vulnerable.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday <small>Code A</small> <small>Code A</small> StaffNursDeadNgt	Transfers - blue lights - A & E. (Doc's ?? can't ??) eg laceration 999 or to ward. No long waits personally but heard of long wait.
Quality Indicators.C3 Access to services	Site Interviews- Tuesday <small>Code A</small> <small>Code A</small> StaffNursDeadNgt	Transfers back to acute at night.
Quality Indicators.C3 Access to services	Site Interview- Thursday <small>Code A</small> Sp-LangThera	Good standard referral system.
Quality Indicators.C3 Access to services	Site Interview- Thursday <small>Code A</small> Sp-LangThera	Open referral system. If swallowing need a medical referral – <small>Code A</small> or GP Sultan. Appropriate in nature of timing? No inappropriate referral.
Quality Indicators.C3 Access to services	Site Interview- Thursday <small>Code A</small> Sp-LangThera	Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.
Quality Indicators.C3 Access to services	Site Interview- Thursday <small>Code A</small> Sp-LangThera	Admissions – speech therapist from discharged hospital will telephone ahead.
Quality Indicators.C3 Access to services	Site Interview- Thursday <small>Code A</small> Sp-LangThera	There are some complaints about lack of therapy. This could be hindered due to medical reasons – no main reason for this happening.

Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A GP	Sultan Ward - middle level user.
Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A Code A ExSisterSultan	came in 1981 as s/n then sister on sultan. In those days just 2 wards and minor theatre
Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A Code A ExSisterSultan	Then became medial/young disabled/respite Changes 'we coped pretty well' with the change
Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A Code A ExSisterSultan	PT OT was also available OT came daily (AHP) mixed in
Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A PT	Referral system No standard, fill out of referral OT would pick up referral
Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A WardClerk	Bed Blocker – Board, nurse tick board, ward clerk assessment notes. When medically able to go home – fax Barbara Robinson.
Quality Indicators.C3 Access to services	Site Interview-Thursday: Code A WardClerk	Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.

Quality Indicators.C3 Access to services	Site Interview- Wednesday ACI nNurseDryad	Code A	Also facilities for number NOF patients not in place.
Quality Indicators.C3 Access to services	Site Interview- Wednesday StafGradePhysi	Code A	Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.
Quality Indicators.C3 Access to services	Site Interview- Wednesday StafNursSultan	Code A	Do take respite/chronic patients on a regular basis.
Quality Indicators.C4 Organisation of care	Site Interview- Friday SenNursDayWard	Code A	Waiting list is very long, also been long -- need to appropriate with discharge.
Quality Indicators.C4 Organisation of care	Site Interview- Friday SenNursCoord	Code A	Nurses lacking acute skills. OK for post mix of patients, now getting more older, sicker and more dependent patients. Bartel 3-4 to 2-3 hip replacements 12/3 to 7/8 day. All qualified nurses - 5 through alert course. How did staff respond? Nervous at first.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday SenStafNursDaed	Code A	Handover, handover of info enough, unsure go to notes.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday DepGenMigr	Code A	Culture of care - (we had to press a little to get the following) Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.
Quality Indicators.C4	Site Interviews-		

Organisation of care	Tuesday: <input type="text" value="Code A"/> HCSW Sult Ngt	Finds changeover meetings very useful, particularly as patients change quite regularly.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> NursClt	In 1992 - 'HOTN' a spur to rehab clinics. Stroke service started in 1993. Had a practice focus. Daedalus took on new stroke model of care in 1994 (converted continuing care beds) - 8 beds.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> NursClt	For patients? Now an organised service. 1997 nurse specialist. Working with staff and relatives.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> NursClt	Rehab -> continuing care decision.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> Staff NursDaed	Mornings are a rush, but more time for admin and social services preferred. More time to talk to patients and relatives
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Problem of ward becoming bed blocked. Change in role since incident with patients. Nurses now much friendlier towards pts. Eg pts?? who need feeding may need to wait until meals have been served to others.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Eg pts?? who need feeding may need to wait until meals have been served to others.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Sometimes only 5 nurses a week 24 hrs. Roles?? Workloads very heavy.

Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> HC SWDaed	Pts have bells in lounge so that they can call nurse if needed. <input type="text" value="Code A"/> had these installed.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - ENNursDaed	Patient referral info? Brief synopsis when pt arrives? Introduced, assessment within 2 hrs.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - ENNursDaed	Inconsistent. Need to move on but Dryad Hill ?? action?? Nursing homes ok.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - ENNursDaed	Action? In chair, Dept. OT kitchen balance, ward acts.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - <input type="text" value="Code A"/> Daed	Arrival on ward and ward change of use? Now 8:8:8 extra staff skills and competencies developed to complement. Slow stream rehab skills. All pts now have a rehab care plan.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - <input type="text" value="Code A"/> Daed	Rehab can't care? Who takes decision? Weekly multi disc team - cons/ s? grade, nurses and AHP's - 2 per week. Good attendance. Then discussion with pt/relative recorded in Med/Nursing notes. What format? Brief record of decisions and actions, plus diary.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - <input type="text" value="Code A"/> StaffNursDeadNgt	Daedulus: IC. 8 stroke & rehab. FF on pullway. 1/2 terminally ill. How know reason? In office & in notes.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday <input type="text" value="Code A"/> - <input type="text" value="Code A"/> StaffNursDeadNgt	Transfers back to acute at night.

Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClf	Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good relationships with GP colleagues.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClf	Part of wide network of psychology of old age (8 months).
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClf	Have waiting list at present because of rest home and nursing home closures. Have beds 'blocked' by patients and pressure on EMI beds to admit.
Quality Indicators.C4 Organisation of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClf	If patient cannot be handled on ward will admit to EMI ward for a few days to manage behaviour. EMI Nurses will interact more.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: <input type="text" value="Code A"/> Chair	How are falls, pressure sores - Risk system shows it up. Clinical governance panel minutes - CHC member presents and waiting lists. Get compliments as well.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: <input type="text" value="Code A"/>	Portsmouth has always had lots of continuing care beds but slow stream stroke beds recent and very helpful.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: <input type="text" value="Code A"/>	Numbers of cases rising, complexity growing hence workload rise in 98.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Comments on culture of care 98 vs NOW - "I wouldn't know."

Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	Lady came to Daedalus on ward conference about home help but consultant discharged her within 48 hours. - So many issues not enough time to equip properly.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	Medical staff felt could go. Social services had funding and that was why discharged so quickly.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	College experience. Lady on ward wants to be at home - need time for equip - late notice the lady was given, short notice to get equipment together.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	Admission - District Nurse - send in notes, but patients get admitted without District Nurse knowing - but notes will follow.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	Acute and Comm - Yes/presume. Working policy formulated - working party - community and acute.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	Respite. Patients could use Sultan for respite ie stroke, parkinson's.
Quality Indicators.C4 Organisation of care	Site Interviews- Monday: Code A District Nurse	Lady could not go home with terminal illness - but safety was too high - so admitted to Sultan to pass away.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A GP	Historically 1970s hospital very different. Had operating theatres he did 2 sessions per

		week anaesthetics all beds GP.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/>	1980s elderly medicine acquired beds - loosely described as slow stream rehab. All GPs took turns in looking after.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	In 1980s slow stream geriatrics on 4 sites, N'wich House, then GWMH rebuilt '92 - Drayad and Daedalus 44 beds, Radcliffe.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Case mix drifted over the years leading to a number of problems.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Daedalus meant to be rehab. Dryad so called continuity care. The concept of slow stream went out of the window (Act of Parliament ... Bartel less than 3) which led to faster throughput of patients.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Over past 2/3 years there has been an acute shortage of elderly beds exacerbated by closure of Haslar acute medical beds. Patients increasingly transferred across, not medically stabilised.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Complexity of individual cases - regularly patients on drips etc. did not happen 5/6 years prior.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	So workload complexity increased - what about staffing/infrastructure? <input type="text" value="Code A"/> asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH -

		presents a number of problems - so scream and howl at lot. Had word with Code A (could he make a room soundproof?).
Quality Indicators.C4 Organisation of care	Site Interview- Thursday. Code A GP	GP/Direct admin Pall care Convalesce Step down
Quality Indicators.C4 Organisation of care	Site Interview- Thursday Code A	Would very much like to be more actively involved in patient care planning as he feels patients' spiritual needs are neglected. However, he has never been asked to do so at GWM or volunteered. This is in contrast with other community hospitals he serves.
Quality Indicators.C4 Organisation of care	Site Interview-Thursday Code A Code A ExSisterSultan	Medial/postop/surgery 2 year some medial, ENT, GP patients/young/or respite/or terminal
Quality Indicators.C4 Organisation of care	Site Interview-Thursday Code A Code A ExSisterSultan	Then became medial/young disabled/respite Changes 'we coped pretty well' with the change
Quality Indicators.C4 Organisation of care	Site Interview-Thursday Code A Code A ExSisterSultan	looked after by own GP In 1999-wide-range-cancer/terminal/tansfer from Haslar-Q/A-St mary's-SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.
Quality Indicators.C4 Organisation of care	Site Interview-Thursday Code A Code A ExSisterSultan	Complexity of patients Had a range of staff to manage G,F,SNs,Students

Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A staffnurs SultanNt	Admission - ask what time they go to bed - what normal lifestyle is - drink and food patterns - hygiene patterns - body check - physical assessment
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	Her general amount. In hospital for 23 yrs. Currently on Sultan ward for 12yrs. Before that at Northcott Annexe. Older people throughout.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	Busier over 2 years - more needs. Case mix used to be "premonia" - now early post-aggregative?? cases - all takes longer need accompanying by trained staff. Help with feeding, care, comfort, bell handy, HCSW pop in to check patients including those too unwell/unable to communicate their needs. Staff help each other.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	Busier over 2 years - more needs. Case mix used to be "premonia" - now early post-aggregative?? cases - all takes longer need accompanying by trained staff. Help with feeding, care, comfort, bell handy, HCSW pop in to check patients including those too unwell/unable to communicate their needs. Staff help each other.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: Code A HCSW	"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.
Quality Indicators.C4	Site Interview-	

Organisation of care	Thursday: <input type="text" value="Code A"/> HCSW	What happens if feeding is impossible? Get on to chart, dietician, doctor, drip.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	<input type="text" value="Code A"/> is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dryad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	He is specialist in complex disability management at GWMH, so his work is in Dryad and Sultan primarily.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	When asked about pressures including workload what goes, what is the lower priority? Lower priority is formal report writing, clerical support started 18/12 and now a lot better.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Concern that way in which OT is organised ward training to d/w several OTs. Review process? D/w head OT.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	BGs here still tend to be ward based, at Haslar more speciality and Elderly. MH still traditional model.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Occupation. Diversional label. OT have tended to drop because of lack of numbers. Deadalus have no OT input/training to Activity Co-ordinator Post. Dryad ??? not perceived need on ward.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> HA	Wandered about sufficient rotation of staff through areas. Isolated community ie. fresh

		ideas. Incisiveness? NA raised with Trust a senior manager and NGD in Clinical numbers and they did.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	If patients are being considered for discharge - interventions will be recorded for 48 to inform the proposed care package.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Improved cooked breakfast - discussed to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Instead of just seeing patient on wards which was frustrating, now ran follow-through to see patient at home or day hospital, lots of mixing and matching.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Prioritise rehab - ie. early strokes, orthopaedic patients can hand over to nurses.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Falls assessment - big thing - more awareness leads to referrals.
Quality Indicators.C4 Organisation of care	Site Interview- Thursday: <input type="text" value="Code A"/> phy	OT - follow patient from QA (ortho) PT - follow patient home to here OT - neuro OT in house
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday: <input type="text" value="Code A"/> nNurseDryad	Had away day to discuss issues. Ward ended up as a bit of a mix of continuity care patients and rehab. Had change of consultant - this prompted the change from continuity care to rehab.

Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.AC <input type="text" value="Code A"/> nNurseDryad	Other staff were willing to help rehab (ie. the Physios and OTs) but did not have time.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/> - StafNurseDryad	Three teams. Team of 8, 6 and 6, 3 E grades. Consultant Ward rounds Tuesday afternoon. Staff Grade Porter, Monday to Friday 1/2 hour physiotherapy a day, OT if patient home discharge planned.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNurseDryad	Toilet arrangement. No bells in lounge, except one on the wall, can cause problems. But big lounge opposite nursing station, small day room not so accessible.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNurseDryad	More medically unstable patients coming - causes additional problems.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/> StafGradePhysi	Wandering patient would be more likely to get psychiatrist quickly. However, if patient bed-ridden, would not seek psychiatrist unless being disruptive.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	Nicely managed.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	The systems are there. There are policies there in office. Nurses and Doctors know of it - follow it. In some instances, better than seen elsewhere.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday. <input type="text" value="Code A"/>	Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly

	Cltdryad	progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A Cltdryad	Bed pressures - are you seeing patients in ward transferred inappropriately? Continuing care criteria - usually would expect somebody coming into continuing care to stay there until RIP, but other who could -> residential care but finding recently that some in continuing care setting are those who are not suitable and can be discharged.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A Cltdryad	It is the same process of looking after patients throughout their illness - need different settings at different times.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A Cltdryad	Other end of discharge process eg discharge to nursing homes.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A SenStafNursDryad	Ward Description. Continuing care - ward before Nursing Homes -> medical needs -> waiting for nursing home.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A SenStafNursDryad	Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A SenStafNursDryad	Nights - healthcall - local practice cover - healthcall. Response times - poor.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday Code A SenStafNursDryad	MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.

Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> SenStafNursDryad	1988 - No change in expectations of rehab.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> SenStafNursDryad	MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from <input type="text" value="Code A"/> <input type="text" value="Code A"/> - very formal support, informal support.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> SenStafNursSultan	Young chronic sick, respite care, Not an elderly service unit. Consultants quite frequently come in to give second opinion. Links with oncology and orthopaedics.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> SenStafNursSultan	Care plans not as up to date as they might be. Assessment of ADLs and Discharge planning. Already Care Package?
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Based on Dryad, occasionally on other wards. For a period did work days after a period of sick leave. Relapse of Rheumatoid Arthritis since act 25.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Four at night e + D + HCSW recent months. Before that E + HCSW.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Patients can get agitated/noisy/stroppy at night - deals with it but prefers physically ill patients, not mental health.
Quality Indicators.C4	Site INterview-	

Organisation of care	Wednesday: <input type="text" value="Code A"/> ENNursDryadNt	Handovers occur - most senior nurse from preceding shift.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday: <input type="text" value="Code A"/> ENNursDryadNt	Agency nurses - used, participates in explaining matters. Most have worked here before.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday: <input type="text" value="Code A"/> ENNursDryadNt	MRSA time taken to tog up and detog to answer phone or attend to patients who have called.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday: <input type="text" value="Code A"/> Porter	Noticed that patients on Mulberry not always observed. One old patient had left 3 piles of excreta on carpet that staff appeared to be unaware of.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> Nur seExStaffNurs	Difficulties on the ward - very high dependency patients - lot of care and not enough staff. Very sick continuity care patients.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> Nur seExStaffNurs	Systems Waterflow scores for pressure areas. Dybal nutrition scale.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.

Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Have employed +2 more NAs. Hard work very sick patients. How manage feeds - do use patients. Ward meetings, atmosphere on ward - S&L very good.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Pureed food looks awful - dieticians not come on to ward. Records - enter a care plan what eaten. Have food charts. HCA - we remove plates and wipe up. 1998 - how found out - pubs (word of mouth) - very angry at scare-mongering.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Mental health people - now look after them - not really skilled - get few psychiatric patients - take over spill form psych. Wards - no-one from mental health wards. Training in challenging behaviour? No.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Use of agency staff - cost - need more feedback if not OK to senior staff.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	What do if felt not good practice on ward? Eg. care/attitude. Would respond to team leader <input type="text" value="Code A"/> handled well and resolved the situation.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.TL <input type="text" value="Code A"/> <input type="text" value="C"/> onsult	Previously ward was Continuity Care - now rehab only.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday.TL <input type="text" value="Code A"/> <input type="text" value="C"/> onsult	Rehab, Continuity Care, Palliative Care blends together.
Quality Indicators.C4 Organisation of care	Site INterview- Wednesday <input type="text" value="Code A"/> <input type="text" value="P-"/>	Do take respite/chronic patients on a regular basis.

	StafNursSultan	
Quality Indicators.C4 Organisation of care	Site Interview- Wednesday. <input type="text" value="Code A"/> - StafNursSultan	Forty five GP's - confusing and different ways of doing things.
Quality Indicators.C5 Humanity of care	Site Interview- Friday. <input type="text" value="Code A"/> Senior Diet	Often nurses too busy and food out of reach. Now resolved.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Patient seems to be in more pain because of the reluctance to use larger amounts of drugs within the band range.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Nursing is made harder because people are in pain. Nursing is easier when the person is pain free and more comfortable.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. <input type="text" value="Code A"/> - DepGenMgr	Culture of care - (we had to press a little to get the following) Care is as good now as it was then - maybe better - hope it has all progresses. Stroke care, PD, Day Hosp areas have progressed a lot - includes input from relatives and patients - into study days. League of friends also useful.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday. <input type="text" value="Code A"/> - DepGenMgr	Assessing quality of care - talk to staff, audits, compliments/complaints, recruitment, monitor standards eg oral health in stroke patients.

Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConst	Feel care here is good - if relative of his here - would have no worries.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HCSW Sult Ngt	Confident that alarm system is good but not all patients are able to use them, we give them a bell so they will call for help.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Do more for help - under supervision. Involved in real ???. Put pts at ease.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Make sure pts are fed and clothes are clean.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Policy in ward in rehab so try to get pts in normal routine. Pts go to lounge etc. Ladies have hair done & men encouraged to shave. Have quiet room for those who want it.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Weigh them, offer help with eating and drinking by ancillary staff if needed.
Quality Indicators.C5 Humanity of care	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.
Quality Indicators.C5 Humanity of care	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	If there was more staff they would like to pamper patients a bit more

Quality Indicators.C5 Humanity of care	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -telephone	Is very aware of patients nutritional needs and all patients are weighed on admission and then regularly accordingly.
Quality Indicators.C5 Humanity of care	Site Interviews-Monday <input type="text" value="Code A"/> Nursing Dir	efforts to encourage more patient participation: groups set up and annual conferences
Quality Indicators.C5 Humanity of care	Site Interview-Thursday <input type="text" value="Code A"/> Sp-LangThera	Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.
Quality Indicators.C5 Humanity of care	Site Interview-Thursday <input type="text" value="Code A"/> SenStafNursSultNt	Patient care would be compromised eg. time spending with patients lacking. 2 trained nurses has upped staffing levels, levels are ideal now but still need a G grade.
Quality Indicators.C5 Humanity of care	Site Interview-Thursday <input type="text" value="Code A"/>	Patient in lounges cause for concern. Usually unattended by staff and unoccupied with no help in using remote control. Patients in lounge either mobile of catheterisation so some patients may be unable to use lounge because of need for help in using the toilet.
Quality Indicators.C5 Humanity of care	Site Interview-Thursday <input type="text" value="Code A"/>	Chaplaincy team also has a 2nd volunteer who visits patients on wards.
Quality Indicators.C5 Humanity of care	Site Interview-Thursday <input type="text" value="Code A"/>	Most of attendees from Mulberry, Sultan and Daedalus wards.
Quality Indicators.C5 Humanity of care	Site Interview-Thursday <input type="text" value="Code A"/>	Maintains list of contacts with other churches/faiths we can contact them if necessary. It

		hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: Code A	Services are broadcast to ward on Radio Haslar.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: Code A	Mary (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). James not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: Code A	Not happy about patients who are left in lounge with TV blaring but no staff. Feels they should get help at least in changing channel or adjusting volume.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: Code A	Would very much like to be more actively involved in patient care planning as he feels patients' spiritual needs are neglected. However, he has never been asked to do so at GWM or volunteered. This is in contrast with other community hospitals he serves.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: Code A staffnurs SultanNt	Admission <ul style="list-style-type: none"> - ask what time they go to bed - what normal lifestyle is - drink and food patterns - hygiene patterns - body check - physical assessment

Quality Indicators.C5 Humanity of care	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Example - one pt is violent, plead with her to have a shower, resists help to be fed, will not eat food then complains that food has gone cold, so they reheat. Try gentle persuasion, verbal, when in shower they are able to clean room. She is waiting for Mulberry Ward.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Could a patient miss nutrition - food is watched - not taken away til intake is observed/noted.
Quality Indicators.C5 Humanity of care	Site Interview- Thursday: <input type="text" value="Code A"/> phy	How engaged in goal setting? Work to be done, trying to do multi-disciplinary to much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.AC: <input type="text" value="Code A"/> nNurseDryad	Patients arriving on ward - greeted by nurses and procedures explained.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> SenSt afNursDryad	Care in hospital is very good.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> Cltdryad	On the whole, the emphasis seems to be on the patients.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to

		them and read to them.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: [Code A] ENNursDryadNt	Diversional Therapy. Patients often have difficulty participating.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: [Code A] ENNursDryadNt	Patient/nurse relationship has changed but dislikes indiscriminate use of Christian names - prefers to ask for patients preference, whilst fashion seems to be to use first name - "these young nurses think nothing of it".
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: [Code A] Porter	Staff should be interested in what patients are doing.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: [Code A] Porter	Was called to ward the day of incident with [Code A] Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. [Code A] appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. [Code A] appeared again - other porter swore at [Code A] Beed because of their frustration (the porters). [Code A]'s response was to say he would go and look for other nurses.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: [Code A] Porter	Feels there is still a lack of interest among nurses. Many times porters are called and nurses have not prepared patients.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: [Code A] Porter	One example of porters being asked to take patient alone because no nurse around yet some were seen coming out of coffee lounge after this.

Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> Porter	Patients comments (to porters) eg. buzzers - most staff will always answer them but a few staff will say things like "oh they are always buzzing there is nothing to worry about".
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> Porter	Noticed that patients on Mulberry not always observed. One old patient had left 3 piles of excreta on carpet that staff appeared to be unaware of.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> Porter	Porters have no involvement in taking meals away from ward so cannot comment on whether it is eaten.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday: <input type="text" value="Code A"/> Porter	If he sees patients walking unsteadily - will call for help. Will fill in form if patient actually falls and porter is involved.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Pain - would respond to team leader who writes down - pain charts - yes. Risk assessment - yes is done and write down. Training helpful and useful.
Quality Indicators.C5 Humanity of care	Site INterview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	<input type="text" value="Code A"/> does some bereavement work - is great can access her and is good.
Quality Indicators.C6 Environment	Site Interview- Friday: <input type="text" value="Code A"/>	Some Trust wide physical environment are very poor.
Quality Indicators.C6 Environment	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Thinks there is a risk associated with some pts who may be demented. Ward is not locked. Staff cannot control patients who wander off etc. Has no concern about patient care at present. Care is excellent - would put her mother on

		ward!
Quality Indicators.C6 Environment	Site Interviews- Tuesday <input type="text" value="Code A"/> ENNursDaed	When not treated, what pt's do?? Get bored, staffing pressure. Recently good mix of 'chatters'.
Quality Indicators.C6 Environment	Site Interviews- Monday <input type="text" value="Code A"/> -Coporate Risk Advi	Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.
Quality Indicators.C6 Environment	Site Interview- Thursday <input type="text" value="Code A"/> HCSW	Policy of 0.75pt of milk/patient - insufficient for beverages for relatives - who complained. Cover's all the days beverages. Different to first case above.
Quality Indicators.C6 Environment	Site Interview- Thursday <input type="text" value="Code A"/> HCSW	In Daedalus - rels can do drinks and in Dryad, but not in Sultan ward.
Quality Indicators.C6 Environment	Site Interview- Thursday <input type="text" value="Code A"/> HCSW	Sultan staff donate their own milk to give rels drinks who have come a long way. Staffing levels - 6 morning - 4 evening - 3T 3NA - 2T 4NA - nearly everyday.
Quality Indicators.C6 Environment	Site Interview- Thursday <input type="text" value="Code A"/> OT	How do patients spend their day? -watch television -no occupational opportunities/no prog -activities co-coordinator-but does not do anything specifically
Quality Indicators.C6 Environment	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Mornings <input type="text" value="Code A"/> activities co-ordinator.

Quality Indicators.C6 Environment	Site Interview- Wednesday Code A CltDryad	Good place - clean.
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A CltDryad	Clean place - nice smelling. "Distinctly top class place".
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A CltDryad	I asked him about activities / occupational opportunities on the ward - not sure he initially understood - referred to rehab - clarified that meant stimulation, activities etc in general - not sure he really understood question, but I understood him to say that not so important in continuing care as type of patients, feels pattern/level similar to other continuing care environments; says relatives can take the initiative, can take on outings etc.
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A Porter	Security on ward - there are alarmed doors - sometimes patients will get out even so. Attitude of nurses is mainly cause of concern eg. not responding to patients.
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A Porter	Does think that food delivery to wards is not coordinated well enough across hospital wards not always ready so that food can be kept warm and served in optimum condition.
Quality Indicators.C6 Environment	Site Interview- Wednesday Code A StafNursSultan	Wanderers? Closed doors, no bell, no "spenialing"?? - staffing resources.
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday Code A HCSW Sult Ng	" I feel the care we give is exceptional, Gosport people are lucky to have us here".
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday Code A Ex-	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come

	StaffNursDaed	over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday: <input type="text" value="Code A"/> -Ex- StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday: <input type="text" value="Code A"/> -Ex- StaffNursDaed	QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday: <input type="text" value="Code A"/> Staff NursDaed	Indicators of good nursing practice-'talk to the patients- relatives are happy'
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday: <input type="text" value="Code A"/> - ENNursDaed	Activity coordinator. Bingo music 2 times a week.
Quality Indicators.C7 Pos patient exp	Site Interviews- Tuesday: <input type="text" value="Code A"/> -LdClT	This has been a significant change since 98 - involvement of patients / relatives in decisions re patient care.
Quality Indicators.C7 Pos patient exp	Site Interviews- Monday: <input type="text" value="Code A"/> -District Nurse	Daedalus Ward. Patients are in good condition when discharged.
Quality Indicators.C7 Pos patient exp	Site Interview- Thursday: <input type="text" value="Code A"/> -OT	Example of patient (and husband) on Daedalus who wanted to go home. Set up and organised equipment etc. within 24 hours.

Quality Indicators.C7 Pos patient exp	Site Interview- Thursday. Code A - phy	Stepping Stones project to improve shift between hospital and home.
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A SenStafNursDryad	Teamworking character. Very caring team put patients first but let down by documentation. Number of pictures that commented on care, relatives of patients that return and visit.
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A - SenStafNursDryad	On arrival patients treated with dignity.
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A - SenStafNursDryad	Very impressed with nursing care since arriving. - How - quality of care excellent, ward clean, patient clean, staff good basic nursing, training needs opportunities.
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A - StafNursDryad	How do you know? We get comments from relatives saying how pleased they are with the care. I've never seen people look so happy.
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A - StafNursDryad	Patients tell us that "they're grateful to us".
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A - StafNursDryad	Patients look well cared for. Fairly short staffed at moment.
Quality Indicators.C7 Pos patient exp	Site Interview- Wednesday. Code A - StafNursDryad	Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to them and read to them.

Quality Indicators.C7 Pos patient exp	Site INterview- Wednesday. <input type="text" value="Code A"/> ENNursDryadNt	Patient care. Privacy is better - better requested over the years.
Quality Indicators.C7 Pos patient exp	Site INterview- Wednesday. <input type="text" value="Code A"/> Porter	Was called to ward the day of incident with <input type="text" value="Code A"/> Required cover to be put on trolley to take her to X-ray. No nursing staff available to help, put canvas under her. Couldn't find any nurses. No-one around. <input type="text" value="Code A"/> appeared - he went off to look for them and came back with some. No nurses around on return, looked for them again, couldn't find them. <input type="text" value="Code A"/> appeared again - other porter swore at <input type="text" value="Code A"/> <input type="text" value="Code A"/> because of their frustration (the porters). <input type="text" value="Code A"/> 's response was to say he would go and look for other nurses.
Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday. <input type="text" value="Code A"/> -Ex- StaffNursDaed	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday. <input type="text" value="Code A"/> -Ex- StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday. <input type="text" value="Code A"/> -Ex- StaffNursDaed	QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.
Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday. <input type="text" value="Code A"/> ENNursDaed	When not treated, what pt's do?? Get bored, staffing pressure. Recently good mix of 'chatters'.

Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday <small>Code A</small> <small>Code A</small> StaffNursDeadNgt	In retention & despite being trained do make catheterisation - could not proceed man uncomfortable & in pain.
Quality Indicators.C8 Neg patient exp	Site Interviews- Tuesday <small>Code A</small> <small>Code A</small> StaffNursDeadNgt	Patients with confusion on - significant problem at night time? Yes eg. Impact on other patients. What happens in practical terms to manage? Change beds around, has known pts to be sedated - not flattened??, but if tormented.
Quality Indicators.C8 Neg patient exp	Site Interview- Wednesday. <small>Code A</small> SenStafNursDryad	There is reluctance by relatives to move to Nursing Home.
Quality Indicators.C8 Neg patient exp	Site Interview- Wednesday. <small>Code A</small> SenStafNursDryad	Nights - healthcall - local practice cover - healthcall. Response times - poor.

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Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Waiting list is very long, also been long – need to appropriate with discharge.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Staff is very low to enable to meet expectations of standards of practice and clinical governae.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Friday: <input type="text" value="Code A"/>	Not right level of skill mix.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	General MCSW did feeding. Nurses and drugs.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Nutritional assessment and admission – numerical score.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	4 consultants (elderly mental Health) Turnover - average 1 of 5 every 6-8 weeks Bed blocking a problem Consultant referral-?
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Team of nurses-split into two teams Lost three E Grades-response from trust One trained nurse whole ward On night-requested beds reduced-refused Agencies-budget over target High staff turnover-yes whole year

Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday.Text Code A SenNursColW	Tried to attract with an open package
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday. ma Code A Pharma	Pharmacist previous to her went off on long-term sick. VL had 2 year break. Started Sept 99. Cover for pharmacist Code A Gosport pharmacist for many years - July 2000 - went sick. Then Code A got the extra work. Code A retired June 2001. Code A line manager. Code A Code A looks after several units and overnight had Gosport added on. 108 extra patients on top of existing workload. Recently Code A job advertised - which Code A has taken.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday. ma Code A Pharma	Rearranged timetable QA Mon and Fri
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday. ma Code A Pharma	GDMH works school hours Tuesday Mulberry, D/H, Sultan Wednesday Daedalus/Dryad Does elderly, EMH, Adult Phsyh., Palliative care at Rowan.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday. ma Code A Pharma	Sept 99 - July 00. Code A supervised both. But "hardly ever saw Code A" - Friday am would see each other. Only came here with Code A was away.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Friday. ma Code A Pharma	Review in progress of pharmacy services for PCT change.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews-Tuesday. SenStafNursDaed Code A	Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts. Ordered by management, happened regularly.

Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Sessions - nature of work has changed over last decade & more so in last 4/5 years - changing ?? of continuing care & changing expectations of pts/relatives ?? . Care pts much iller, more complex medical. Has lead to review of GP sessions.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Changing role of cont care beds to include stroke rehab.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Re: <input type="text" value="Code A"/> s letter of Jan 2000. You were aware of increased workload and complexity. At 98/99/ critical incident at QA re: (cont care ward) ?? led them to review the way in which wards staffed - GP to do ward round with consultant.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Led to appointment of G staff grade here who is ?? good but been difficult to recruit to CC/?? wards at St Mary's - staff grades not been good.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	You describe ideal practice and increased workload/complexity - did there ever come a time when tension led to cutting corners? My honest answer is that I do not know - with 20:20 vision perhaps should have got ?? in sooner.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	He has letter (in our file?) that for hosp locum staff outlining service etc.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday: <input type="text" value="Code A"/> HCSW Sult Ngt	Its been a difficult year with lots of sickness & understaffing, lots of vacancy among night staff which haven't been filled for a long time.

Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> HCSW Sult Ngt	It would be much better not to rely on agency staff some of them are less good than others.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> HCSW Sult Ngt	Short staffing hasn't affected her performance but good team work can't happen if nurses keep changing.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> HCSW Sult Ngt	Vacancies role remained unfilled for long time among nursing staff (at least 6 months).
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> ServMgr	Skills need for Int Care. Community Hosp Clinical Group, studied at training and development needs. Asked nurses to id gaps. - ECG monitoring/analyst, ear syringing, male cauterisation, lobotomy, AD, Canalisation. Reviewed - fractured neck and femur, stroke. Training progress and workshops.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> Staff NursDaed	I staff nurse for each team with an auxiliary
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> Staff NursDaed	Agitated patients should go to EMI ward, staff not psychiatrically trained. Relatives need support
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> Staff NursDaed	New developments nursing rounds on Internet
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday, <input type="text" value="Code A"/> LdClf	Four consultant / 2 part time, 2 full and 5 non consultant grades.

Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday. Code A -LdClf	Feels a little anxious about future - whether PCT will understand complexity of service.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday. Code A -LdClf	Was able to use divisional reviews to raise risks associated with need for staff grade doctor. Got good support. Often front-line problems are raised in these meetings for resolution.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Tuesday. Code A -LdClf	Cannot remember whether it was 98 / 99 but there was period of intense work associated with changing role of ward.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews-Monday.07.01 Code A	What about audit? No formal scoring system for wards on quality indicators; however try to establish minimum safety level through skill mix reviews, better monitoring of sickness and absence & recruitment and retention.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews-Monday. Code A Code A	Longer term = next 2 - 3 years nursing structure. Nurse leadership, clinical leadership.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday. Code A	Skill mix - Down one person- use existing personnel. Concern about talent in Trust. Older persons <??> Ray Palmer - Non-exec into clinical area.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews-Monday. Code A Code A telephone	If there was more staff they would like to pamper patients a bit more
Staffing & Accountability.D1	Site Interviews-	

Wrkfrc & serv planning	Monday <input type="text" value="Code A"/> Nursing Dir	nurses were disempowered. Had effect on morale-could impose change by going with new structure- but also need to change culture. Development of middle range of nurses-encouraged them to follow clinical nurse development programme. 22 Nurses in confidence building test. The individual staff posts back filled to enable nurses to allow for nurse training. This will then facility other nurses
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday <input type="text" value="Code A"/> Nursing Dir	All nurses 50% Clinical practice Planned to have a nurse consultant. There is a nurse consultant on stroke care. Has led to huge improvement; specialist help did not used to be sought - now have it immediately available Example patient -who wanted to return home after stroke
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	prior to 1998, severe staff shortages, low morale; standard two qualified nurses per shift; 3 vacancies now and regular reliance on agency nurses; 'situation far from perfect'
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday <input type="text" value="Code A"/>	Six clinical sessions and five <input type="text" value="Code A"/> sessions but s.t. clinical time due to other demands, in which case, colleagues cover or employ locums.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday <input type="text" value="Code A"/>	So growing stress in system recognised? Yes recognised problem but difficult to know what could have been done.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday <input type="text" value="Code A"/>	<input type="text" value="Code A"/> had spoken (informally) to <input type="text" value="Code A"/> on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.
Staffing & Accountability.D1	Site Interviews-	

Wrkfrc & serv planning	Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> had spoken (informally) to <input type="text" value="Code A"/> on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	But could not see that putting in another GP was not the solution - increasingly obvious that needed <??> here 9 - 5.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	Discussions review main system of accountability. Much soft information <input type="text" value="Code A"/> very close to which / staff reps.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> s staff pick up problems re: staffing levels same as personnel managers linked to divisions, make these known informally to <input type="text" value="Code A"/> Personnel man agrees to touch with line managers.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	Where danger of bed closure, formal medicine kicks in - Director is attached to division eg recruitment drive in Phillipino's when immanent staff shortage.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	Satisfied that reasonably well staffed in elderly medicine now - thinks staffing level ok.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday: <input type="text" value="Code A"/>	Personnel manager will work closely with staff members and line manager.

Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday [Code A]	Did the events of 98 change the way personnel managed staff development?
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Monday [Code A]	How does [Code A] ensure more modern HR policy being delivered? Staff survey. Audit of induction & performance review. Measures to ensure essential staff development/ training delivered.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday [Code A] -Sp- LangThera	Do all staff attend? Yes very enthusiastic about doing training. On one occasion – 12 months ago only 3 attend HCSW. Attendance is lower than expected due to staff issues, staffing levels too low to cover absence. Students and newly qualified will attend and shadow during their own work time. Attend before/after shifts.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday [Code A] GP	So workload complexity increased - what about staffing/infrastructure? [Code A] asked for clarification of question/infrastructure? Re: nursing 30% of elderly patients are EMH - presents a number of problems - so scream and howl at lot. Had word with [Code A] (could he make a room soundproof?).
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday [Code A] GP	No increase in medical staffing (ie. still 5 sessions). Formula = 1 [Code A] session per 9 beds.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday [Code A] GP	Unusually low input for workload? Yes, we were 57p per hour.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday [Code A] GP	GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to

		take it on.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> GP	You just work and work and do it really. I've been a fool, an utter fool.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Staffing levels – change due to more risk event reports.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Patient care would be compromised eg. time spending with patients lacking. 2 trained nurses has upped staffing levels, levels are ideal now but still need a G grade.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	While on Mulberry ward – other trained nurse will assist.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Leads on Elderly care – not immediate manager, clinical manager for Sultan Ward.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	Predictive planning. Director Manager and ward manager. Standing item meeting agenda. Flagging up issues. Meeting to address issues. Action plan for recruitment. Philippines and Universities
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	Local F and G recruitment group. Looking at longer term, links with schools and strategic work. School children - workforce confederation from grass roots level.
Staffing & Accountability.D1	Site Interview-	

Wrkfrc & serv planning	Thursday: <input type="text" value="Code A"/> Senior Personn	1998 information - no particular recruitment issue - last 18 months concerns - had this level of information.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> Senior Personn	Local advice and support, takes main responsibility for divisions and access other support.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> Senior Personn	Medical staffing - <input type="text" value="Code A"/> Separate department, not split up. Centrally hosted by East Hants.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Thursday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> ExSisterSultan	Wide range of ages 17-103 for example at GWMH#
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview-Thursday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> ExSisterSultan	looked after by own GP In 1999-wide-range-cancer/terminal/tansfer from Haslar-Q/A-St mary's-SouthamptonCardiac/visitors from elsewhere,some respite,handicapped.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Daedalus staffing has never followed the needs of patients and Dryad - no rehab, but no more resources eg. OT . <input type="text" value="Code A"/> referred 6 in 1 week used to be 6/8 per year.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> [Daed	Rehab was driver for change and strategy team working and letting them drive change. Particularly focus on rehab.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Main problems are -Staffing-stretched -too many qualified

		-this will effect the care plan
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. Code A SenSt afNursDryad	One F grade on nights. E grade on duty would cover if F grade not there. 2 E grades – last 6 months. Occasional day shift – to cover sickness. 20:15 finish 07:45. 3 nights 1 week, 2 nights next week. Dryad – last 10 years.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. Code A SenSt afNursDryad	1998 staffing levels were a lot Now 4 nurses, 2 trained, 2 HCSW 1998 3 nurses, 1 trained, 2 HCSW qualified in charge of ward and hospital and small incidence.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. Code A SenSt afNursDryad	Introduction of student keeps people on toes.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. Code A SenSt afNursDryad	Clinical supervision system in place, 2 groups, mixed nights and days <ul style="list-style-type: none"> - 6 people group night/day/grades - reflective practice and learning - confidential issues - ways of dealing - researched producing solutions - meets monthly - staff shortages not monthly - not available across the board Support from Code A

Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> SenStafNursSultan	Sickness absences unacceptable.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	Relying on agency staff so can't do little things we'd like to help patients.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	Last 3 - 4 years, we've had several consultants
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	Not aware of any review of staffing levels and staff mix.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Phillipines nurses - language problem areas could improve - need to vet people more and scrupulously.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Taking sicker patients and more acute - not more staff.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Staffing levels - last 12 months and sickness. New staff - lack of support.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday. <input type="text" value="Code A"/> manager	bank nurses and retired nurses offered work. Agency nurses are used at present due to current circumstances
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Changes include: evidence based practice ??????? consistency in dealing with patients and focused on middle grade nurses – appointed better calibre people from

		outside.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	We do have some nursing staff that we'd prefer not to have our most difficult ward managers do need a lot of help to change.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday: <input type="text" value="Code A"/>	Recruitment and retention stat - copy to us. Personnel Strategy - pay and remuneration panel.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday: <input type="text" value="Code A"/>	Retention and recruitment - approach targeted areas eg. adult mental health is a targeted area. Is that difference of approach written down? Yes, last strategic briefing.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday: <input type="text" value="Code A"/>	All around HR strategy - - gives important working lives etc. all strategy and dissolution of trust information. Implementation focused approach - eg. for elderly medicine overseas recruitment. How was elderly medicine the 1st priority area? Issues building up through reviews that recruitment is more difficult. How were priorities agreed?
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday: <input type="text" value="Code A"/>	Things doing to improve the quality of working life? Nursing in F&G - further behind in terms of work planning. Nursing issues have been district wide eg. generic, locally been collected workforce figures - just got them to be useful (part of capacity planning) agenda.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Friday: <input type="text" value="Code A"/>	New PCT will set up on working lives group.

Staffing & Accountability.D10 Recruitment & Retention	Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Pharmacy vacancies fairly recent. Pharmacists based in same office. So have adhoc opportunities for meeting and discussions More of a problem at ward and dept level because of diverse nature of trust. Information sent to wards, but people do not always read what is sent.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Present pharmacy vacancies are prechanging sole detailed audit work on pharmacy interventions that trust would like to undertake.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview-Friday <input type="text" value="Code A"/> SenNursCoord	<input type="text" value="Code A"/> Off since November? How long?
Staffing & Accountability.D10 Recruitment & Retention	Site Interview-Friday <input type="text" value="Code A"/> SenNursCoord	<input type="text" value="Code A"/> Off sick. Problem person. When trust tries to deal with it she goes off sick. Is not competent and doesn't work to G grade competencies.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview-Friday <input type="text" value="Code A"/> Pharma	Vacancy rate is 30% in Portsmouth for pharmacists. How does this compare with national picture?
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Tuesday <input type="text" value="Code A"/> LdConst	Led to appointment of G staff grade here who is ?? good but been difficult to recruit to CC/?? wards at St Mary's - staff grades not been good.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Tuesday <input type="text" value="Code A"/>	Always try for local resolution of problems. Have had problems with medical vacancies and mostly resolved now.
Staffing & Accountability.D10	Site Interviews-	

Recruitment & Retention	Tuesday, <input type="text" value="Code A"/> LdCl	Gosport feels a little like outpost. Executive team is supportive but feels geographically remote.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Have invested much time in developing risk management systems to minimise mishaps; when warning signs that things getting bad (eg in winter pressure periods) focused review of elderly medicine was instigated; review found that trust falling below safe staffing levels so triggered action plan which included closing beds and recruiting more nurses from overseas
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday, <input type="text" value="Code A"/>	They had increased <input type="text" value="Code A"/> s sessions - decided to recruit staff grade doctor to support her.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday, <input type="text" value="Code A"/>	GWM is considering getting SHO.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday, <input type="text" value="Code A"/>	Expect staff grade doctor to move on to registrar post.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday, <input type="text" value="Code A"/> <input type="text" value="Code A"/>	4 per cent staff turnover in trust
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday, <input type="text" value="Code A"/>	EGS? 18/12 recruitment of nursing staff for elderly medicine in Acute Trust problematic - discussed and implemented number of approaches.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews-Monday, <input type="text" value="Code A"/>	Where danger of bed closure, formal medicine kicks in - Director is attached to division eg recruitment drive in Phillipino's when immanent staff shortage.

Staffing & Accountability.D10 Recruitment & Retention	Site Interviews- Monday: <input type="text" value="Code A"/>	Low turnover but problem with nurses leaving to get promotion.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Town could not manage without it. Seen as an attraction to draw GPs into the town.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	- elderly med 1st ward. IPS personnel and pay system - antiquated, can't get the information needed, relies on ward managers. Philipino elderly medicine - 2 lost out of 30, 34 / 10 in community hospitals.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	Recruitment - retention, hard to retain. Establish why people are leaving. Practical, staff. Exit interviews - locally training and development opportunity/ Skill unit opps for promotion etc.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	How involved front line staff- in action planning rec. and ret.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	Away days - all clinical managers and heads of departments. Ward areas have away days. Dryad have don't it - engage ward. Workshops. Medical staffing. Make sure staff trained in communication with patients and relatives. Team building. Co-working - information that wards provide get back to them. Info and sickness returns.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday: <input type="text" value="Code A"/> Personn	Most pressing issue in personnel team. Recruitment of Philipino nurses - 1st wave to elderly ward. Strategy for recruitment and retention - yes a trust strategy - means

		something to divided level.
Staffing & Accountability.D10 Recruitment & Retention	Site Interview- Thursday <input type="text" value="Code A"/> OT	I've stayed because its ever-changing and developing.
Staffing & Accountability.D10 Recruitment & Retention	Site INterview- Wednesday <input type="text" value="Code A"/> - SenStafNursDryad	Staffing. Should be assessed when at full capacity. - Problem with A/L and sickness at the same time. Staff resource pool is too small. Agency cover - difficult to get qualified agency nurses.
Staffing & Accountability.D10 Recruitment & Retention	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	We need more staff and end to use of agency staff.
Staffing & Accountability.D10 Recruitment & Retention	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	More agency staff covering sickness.
Staffing & Accountability.D10 Recruitment & Retention	Site INterview- Wednesday.TL <input type="text" value="Code A"/> C onsult	Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday. <input type="text" value="Code A"/> manager	Annual appraisal -reviewed every six months.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday. <input type="text" value="Code A"/> manager	staff appraised every 6 months. HCSW by E and F grades
Staffing & Accountability.D11 Performance mang	Site Interview- Friday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> Dryad - how engaged with mine

		<ul style="list-style-type: none"> - reintroduce her to ward - end game - return to ward in part <p>Have thought it through - history 2 years ago deal with serious grievance about her. No question of clinical competency, managerial problem. Performance plan for her - [Code A] [Code A] 2 years performance manager. Often not at work - difficult.</p>
Staffing & Accountability.D11 Performance mang	Site Interview- Friday. [Code A]	Recently had another formal complaint about her (ward manager, Dryad). Guidance - hasn't been back to work. Is a pattern of this - very difficult to deal with.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday. [Code A]	[Code A] has done a sterling job. Plan to test temperature of water, too hot and go - down-grade a possibility. She resisted new F grade appointment for some time. Now has happened. The most valuable individual is [Code A]
Staffing & Accountability.D11 Performance mang	Site Interview- Friday. [Code A]	[Code A] is a cohort of staff - have to break that up. Dealing with bullying and harassment - part of gerontological programme - attitudes and beliefs and the care.
Staffing & Accountability.D11 Performance mang	Site Interview-Friday [Code A] [Code A]	[Code A] appraises team in 'cascade fashion
Staffing & Accountability.D11 Performance mang	Site Interview-Friday [Code A] [Code A]	pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.
Staffing & Accountability.D11 Performance mang	Site Interview-Friday [Code A] [Code A]	there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how

		you audit pharmacist interventions
Staffing & Accountability.D11 Performance mang	Site Interview- Friday [Code A] SenNursDayW ard	Reflective practice – no consistey.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday [Code A] SenNursDayW ard	Is clinical governae meeting needs of the staff.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday [Code A]	Poor performers identified through IPR system. Culture changed from punitive to developmental.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday [Code A] Senior Diet	Standards audited regularly.
Staffing & Accountability.D11 Performance mang	Site Interview- Friday [Code A] Phar ma	[Code A]n [Code A] yearly. But too busy to see [Code A] often. [Code A] 3/7 per week. [Code A] works part time daily.
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday [Code A] LdConslt	Appraisal of staff. He appraises [Code A] on his clinical work.
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday [Code A] LdConslt	What about GP/Clinical Assistants (CA) - we haven't but we need to ?? in light of type of work that they do. Had at 40CA - across whole patch.
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday [Code A] HCSW Sult Ngt	However, not always possible to have full ??? at night if illness. Occasionally, [Code A] has to work on Dryad & Daedalus if they are short staffed.

Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday <input type="text" value="Code A"/> - ENNursDaed	IPR? PB does (yearly) at Xmas.
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -StaffNursDeadNgt	Approachable. There is an IPR - done by <input type="text" value="Code A"/> normally yearly. Trained to appraise (who does night staff)
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -StaffNursDeadNgt	Concern about colleague performance? Go to <input type="text" value="Code A"/> depends on what. Ever been there. Yes whistle blowing.
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -StaffNursDeadNgt	Appraisal - who appraises other night staff? Prob <input type="text" value="Code A"/> the F grade or senior staff.
Staffing & Accountability.D11 Performance mang	Site Interviews- Tuesday <input type="text" value="Code A"/> LdClit	Is involved in divisional reviews - have had major reorganisation - generated by PCT development.
Staffing & Accountability.D11 Performance mang	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	has not had an appraisal or little part in clinical supervision but thinks there are plans in place for its to happen. Has audited case notes.
Staffing & Accountability.D11 Performance mang	Site Interviews- Monday <input type="text" value="Code A"/>	Personal Objectives. Performance review 2000/01 and key objective 2002/03.
Staffing & Accountability.D11 Performance mang	Site Interview- Thursday <input type="text" value="Code A"/>	October - minor injuries, ward closed 2000 this resulted in downgrading by <input type="text" value="Code A"/>

	SenStafNursSultNt	Code A St Christopher, then during Skill Mix review with new manager it was explained about the downgrading which was the first she knew.
Staffing & Accountability.D11 Performance mang	Site Interview- Thursday Code A SenStafNursSultNt	Discuss skills with IPR [sick for last month]
Staffing & Accountability.D11 Performance mang	Site Interview- Thursday Code A PractDevlFacil	Complaints from relatives that nurses were not listening. For change request, any staff can suffer this, but needn't be confirm as system approach. Critical incident to Trust Board Action Plan with Trust Board. Critical Incident training feedback and training, facilities action plans is not happening in all hospitals in particular, not Gosport. Suggest asking Clinical Network Group. Nurses sometimes fail to recognise good practice.
Staffing & Accountability.D11 Performance mang	Site Interview- Thursday Code A OT	Own role being reviewed because of career development needs will probably do less IP work.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday Code A SenSt afNursDryad	IPR – last IPR a year ago until this year night sister F grade. (F grade downgraded) now ward manager – Code A
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday Code A CltDryad	Appraisal is provided for locum consultants and his is due anytime.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday Code A SenStafNursDryad	Personal Development Plan.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday Code A	IPR. Objectives discussed with Code A Future IPR. Appraisal in role - will begin soon

	SenStafNursDryad	appraising others -> E Grades.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday [Code A] SenStafNursDryad	Manager meeting monthly, monthly ward meetings, cascade from manager to ward level.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday [Code A] SenStafNursDryad	Main reporting - so incident reporting is happening.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday [Code A] SenStafNursDryad	Role of manager ([Code A]) would be to assess individuals IPR and indicate training need.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday [Code A] StafNursDryad	Appraisal system: Staff Nurse [Code A] would carry out -> due in April /May
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday [Code A] StafNursSultan	Appraisal - [Code A] - 1/1/02.
Staffing & Accountability.D11 Performance mang	Site INterview- Wednesday [Code A] StafNursSultan	Do have shadowing arrangements.
Staffing & Accountability.D2 Medical accountability	Site Interview- Friday [Code A]	Since [Code A] four consultants have "moved on", pressured into early retirement.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] DepGenMgr	Gap in appraisal - Hosp Med staff and GP assts. How manifest??: [Code A] superb doctor, also knew her as a D/N, caring, always came when called. But abrupt, extremely good doctor, favoured by the staff. How would appraisal have made a difference? Attitude to relatives (not patients) - willing to speak. But if rels were unreasonable eg. demanding her

		immediate attendance.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] - DepGenMgr	But if [Code A] raised this [Code A] was remorseful. Gave us more than we paid her for. Great loss.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A]	In 98 not enough Medical cover.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] LdConslt	Cons appraisal happening. Junior doctor and staff grade been happening for several years.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] ENNursDaed	Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] LdClT	Psychiatry of Old Age. In post 10 years. Did GP training and then moved into psychology.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] LdClT	Sees move to Gosport Hospital as exciting move. Gosport nice place to work. Has good relationships with GP colleagues.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] LdClT	Is [Code A] for EMI for Gosport and Fareham.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday [Code A] LdClT	Dr ? has responsibility for clinical governance. 1 lead for hospital - Gosport, 1 for St C's. Clinical Assistant with GP background also covers drugs and alcohol.

Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday: <input type="text" value="Code A"/> -LdClT	Has good relationship with <input type="text" value="Code A"/> See patients jointly.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday: <input type="text" value="Code A"/> -LdClT	As associate head has appreciated input of local management and their understanding of clinical pressures.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Tuesday: <input type="text" value="Code A"/> -LdClT	Still feels quite new within management structure of trusts.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Appointed in 1992 to support elderly services in Gosport - acute duties at Queen Alexandra and GWM.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Staff grade Doctor appointed in October 2000.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to <input type="text" value="Code A"/> . Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Not until 99 did GWM appreciate that <input type="text" value="Code A"/> 's workload becoming unsustainable.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	One staff grade doctor not sufficient - now apparent that his workload too heavy.

Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Have been fortunate to get some locum staff grade doctor for last year to cover in <input type="text" value="Code A"/> <input type="text" value="Code A"/> leave.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Cross-cover annual leave with consultant Dr <???
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	98 - minimal cover (with greater strain on <input type="text" value="Code A"/>)
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	98 - 99 started using locums.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Cons. In Elderly medicine at <input type="text" value="Code A"/> from 82 - 98 and during 93 - 97 Medical Director <input type="text" value="Code A"/> Trust, April 1998 as Consultant Phys / Medical Director. Do not have clinical Director - have lead consultants = same remit.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Re: <input type="text" value="Code A"/> s letter of Jan 2000. No doubt that casemix has changed. Had already identified that model of management with clinical assistant cover was no longer viable.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	She resigned in April - did this force the issue? She had security of tenure. The service would have collapsed without <input type="text" value="Code A"/> - put enormous effort in. Came in everyday at 7:30 am to do ward round and then again every afternoon to see relatives but that was not enough to keep up.
Staffing & Accountability.D2	Site Interviews-	

Medical accountability	Monday: <input type="text" value="Code A"/>	So growing stress in system recognised? Yes recognised problem but difficult to know what could have been done.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> had spoken (informally) to <input type="text" value="Code A"/> on 1 or 2 occasions but she was very keen to continue. I think she enjoyed the work and did not want to give up the work.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Difficult to find GP practices to take on or to give level of commitment that <input type="text" value="Code A"/> had given.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Old GP contacts not very specific about duties, also didn't pay enough to cover extra duties adequately.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> has responsibility for making & renewing contracts, but consultants & local managers handle day to day things.
Staffing & Accountability.D2 Medical accountability	Site Interviews- Monday: <input type="text" value="Code A"/>	Policy development & implementation <input type="text" value="Code A"/> is responsible for Personnel & Health & Safety.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday: <input type="text" value="Code A"/>	May 1998 - One doctor appointed as clinical assistant. Appointed <input type="text" value="Code A"/> who is partner in his practice. Trust paid for 5 <input type="text" value="Code A"/> sessions, contract is with <input type="text" value="Code A"/> <input type="text" value="Code A"/> not the practice. <input type="text" value="Code A"/> asked practice to help her out to cover. His involvement is at weekends, evenings and Bank Holidays. After hours - bit loose.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday: <input type="text" value="Code A"/>	No increase in medical staffing (ie. still 5 sessions). Formula = 1 Clinical Assistant

		session per 9 beds.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday <input type="text" value="Code A"/>	<input type="text" value="Code A"/> subcontracted to other partners - they never had contract with Trust. Staff are aware that practice responsible.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday <input type="text" value="Code A"/>	GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to take it on.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday <input type="text" value="Code A"/>	GPs reasonably financially aware - why not better? Proud of work we did, a need to look after these patients, no-one else in Gosport who could do it, no other practice wanted to take it on.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday <input type="text" value="Code A"/>	You just work and work and do it really. I've been a fool, an utter fool.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday <input type="text" value="Code A"/>	The precipitating incident. 1999 we realised the situation was untenable in present form for a number of reasons. Obtained professional report to report remuneration - and then other doctors than had contact with Trust (? August 99) were paying £11,000 pa. August 2000 it had gone up to @£13,000 ie. £1.90 per hour. NB there is separation between <input type="text" value="Code A"/> and practice arrangements.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday <input type="text" value="Code A"/>	Relationship between GPs and the Trust - re: management, ward policies, appraisals document. Does not appear to be one. Doctors asked if they understood difference between contracts of and for employment.

Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday Code A GP	Currently 2001/2002 practice has contract of employment with the Trust, invoice quarterly to provide out of hours.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday Code A GP	Code A days - on hol? We would look after ward for her - go in very early, WR, do am surgery. Put the screws on those left. Yes.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday Code A GP	Felt Trust wanted job being done on the cheap. I feel used really.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday Code A HA	Clinical governance. Difficult to tell whether event from GPs as clinical aspect doing best for including patients or broader issue. Distance from Trust HQ. Issue of medical cover and supervision.
Staffing & Accountability.D2 Medical accountability	Site Interview- Thursday Code A HA	Code A good and stretched. People very stretched.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday Code A StafNurseDryad	Relatives can see Consultant by appointment. If patient deteriorates relatives advised. Pro-Active.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday Code A StafGradePhysi	Code A has been in post since November 2000 as general physician in elderly medicine.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday Code A	Post is 9 - 5 Mon - Friday (no weekend work) but can be called on in some circumstances.

	StafGradePhysi	He often just calls in at weekends to check patients he is worried about. Often in <input type="text" value="Code A"/> surgery as Healthcall takes over.
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> StafGradePhysi	If patient becoming seriously unwell, <input type="text" value="Code A"/> will speak to <input type="text" value="Code A"/> and make arrangements for finding bed at QA.
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> StafGradePhysi	<input type="text" value="Code A"/> does two sessions a week in day hospital. Otherwise occupied solely with wards at GWMH "it's a lonely place to work here".
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> StafGradePhysi	No cover while he is away. <input type="text" value="Code A"/> is very concerned about that - carries no bleep, is about 1 hour away.
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> StafGradePhysi	<input type="text" value="Code A"/> raised his concerns with <input type="text" value="Code A"/> about anticipatory prescribing and she agreed with him that it should stop. He was encouraged to change the policy. Old drug prescribing practice came as 'no surprise' to <input type="text" value="Code A"/> .
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> StafGradePhysi	Psychotherapists see cases of dementia, agitation, disruptive behaviour, depression.
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> CltDryad	Covers Dryad since Nov 2001.
Staffing & Accountability.D2 Medical accountability	Site INterview- Wednesday <input type="text" value="Code A"/> CltDryad	Timetable. Looks after acute ward at QA (18 beds) 2-3 ward rounds per week. Some responsibility to see others referred. Domiciliary visit requests from GPS.

Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> CltDryad	So 1/7 per week at GWMH.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> CltDryad	Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> CltDryad	Presence of a regular, good resident Doctor has been a real boon - <input type="text" value="Code A"/> is excellent, asks advice as needed. If a good Doctor is present - the consultant's work is easier.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> CltDryad	No experience of working with clinical assistants.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> SenStafNursDryad	Medical Dr - Comms. - set days on wards, prepares before next day consultancies, access on days not in ward - bleep.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	The policy changes every time we get a new consultant on ward. Did not know <input type="text" value="Code A"/> was leaving until recently.
Staffing & Accountability.D2 Medical accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Forty five GP's - confusing and different ways of doing things.
Staffing & Accountability.D3	Site Interview-	

Nursing accountability	Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Changes include: evidence based practice ??????? consistency in dealing with patients and focused on middle grade nurses – appointed better calibre people from outside.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Leadership development programme also introduced gerontology nursing programme developed and ????
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	There was a c???? 3% of nurses/ward managers who were subject to most complaints and who were reluctant to change.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	We do have some nursing staff that we'd prefer not to have our most difficult ward managers do need a lot of help to change.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	We try very hard to meet people in their homes to discuss complaints. We have a much more open approach now to dealing with complaints. We have introduced the principle that each H grade spends 50% of time on clinical work.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Nursing clinical indicators very poorly developed.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Essence of Care – aiming to ensure that all wards work to essence of care. PCT will take ??????
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Cases of poor performance identified earlier. Getting evidence on poor attendance

	Code A	and behaviour is very hard – does depend on people telling us.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A Code A	Code A had just arrived in post in 98. Code A didn't learn about complaints until police became involved.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A Code A	Code A had just arrived in post in 98. Code A didn't learn about complaints until police became involved.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A Code A	"Real sense of frustration" – would have liked another 2 years to work on new systems.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A	Changes since 1998 - 95% confident that serious concerns would reach board level.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A	Supervision of nurses tackled; punitive knee jerk reactions.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A SenNursCoord	Came from QA ward manager medical ward intermediate care. Started November 2000. 11m in post with gap*, new post role is supporting/managing clinical manager/areas. Also facilitate clinical practice. 50:50 clinical admin. Involved in training and development of nurses at GWMH eg. alert system. Back before care wards tended to deal with issues alone. Now have "common" ACD .
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday, Code A SenNursCoord	Purpose of post? Reason was there was no nursing leadership at GWMH. Also Code A Code A had too wide a role. H grade. Aware of problems when arrived? Knew but

		not in depth - bring up skills of nurses.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> SenNursCoord	Need more staff for lots of reasons sorting that out now. Also need management development time.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Friday <input type="text" value="Code A"/> SenNursCoord	How is prof/nursing accountable. Line manager is <input type="text" value="Code A"/> <input type="text" value="Code A"/> Senior nurse action learning group, Senior Nurse reference group work out own PDP.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> SenStafNursDae	6 months ago, now supervised by one person, Philip G grade.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> SenStafNursDaed	<input type="text" value="Code A"/> - support, A-E grade nursing, site cover.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> DepGenMgr	Developed appraisal/training objectives/matched to hospital goals. All from 1996 onwards. All part of a culture change as the hospital enlarged and developed, understand each others' roles/functions. "Investors in people".
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> DepGenMgr	She manages clinical nurse managers and night sisters. Value each other - internal customers.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> DepGenMgr	In March 2000 - asked to move (reluctantly) to Elderly medicine - because of ward closures and staff leaving.

<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Is deputy to <input type="text" value="Code A"/> (QA St Marys GWMH). <input type="text" value="Code A"/> - dual managerial and nursing roles manages transfers. Accountable to <input type="text" value="Code A"/> managerially. Professionally to <input type="text" value="Code A"/></p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday <input type="text" value="Code A"/> Mgr</p>	<p>Level of competence of nurses have been high. Have come every day. <input type="text" value="Code A"/> has kept to ward ???.</p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> Ex- StaffNursDaed</p>	<p>Appraisal - C grade did it. No formal clinical supervision. The IRP occurred in second year.</p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> Ex- StaffNursDaed</p>	<p>Mandatory Training - eg Fire/Rescue/Moving handling. Was told about these events.</p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> Ex- StaffNursDaed</p>	<p>Would be supervised when starting syringe driver.</p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> Ex- StaffNursDaed</p>	<p>Could use GWMH Portfolio that she required. Worked here for 2 years.</p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> HC SWDaed</p>	<p>??? ?? shortages of staff means practice is less than perfect.</p>
<p>Staffing & Accountability.D3 Nursing accountability</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> ENNursDaed</p>	<p>A/C to? <input type="text" value="Code A"/> for the HESW's</p>

Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	G Grade - on ward 5 yrs, broad nursing experience. Same post grad quals, but not in elderly care. 24 hrs a/c for nursing on ward - nurse. Manager for ward, under - 2 senior staff nurses. Nursing complement? OK til untoward things happen - eg training or flu.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	If concerned about practices? No problem, raise directly or care in many places plus whistle blowing policy.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	A/C to <input type="text" value="Code A"/> - <input type="text" value="Code A"/> is F grade.
Staffing & Accountability.D3 Nursing accountability	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	Nursing organised into teams on daedalus ward and she is team leader of one team. Thinks system works well as they (nurses) get to know patients well.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Monday <input type="text" value="Code A"/>	It needs to be safe for nurses in community hospitals.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Monday <input type="text" value="Code A"/>	Staff grade Doctor 9 - 5 -> then <input type="text" value="Code A"/> out of hours.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Monday <input type="text" value="Code A"/>	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Bad practice -> according to CGR 1, discuss at ward level, ward management. 2, GP. Feel strongly about bad practice. 3, near miss form / risk form.

Staffing & Accountability.D3 Nursing accountability	Site Interviews- Monday: [Code A] District Nurse	Feels that this new culture would not have existed before / presume.
Staffing & Accountability.D3 Nursing accountability	Site Interviews- Monday: [Code A]	Personnel provides infrastructure - [Code A] decides who needs it, [Code A] ensures it happens.
Staffing & Accountability.D3 Nursing accountability	Site Interview-Thursday [Code A] [Code A] ExSisterSultan	She was an NVQ assessor. Helped nurses on other wards to become assessors
Staffing & Accountability.D3 Nursing accountability	Site Interview- Thursday: [Code A] HCSW	Handover - 15 min overlap of shifts.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday.AC [Code A] [Code A] NurseDryad	Nurses did question regime but were told they did not understand pain control. Nothing changed. Difficult for staff to challenge [Code A] and Ward Sister - [Code A]
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday.AC [Code A] nNurseDryad	[Code A] liked total control!
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday.AC [Code A] nNurseDryad	During period [Code A] acted up use of syringe-drivers and triple medication was better controlled.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday [Code A] StafGradePhysi	There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.

Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	She would immediately go to <input type="text" value="Code A"/> if she had a problem but doesn't have much confidence in upper management.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> StafNursDryad	We have 19 heavily dependent patients and only five staff.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> ENNursDryadNt	Clinical Supervision - quite a long break from it but systems have been in place and expected to restart.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> ENNursDryadNt	Usually done moving/handling - but she checks. Done every 6/12 - course.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Working on own and pairs - depend on patient - will raise concerns with everyone.
Staffing & Accountability.D3 Nursing accountability	Site Interview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	E grade (top) for 32 hours/4 days - senior staff nurse manager and <input type="text" value="Code A"/> <input type="text" value="Code A"/>
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. <input type="text" value="Code A"/>	Professional Advice for therapists. Sad that Trust is being wound down, only half way there. Would like to see impact of Gerontological programme, would like therapy consultants.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. <input type="text" value="Code A"/> Phar ma	VL visits wards weekly. No cover if on leave. <input type="text" value="Code A"/> covers for periods over two weeks length.

Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	Employed by Portsmouth Hospital Trust. Based at QA. Spends much time travelling.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	[Code A] - based at QA - line [Code A] is accountable to [Code A]
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	IPR in [Code A] yearly. But too busy to see [Code A] often. PD 3/7 per week. [Code A] works part time daily.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	Staff meetings at QA but [Code A] comes to Gosport instead. Minutes are circulated. C grades which she was - do not attend. D grade which she is now do attend.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	If [Code A] has concerns? Probably does it via [Code A] then she would deal with it. [Code A] tries to sort out ward matters herself.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	[Code A] was Gosport Pharmacist. Covered for [Code A] late 90s and early 90s.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	Communication of new policy? [Code A] is main link, but may occasionally forget to tell her of changes.
Staffing & Accountability.D4 AHP accountability	Site Interview- Friday. [Code A] Phar ma	In September 99 [Code A] job was new then could attend Department meetings as well - department relocation. "Dropped in deep end" no prior familiarisation. She just

		disappeared. No local induction.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Monday. [Code A] ChiefPharmacist	Service to Trust is managed by a Grade E Pharmacist ([Code A]) and 2 pharmacists elderly and mental health + community. She also has staff at QA.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Monday. [Code A] ChiefPharmacist	Pharmacists appraised annually, but seen 3 monthly formally, and informally monthly.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Monday [Code A] ChiefPharmacist	[Code A] is accountable to [Code A]
Staffing & Accountability.D4 AHP accountability	Site Interviews- Monday [Code A] ChiefPharmacist	[Code A] deals with elderly pharmacy matters, accountable to [Code A] who concentrates on Psych services.
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday. [Code A] OT	[Code A] OT since 1989 and I area since 91/92. Original peripatetic OT was doing 45% IP 15/20% OP Rheumatology and rest were direct GP referrals with aim to reduce risk of admission.
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday. [Code A] OT	[Code A] is Senior for neuro rehab so primarily oversees Daedalus. Sultan has GP, so OT role is discharge management. Dyrad has continuity care - never funded for OT input - do 6/8 referrals per year - for very complex discharge.
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday. [Code A] OT	Accountable to [Code A] Head OT, based Haslar in post 18/12 and her arrival coincided with reorganisation into 3 to align with PCTS. Main OT department based at Haslar.

Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday <input type="text" value="Code A"/> OT	The BG notation is still ward based here although at Haslar also speciality based. Ward based work at Sultan is done by OT assistant. Has part time clerical support and a full time assistant at Dolphin.
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday <input type="text" value="Code A"/> OT	Were very hospital based but now trying to do away with hospitality/community boundary.
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday <input type="text" value="Code A"/> DT	BGs here still tend to be ward based, at Haslar more speciality and Elderly. MH still traditional model.
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday <input type="text" value="Code A"/> OT	April 2001, Daedalus. Line manage <input type="text" value="Code A"/> Basic Grade on location
Staffing & Accountability.D4 AHP accountability	Site Interview- Thursday <input type="text" value="Code A"/> OT	OT technicians-support workers
Staffing & Accountability.D5 Other staff accountability	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Now employed dietician full time.
Staffing & Accountability.D5 Other staff accountability	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Role of dietician, has changed and respected more by clinical staff now.
Staffing & Accountability.D5 Other staff accountability	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Remit of job also contained major community projects – eg. meals on wheels, school menus, health promotion.

<p>Staffing & Accountability.D5 Other staff accountability</p>	<p>Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Is deputy to <input type="text" value="Code A"/> (QA St Marys GWMH). <input type="text" value="Code A"/> dual managerial and nursing roles manages transfers. Accountable to <input type="text" value="Code A"/> managerially. Professionally to <input type="text" value="Code A"/></p>
<p>Staffing & Accountability.D5 Other staff accountability</p>	<p>Site Interviews- Tuesday <input type="text" value="Code A"/> HCSW Sult Ngt</p>	<p>Clinical supervision meetings every night.</p>
<p>Staffing & Accountability.D5 Other staff accountability</p>	<p>Site Interviews- Tuesday <input type="text" value="Code A"/> HCSW Sult Ngt</p>	<p>Clinical supervision meetings are group sessions. ??? attendance as NB is very useful. Shift is 7.45 - 8pm.</p>
<p>Staffing & Accountability.D5 Other staff accountability</p>	<p>Site Interview- Thursday <input type="text" value="Code A"/> WardClerk</p>	<p>Ward Clerk Beginning – notes in diary, photocopying, referrals – speech and long, bedblocking but <input type="text" value="Code A"/> not in place, discharges.</p>
<p>Staffing & Accountability.D6 Out of hours arrangements</p>	<p>Site Interview- Friday <input type="text" value="Code A"/></p>	<p>Out of house contract - medical cover. Who has responsibility to monitor and manage? <input type="text" value="Code A"/> with <input type="text" value="Code A"/> would be responsible. Managed that way for GP who left.</p>
<p>Staffing & Accountability.D6 Out of hours arrangements</p>	<p>Site Interview- Friday <input type="text" value="Code A"/></p>	<p>GPs variably deliver to Healthcall. - what means to service - some GPs are part of Healthcall - Helps Sultan get GP they know - GPs heavily rely onward doctor - GOSdoc was based here - sadly missed. Up until 10pm - knew wards/patients.</p>
<p>Staffing & Accountability.D6</p>	<p>Site Interview-</p>	

Out of hours arrangements	Friday: Code A	No mentors quality of service. Eg. Access times - used incident book - Code A would pick up. What does contract say about service? Out of hours - just attend.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Friday: Code A	Manage about medical cover out of hours. - Code A can be a weak link - as intermediate care development would like to see robust medical cover - not about individual GPs - out of hours less of an issue when have a good Monday to Friday doctor on the ward.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview-Friday.Text Code A SenNursColW	No Doctors out of hours Use Health call- variable- mental health problems- call Code A on call mental health Doctors. Use own judgement
Staffing & Accountability.D6 Out of hours arrangements	Site Interview-Friday.Text Code A SenNursColW	One trained staff only at night Don't know what else to do Full capacity and reduced staffing
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: Code A - SenStafNursDaed	Health call - large problems transferring patients at night. Deteriorating condition - healthcall, reception, 1 hr for telephone response, 5 hr for visit.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: Code A - SenStafNursDaed	QA don't like transferring - eg Cardiac Arhythmia, 40 min ambulance, ambulance men were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: Code A	Resolve problem - Healthcall do not know patients, unwilling to make decision or tread on

	SenStafNursDaed	toes of consultants. Friday evening lady returned from deplores?? With one vein blocked & 2 partially blocked - G grade had left, no medical weekend cover. Ring healthcall. QA rang and have apologised she slipped through the net.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Feel isolated - speak/complained to each other, speak to healthcall.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Healthcall cover to greater area.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	GP sleeps in GWMH but wont attend patients, he is on call for healthcall.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Need to find GWMH on call GP.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Do you keep record of healthcall? Not sure.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Feels the need for beds over shadows the appropriate admission of patents for a hospital with ??? 24 hours clinical cover.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients in.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Dosage - range whip at one time is it fairly usual? Its not usual now & was prob not usual

	LdConslt	then throughout the service but prob reflects the out of hours commitment of Jane's partners - ie for her colleagues convenience.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	GP out of hour cover - do they call on consultant - they can but they don't tend to.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Been in hosp for 12 years. Now much more involved - <input type="text" value="Code A"/> was involved NA's ?? ??. Can check DD's (controlled drugs) with staff nurse. <input type="text" value="Code A"/> is excellent manager.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Gets support from staff nurse for everyday things but <input type="text" value="Code A"/> will help if there are more major problems.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> -SenStaffNursDaed	No medical cover - can use health call out of hours - have to use diamorphine at times. Need 24 hour medical cover here.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> -SenStaffNursDaed	Need 24 hour Medical Cover.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> -StaffNursDeadNgt	1998 at night? Call out practice / H/call response time ok. Now H/call 3/4 hour wait prob? On call ?? available but never called.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> -StaffNursDeadNgt	Night cover? Health call Dr delay can be up to 3-4 hours (not always just sometimes)
Staffing & Accountability.D6	Site Interviews-	

Out of hours arrangements	Monday Code A	Out of hours. Increased workload - nurse on ward would contact GP and ask for help.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Monday Code A	Out of hours contact with duty geriatrician at QA.
Staffing & Accountability.D6 Out of hours arrangements	Site Interviews- Monday Code A	Set out to minimise the contract by developing out of hours contract with detailed specialties & standards.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday Code A GP	Unusually low input for workload? Yes, we were 57p per hour.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday Code A GP	You just work and work and do it really. I've been a fool, an utter fool.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday Code A GP	The precipitating incident. 1999 we realised the situation was untenable in present form for a number of reasons. Obtained professional report to report remuneration - and then other doctors than had contact with Trust (? August 99) were paying £11,000 pa. August 2000 it had gone up to @£13,000 ie. £1.90 per hour. NB there is separation between Code A and practice arrangements.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday Code A GP	Currently 2001/2002 practice has contract of employment with the Trust, invoice quarterly to provide out of hours.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday Code A GP	Rotas on wards 6 doctors in Code A Practice 2 of which do all of own out of hours

		2 more do own out of hours if then hospital 11pm - 7am (??? Shift) goes to Healthcall. For example he does all own out of hours on Saturday does ward round after surgery in hospital 11pm and does ward round ????
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Acknowledged that don't really need rota - but can just dial practice.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Consultant in elderly Medical Care/Surgical Reg. On call would discuss with <input type="text" value="Code A"/> if sensitive area.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Admission out of hours - would you be expected to clock in? No not aware.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Out of hours with no medical cover, more responsibility so need G grade.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Based on Sultan ward last few months with 2 trained staff on nights. Medical problems – will attend, Medical problems on Mulberry – called in frequently.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Difference between GPs, prescription to obtain consistencies. - Different on nights, Healthcall - Healthcall very reluctant to interfere with other GP
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> staffnurs SultanNt	Analgesia ladder + GP - nights no GP - Healthcall - response time - 10-15 mins - 30mins

		<ul style="list-style-type: none"> - requisite problems a visit - 1hr - 4hr wait. - Patient will expect verbal order but not controlled drugs. - No other way of contacting GP. - Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.
Staffing & Accountability.D6 Out of hours arrangements	Site Interview- Thursday. Code A staffnurs SultanNt	<p>Pharmacist facility</p> <ul style="list-style-type: none"> - comes in daily - restock medicine - incompatible drugs - pharmacist will advise about admitee - Q&A services - No weekend cover - GP will write script and porter will get it
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday. Code A SenSt afNursDryad	<p>One F grade on nights. E grade on duty would cover if F grade not there. 2 E grades – last 6 months. Occasional day shift – to cover sickness. 20:15 finish 07:45. 3 nights 1 week, 2 nights next week. Dryad – last 10 years.</p>
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday. Code A SenSt afNursDryad	<p>Out of hours, GP did not want to interfere with Est. pain management care</p> <ul style="list-style-type: none"> - PNR – used nurse discretion a couple of times
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday. Code A SenSt afNursDryad	<p>Out of hours – Healthcall, speed of response, before 11pm – GP from surgery, after 11pm Healthcall. Eg. patient probably dying – called Healthcall</p>

		<ul style="list-style-type: none"> - waited for the instruction - time frame 45 minutes – 1 hour - received no further info
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - StafNurseDryad	Out of hours medical cover "could be better" cover from locums. Does "out of hours" shifts. This has set them back. Reluctant to give strong analgesia - but has done.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - StafGradePhysi	Post is 9 - 5 Mon - Friday (no weekend work) but can be called on in some circumstances. He often just calls in at weekends to check patients he is worried about. Often in <input type="text" value="Code A"/> <input type="text" value="Code A"/> surgery as Healthcall takes over.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - StafGradePhysi	Holiday and study leave = staff grade locum will cover - difficulty in finding them but quite lucky recently as someone has been available. Only has 15 days study leave and 20 days holiday a year. Has had to use holiday leave time to do courses.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - CltDryad	Any concerns about medical cover after five o clock.? If somebody medically unwell and needing active intervention then more beds to acute.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - CltDryad	Any concerns re out of hours service? Has not used.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - ENNursDryadNt	Doctors out of hours - a long time since she needed to call anyone out.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday: <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	Not clear about "out of hours cover". Choices of own GP rather less unaware of

	onsult	deficiencies in cover.
Staffing & Accountability.D6 Out of hours arrangements	Site INterview- Wednesday.TL <input type="text" value="Code A"/> <input type="checkbox"/> onsult	if patient is agitated or aggressive further help called fpr at any time day or night. If they have been seen by Old Age Pyschartrist??? As fit <input type="text" value="Code A"/> will carry on and look after the patient.
Staffing & Accountability.D7 Team working	Site Interview- Friday. <input type="text" value="Code A"/> SenNursDayW ard	Always good relationship between day and medical wards.
Staffing & Accountability.D7 Team working	Site Interview- Friday. <input type="text" value="Code A"/> SenNursDayW ard	Meeting on Tuesday about care pathways.
Staffing & Accountability.D7 Team working	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Assessment process <ul style="list-style-type: none"> - referred by GP, by letter - meeting Wed with MDT - discuss referrals and agree appropriate clinician to assess patient - go to home and assess in day ward and assess condition - element with a whole team approach
Staffing & Accountability.D7 Team working	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	MDT training – other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.
Staffing & Accountability.D7 Team working	Site Interview- Friday <input type="text" value="Code A"/> Senior Diet	Dieticians worked between kitchens and patients.
Staffing & Accountability.D7	Site Interview-	

Team working	Friday: <input type="text" value="Code A"/> Senior Diet	Enablement team Full-time dietician At wards, St Christopher and Community plus MDT meetings.
Staffing & Accountability.D7 Team working	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	MDT- all ward rounds- ward clerk also attends MDT Monthly reflective practice meeting and appointment social worker to ward.
Staffing & Accountability.D7 Team working	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Do get occasional terminal ill patient Palliative care medicine-do involve MDT and family
Staffing & Accountability.D7 Team working	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	other trained staff on the wards do offer assistance and advice- working relationship very good.
Staffing & Accountability.D7 Team working	Site Interview-Friday <input type="text" value="Code A"/> SenNursCoord	Ward don't have clinical supervision yet but have regular ward meetings including how to implement things.
Staffing & Accountability.D7 Team working	Site Interview-Friday <input type="text" value="Code A"/> SenNursCoord	Team Working - how can <input type="text" value="Code A"/> make it happen. ASW works on ward herself to role model behaviour. Doesn't think they have got it right yet. Would like documentation to be better across the board - everyone adhering to same core plan. One of issues is to get that sense of working together for integrated goal setting and person centred goal setting, wants to get people working together. Her physio on nursing documentation groups. Hopes this will lead to multi-professional documentation and goal setting.
Staffing & Accountability.D7 Team working	Site Interview-Friday <input type="text" value="Code A"/> Phar	Staff meetings at QA but VL comes to Gosport instead. Minutes are circulated. C grades

	ma	which she was - do not attend. D grade which she is now do attend.
Staffing & Accountability.D7 Team working	Site Interview- Friday. <input type="text" value="Code A"/> Pharma	Liaising with other members of the team Only contacts nurses/doctors if there is a problem. No time to be proactive. Good relationship in Staff Grade - easy channel of communication. Easy, positive relationship with staff grade.
Staffing & Accountability.D7 Team working	Site Interview- Friday. <input type="text" value="Code A"/> Pharma	Harder on Sultan Ward, will write in notes. Does not get to see GPs. Thinking of designing a form for GPs rather than leaving scrappy bits of paper. Drug chart problems - queries about doses. Problem is the weekly visit and time lag. <input type="text" value="Code A"/> had other duties NH/St Christophers and Gosport. 10/12 overlap <input type="text" value="Code A"/> (ie. <input type="text" value="Code A"/> at GWMH and <input type="text" value="Code A"/> covering elsewhere in Trust - did not actually work together).
Staffing & Accountability.D7 Team working	Site Interview- Friday. <input type="text" value="Code A"/> Pharma	Nurses ask for advice not doctors.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Meeting - reg ward meeting, handovers, reports.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Night staff involvement - old regime/new regime, tried to change regime & get everyone working as one team - '24 hour care unit'.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Discharge purposes - that night care plan is included in discharge notes, feel that day nurse team are listening.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday. <input type="text" value="Code A"/> -	Liaise with colleagues, management, appraisal & support of colleagues, operational issues,

	LdConslt	central Trust.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A LdConslt	Did you know Code A at that time? Yes but not well. She came to meetings, was lead GP for PCE.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A LdConslt	Was not really involved in dialogues with Code A re: letters/situation.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A HCSW Sult Ngt	Ward meetings goes when she can get there at the right time - however, hasn't been to one for several months.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A HCSW Sult Ngt	The atmosphere is very good we're all friends.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A HCSW Sult Ngt	Short staffing hasn't affected her performance but good team work can't happen if nurses keep changing.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A Ex- StaffNursDaed	In 2000 she remembers. Changes occurred, preparation for change? Physios & OT's worked with it. Her neurology experience fitted in with changes. Does not recall stroke courses at the time, but there was a stroke form.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: Code A Staff NursDaed	ward meetings with agenda. Concerns listened to.
Staffing & Accountability.D7	Site Interviews-	

Team working	Tuesday, <input type="text" value="Code A"/> Staff NursDaed	link nurses (she is diabetic trained) 'under clinical governance-looking at clinical practice) control of infection and stroke nurses.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> ENNursDaed	Summary of MDT put into nursing record - separate notes for action physio OT & Docs.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> <input type="text" value="Code A"/> Daed	Rehab can't care? Who takes decision? Weekly multi disc team - cons/ s? grade, nurses and AHP's - 2 per week. Good attendance. Then discussion with pt/relative recorded in Med/Nursing notes. What format? Brief record of decisions and actions, plus diary.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	1998 Days EN. E grade for last two years. Always on Daedelus ward (last 7 years). Some day shifts 3/2 nights / week. 4hrs/2ws. Role?? IC of ward + 3 staff. Sometimes IC of hospital over night.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	For nights see PB at h-overs
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	Communications? All handover verbal (case notes)
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> LdClit	Stressed team approach to patient care. Gave examples for working together - informal and formal links.
Staffing & Accountability.D7 Team working	Site Interviews- Tuesday, <input type="text" value="Code A"/> LdClit	Lead her to feel uncertain about who to get support from.

Staffing & Accountability.D7 Team working	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClit	Good team ethos which keeps things working.
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Regional Support. On edge of Region - Induction SE Regional if 18 months. Induction training for South West. Can go if Region, Chairs District. Twice yearly Chair meeting in London. Chair of clinical governance training meeting. Non-executive.
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Skill mix - Down one person- use existing personnel. Concern about talent in Trust. Older persons <???. <input type="text" value="Code A"/> - Non-exec into clinical area.
Staffing & Accountability.D7 Team working	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	Thinks care of patients on ward is excellent but sometimes hey are very busy and work has to be prioritised. They do get additional staffing sometimes when necessary. All nurses give their best and there is good team spirit-staff help each other
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Meet with ward team before ward round invite social services and therapists.
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Ward meetings also useful for getting feedback from staff about individual patients.
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Where disagreement, usually compromise.
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Joint working with <input type="text" value="Code A"/> <input type="text" value="Code A"/> and I trust each other - we both see Clinical Governance as key responsibility. I would say we have a very close working relationship.

Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/> -District Nurse	Knowing names of nurses - knows some people but it may be the case Ward Nurse knows DN names.
Staffing & Accountability.D7 Team working	Site Interviews- Monday: <input type="text" value="Code A"/>	Try to stop problems becoming serious disciplinary matters.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> -Sp- LangThera	Link with MDT working <ul style="list-style-type: none"> - Meeting on Daedalus ward Monday and Thursday. - Attend meeting based on patients. - No meetings attendance on Sultan and Dryad.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> -Sp- LangThera	Ethical decision will be made by Consultant and documented in medical notes. Discussion with family and Consultant and nurse grade. Issues around swallowing eg. patient who refused to eat although had swallowing problem but consultant wanted to peg speech, therapist would not. Late stage dementia – Consultant wanted peg feeding – therapist felt quality of life said no and family decided no. Decisions – no MDT meeting not necessarily unilateral decision.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Meeting – not always at right time, weeks could go by before had opportunity to discuss nursing issues.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Handover - 15 min overlap of shifts
Staffing & Accountability.D7	Site Interview-	

Team working	Thursday: <input type="text" value="Code A"/> OT	Previous experience of Daedalus - MDT working? It's a long journey coming from where it was 7/8 years ago when all continuity care but as is developed rehab has come on but not nearly where it should be therapy wise.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Feels empowered as a therapist in this area.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> clinicMgr Daed	Improved cooked breakfast - discussed to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> clinicMgr Daed	Common approach to other wards <input type="text" value="Code A"/> And many supervision meetings Monthly meetings and <input type="text" value="Code A"/>
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> DT	patients categories if patient wrongly referred for rehab-medically unwell-Bartel of 1 criteria for bed planning
Staffing & Accountability.D7 Team working	Site Interview- Thursday: <input type="text" value="Code A"/> DT	yes there is nursing involvement in decisions to refer fro therapy-this is ascertained through assessment.

Staffing & Accountability.D7 Team working	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> OT	Joint work with physio-but would like more joint working
Staffing & Accountability.D7 Team working	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> DT	Joint working with nurses and medical staff?- good with nurses, but ward is not as rehabilitative Time limit effects care plan
Staffing & Accountability.D7 Team working	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> DT	Daedalus- <input type="checkbox"/> Code A Not very personable Very complacent E.g. need staff for visit- would not help give any staff away not very helpful in trying to resolve problems not very flexible not v.good communicator not hands on would speak to nurses about patient before going to him.
Staffing & Accountability.D7 Team working	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> OT	Home assessment-nurse involvement And student involvement.
Staffing & Accountability.D7 Team working	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> phy	How engaged in goal setting? Work to be done, trying to do multi-disciplinary to work much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.
Staffing & Accountability.D7 Team working	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> WardClerk	Support available – get nurse backup, clinical manager, part staff nurse senior, accountable to medical records manager.

Staffing & Accountability.D7 Team working	Site INterview- Wednesday.AC [Code A] nNurseDryad	MDT meetings took place regularly.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday.AC [Code A] nNurseDryad	Did put in grievance, one written - about [Code A] and [Code A] Letter to [Code A] [Code A] (early 2000) about feeling of being victimised. Not about syringe driver issue.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday.AC [Code A] nNurseDryad	[Code A] had asked [Code A] if she would be better at QA. [Code A] assumed this was because she had challenged [Code A]
Staffing & Accountability.D7 Team working	Site INterview- Wednesday [Code A] SenSt afNursDryad	Teamworking character. Very caring team put patients first but let down by documentation.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday [Code A] SenSt afNursDryad	Seek EMI advise in night shift – confer between Mulberry and Dryad.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday [Code A] StafNurseDryad	Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday [Code A] StafGradePhysi	So feels its essential to attend weekly departmental meetings (usually held at QA) every Friday, attends lunchtime meetings (12 - 2:30).
Staffing & Accountability.D7 Team working	Site INterview- Wednesday [Code A]	Colleagues = [Code A] and [Code A]

	CltDryad	
Staffing & Accountability.D7 Team working	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	Ward meetings? Ward Round x 1 per week in continuing care and more frequently in acute.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	Any meeting with all staff oh yes, I like to have a multidisciplinary meeting with OT and PT as well - but in continuing care site where patients have finally come to rest that is not so necessary .
Staffing & Accountability.D7 Team working	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	Presence of a regular, good resident Doctor has been a real boon - <input type="text" value="Code A"/> is excellent, asks advice as needed. If a good Doctor is present - the consultant's work is easier.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday. <input type="text" value="Code A"/> Cltdryad	Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday. <input type="text" value="Code A"/> SenStafNursDryad	MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.
Staffing & Accountability.D7	Site INterview-	

Team working	Wednesday, <input type="text" value="Code A"/> SenStafNursSultan	Big palliative care book. Multi-disciplinary team, OT team, 30 A + Ds, speck and language, and dieticians, podiatry, and dentistry.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday, <input type="text" value="Code A"/> SenStafNursSultan	Team meetings held regularly. Clinical supervision.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday, <input type="text" value="Code A"/> StafNursDryad	Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday, <input type="text" value="Code A"/> StafNursDryad	Go along with wishes of patients and relatives - in the end it's a whole team decision.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday, <input type="text" value="Code A"/> StafNursDryad	"We're a good team, we're a tight team- we've all worked together for a long time"
Staffing & Accountability.D7 Team working	Site INterview- Wednesday, <input type="text" value="Code A"/> ENNursDryadNt	Can attend ward meetings - used to be monthly. Staff changes have led to a lapse.
Staffing & Accountability.D7 Team working	Site INterview- Wednesday.MM, <input type="text" value="Code A"/> Nur seExStaffNurs	<input type="text" value="Code A"/> split into smaller teams - stroke and rehab + 2 others (4) from 2 teams. Hoped that was better organisation and help individual care. Did it help to get to know patients better? Yes. She has responsibility - she was team leader to the staff and patients. Reports to <input type="text" value="Code A"/>
Staffing & Accountability.D7 Team working	Site INterview- Wednesday.MM, <input type="text" value="Code A"/> HCSWDryad	Work on a team basis in an E grade - accountable to her. Change teams so get to know different parts of the ward. HCSW - hands on - do most of nursing care. Pain relief would tell staff nurse if patient in distress. Patient assessment when patient came in.

Staffing & Accountability.D7 Team working	Site Interview- Wednesday.MM: Code A HCSWDryad	What's good about team - very tight - socially. Could raise concerns with everyone. Monthly meetings - decided clinical managers (off sick) - can input on to agenda.
Staffing & Accountability.D7 Team working	Site Interview- Wednesday.MM: Code A HCSWDryad	Team meetings - not for a while so short of staff. Every day agency staff - short-staffed. How deal with agency staff - usually put with a HCA.
Staffing & Accountability.D7 Team working	Site Interview- Wednesday: Code A StafNursSultan	Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?
Staffing & Accountability.D7 Team working	Site Interview- Wednesday: Code A StafNursSultan	Signature - Code A s. Awaiting feedback from nurses. Rehab - CE decision? Discuss with GP rels with pt. Maybe Genaticea?? view also?
Staffing & Accountability.D7 Team working	Site Interview- Wednesday: Code A StafNursSultan	New changes - eg team working not a good development.
Staffing & Accountability.D8 Team working within a team	Site Interview- Friday: Code A NursingDir	MDT working, shared records essential, recent training essential, records not currently shared between medical and nursing staff.
Staffing & Accountability.D8 Team working within a team	Site Interview- Friday: Code A NursingDir	MDT working, shared records essential, recent training essential, records not currently shared between medical and nursing staff.
Staffing & Accountability.D8	Site Interview-	

Team working within a team	Friday, <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	Therapists work closely with nursing staff on wards and a lot of effort has been put forward in MDF.
Staffing & Accountability.D8 Team working within a team	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	MDT- all ward rounds- ward clerk also attends MDT Monthly reflective practice meeting and appointment social worker to ward
Staffing & Accountability.D8 Team working within a team	Site Interview-Friday, <input type="text" value="Code A"/> SenNursCoord	MDT working at ward level? In Daedalus have increasing involvement with patients of OTs and Physios. Concerned that OT not attached to wards. Can ward staff meet to locate common goals? (ie. teams really forming). No MDT on Dryad, Sultan. Daedulus does have MDT. No opportunity really. Do have an inclusive HODs meeting for GWMH.
Staffing & Accountability.D8 Team working within a team	Site Interview-Friday, <input type="text" value="Code A"/> SenNursCoord	Does not know who really has responsibility for promoting multi-professional working.
Staffing & Accountability.D8 Team working within a team	Site Interview-Friday, <input type="text" value="Code A"/> SenNursCoord	In past, there has been little real multi-professional working or opportunities for this. Little multi-professional learning.
Staffing & Accountability.D8 Team working within a team	Site Interviews-Tuesday, <input type="text" value="Code A"/> SenStafNursDaed	Meeting - reg ward meeting, handovers, reports.
Staffing & Accountability.D8 Team working within a team	Site Interviews-Tuesday, <input type="text" value="Code A"/> SenStafNursDaed	Handover, handover of info enough, unsure go to notes.
Staffing & Accountability.D8 Team working within a team	Site Interviews-Tuesday, <input type="text" value="Code A"/>	Good supportive team working at night: we're all good friends & try to support each other.

	HCSW Sult Ngt	Has attended one morning away day on Clinical Governance.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Tuesday: <input type="text" value="Code A"/> ENNursDaed	Written plan record left on ward & verbal record.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClT	Has had close links with three words. Sultan - very positive, always open to suggestion.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClT	Daedalus = has had more input in last two years. Pleasure working with them. As above. Dryad - least confident in, in terms of managing patients, may be more inflexible. Comes mainly from nurses . If patient cannot be handled on ward will admit to EMI ward for a few days to manage behaviour. EMI Nurses will interact more. This has been a significant change since 98 - involvement of patients / relatives in decisions re patient care. If change in patients condition altered from rehab to continuing care, <input type="text" value="Code A"/> and CPNs would be involved in decision making. If change in patients condition altered from rehab to continuing care, <input type="text" value="Code A"/> and CPNs would be involved in decision making.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClT	Dryad - least confident in, in terms of managing patients, may be more inflexible. Comes mainly from nurses (the inflexibility).
Staffing & Accountability.D8 Team working within a team	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClT	Did not feel they were so open to suggestions.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdClT	Good support between wards ie in helping to manage difficult patients (patients with

		challenging behaviour).
Staffing & Accountability.D8 Team working within a team	Site Interviews-Monday: Code A Code A telephone	There is inter-team meetings as well when the wards of the patient depend on it.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Monday: Code A	Discuss patient care plan in multi-disciplinary way.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Monday: Code A District Nurse	Occasionally respite - Sultan. Mainly deals with Sultan.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Monday: Code A District Nurse	District dealing with leg ulcer and Hospital about weight loss - communication between ward and District Nurse about leg ulcer.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Monday: Code A District Nurse	Professional level - dealings have been very good.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Monday: Code A District Nurse	Daedalus. Lady had a stroke - DN deployed. Lady asked ward nurse to come and help.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday: Code A SenStafNursSultNt	Staff had no support. Good senior management, 6 months later meeting.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday: Code A	Has a monthly input into Phoenix Day Hospital. Tries to make sure visits all the wards to talk to patients at least twice a month.

Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday. <input type="text" value="Code A"/> PhysioA ss	Relationship with staff MDT twice weekly.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday. <input type="text" value="Code A"/> DT	Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday. <input type="text" value="Code A"/> DT	Elderly mental Health problems -Staff not very well equipped with cognitive problems -use of bank nurses or HCSW who are not very well trained.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday. <input type="text" value="Code A"/> phy	Government forms and info and some INSET training - nurses need to be engaged and trained. How will this be implemented? Do have clear aim in her head - not a clear implementable plan. One problem will be identified link person together. Who to talk to about dining change - <input type="text" value="Code A"/> Manager - professional lead.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday. <input type="text" value="Code A"/> phy	Get frustrated - nurses may not be as aware of MDT working as physios.
Staffing & Accountability.D8 Team working within a team	Site Interview- Thursday. <input type="text" value="Code A"/> phy	Surveys on wards do not involve physio. Stepstones good as it gets.
Staffing & Accountability.D8 Team working within a team	Site Interview- Wednesday.AC <input type="text" value="Code A"/> nNurseDryad	On days Dryad Ward FT for nearly 3 years. Was team-leader. Manager was <input type="text" value="Code A"/> - she was off sick for some time so <input type="text" value="Code A"/> became Acting Manager for some time. Had bad experience with <input type="text" value="Code A"/> Heard rumour that <input type="text" value="Code A"/> did not want Senior Staff Nurse post and did not see need for role, so uphill struggle from start (for <input type="text" value="Code A"/>).

Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday.AC [Code A] nNurseDryad	All other staff were aware of tension. [Code A] was unable to develop her own role. Situation became worse after [Code A] had acted up. She implemented number of changes inc. helping hospital get IIP. When [Code A] came back [Code A] was frustrated at having to pull back on a number of other initiatives. Trust management was very good - offered mediation and tried to improve working relationships. Had investigation. SR [Code A] cleared and mediation offered by trust to resolve conflict between 2 of them. However, even with these attempts to improve the working relationships - [Code A] felt unable to stay so applied for other job. NB. [Code A] took out grievance.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday [Code A] StafNurseDryad	Multidisciplinary discharge meetings "as and when" Consultant ward round does not always result in a meeting
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday [Code A] StafGradePhysi	Consultant Psychiatrists regularly called upon for advice and to see patients. Nurses can also seek advice from them.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday [Code A] Cltdryad	Not had MDT meetings since he arrived but would like to have more.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday [Code A] Cltdryad	Liaison and [Code A]? Of course. We regularly get the psychogeriatricians involved in care of our patients. Hardly any of these patients (ie with memory problems, anxiety) are not seen by Psychoger.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday [Code A] SenStafNursSultan	Big palliative care book. Multi-disciplinary team, OT team, 30 A + Ds, speck and language, and dieticians, podiatry, and dentistry.
Staffing & Accountability.D8	Site INterview-	

Team working within a team	Wednesday. <input type="text" value="Code A"/> StafNursDryad	Ask <input type="text" value="Code A"/> to visit patients where concerns.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Challenging ??? MHE?? Assessment from <input type="text" value="Code A"/> continuing care and pain??
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday.TL <input type="text" value="Code A"/> onsult	Had 6 weeks training in palliative care.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday.TL <input type="text" value="Code A"/> onsult	Ward rounds for Dryad and Daedalus, <input type="text" value="Code A"/> (staff grade) can attend both ward round and team conferences.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday.TL <input type="text" value="Code A"/> onsult	Excellent links with Psycharity of old age
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Palliative care - how access additional advice - need to establish if pain exists and where - is medication the answer? Will let GP know.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Access MacMillan advice. GP second opinions - <input type="text" value="Code A"/> - palliative care consultant acute does come in.
Staffing & Accountability.D8 Team working within a team	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	Oncologist - referral on to clinic to relieve pain.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday. <input type="text" value="Code A"/> manager	exit Interviews- there has been two received recently.

Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	As soon as incident happened she would meet with staff and debrief them, provide support and advice.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday: <input type="text" value="Code A"/>	Things doing to improve the quality of working life? Nursing in F&G - further behind in terms of work planning. Nursing issues have been district wide eg. generic, locally been collected workforce figures - just got them to be useful (part of capacity planning) agenda.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday: <input type="text" value="Code A"/>	New PCT will set up on working lives group.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayWard	Morale is low due to communication between senior staff and frontline staff –
Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayWard	Morale low – staffing problems.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayWard	Confidentiality is highly respected and therefore not all aware about 98 iidee.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	Mental Health Unit - Collingwood. RGN nurses are being used to work on EMI unit. 1 night staff, nurses were ordered to cover shifts. Ordered by management, happened regularly.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Tuesday: <input type="text" value="Code A"/> Staff	Morale on the ward is low. Staff very supportive of one another

	NursDaed	
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Tuesday: [Code A] HC SWDaed	Gets support from staff nurse for everyday things but [Code A] will help if there are more major problems.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Tuesday: [Code A] ENNursDaed	Morale low cos of 1998. Improve morale? Action? Rehab - cc esp big strokes.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Tuesday: [Code A] [Code A]-StaffNursDeadNgt	Drinking problem - all the staff did it, not well handled. Not sure would be better now.
Staffing & Accountability.D9 Staff Welfare	Site Interviews-Monday.07.01 [Code A]	Support for staff during investigation: 1) encouraged use of counseling service; 2) organized support sessions and 3) offered to fund legal representation for any facing criminal or civil challenge
Staffing & Accountability.D9 Staff Welfare	Site Interviews-Monday.07.01 [Code A]	Whistleblowing and open culture - thinks difficult to ensure that there is completely open culture. Feels serious concerns would rise to surface. Staff reps would phone him.
Staffing & Accountability.D9 Staff Welfare	Site Interviews-Monday: [Code A] [Code A]:telephone	gets good support from [Code A] and meets with him and other colleagues regularly to be given information about new developments and other trust issues
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: [Code A]	Investigation by police "three years of torture - it seems relentless".
Staffing & Accountability.D9	Site Interviews-	

Staff Welfare	Monday: <input type="text" value="Code A"/>	There was probably a delay between <input type="text" value="Code A"/> getting stressed out and help coming.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	98 - minimal cover (with greater strain on <input type="text" value="Code A"/>
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	Would like to see improved morale on three wards.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	Would it be difficult to have those type of discussions with her? No, but you would think carefully how to approach and I did not want to make her feel she was being pushed out, she had given so much.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	Employee assistance programme, fast track assistance programme, staff counselling service, away days. Having a sympathetic boss is most NB for most employees.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	Staff surveys, demonstrates that they think good relationship with boss.
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	Employment of GP's in 3 wards: how has it managed?
Staffing & Accountability.D9 Staff Welfare	Site Interviews- Monday: <input type="text" value="Code A"/>	Much staff involvement in policy development & even instigation (eg domestic violence policy) - group of 8 or 9 staff met & drafted policy.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	This had led to

	SenStafNursSultNt	her being demoralised, unhappy with no respect or trust. This has been communicated to managers and union rep.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	Impression that staff morale very high but has not had much direct contact with staff. He arrived in 1999 after incidents.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	He has not been invited directly to counsel staff, to meet with their team informally to discuss their distress or fears re. Investigations.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	Morale seems very good - staff seem committed and rates morale at least 8 on a scale of 10.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	Morale seems very good - staff seem committed and rates morale at least 8 on a scale of 10.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> predecessor in job built up sizable ministry in attending to staff but I haven't because I haven't sensed or picked up same need in staff since I arrived.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). <input type="text" value="Code A"/> not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.

Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A Code A ExSisterSultan	1998 one-sided, no reply to allegations
Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A staffnurs SultanNt	Staff support - peer discussion - clinical supervision - clinical manager. - EAR counselling
Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A staffnurs SultanNt	Morale very low.
Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A HCSW	Code A HCSW (Day Sultan). Only knew Tuesday she was coming, not seen ToR nor interview notes. Code A explained ToR to Code A and touching on the background.
Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A HCSW	Sickness? Work extra or get agency. In last month has worked extra twice. Use to get "time back", now get paid extra.
Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A HCSW	"We managed quite well" with staffing level.
Staffing & Accountability.D9 Staff Welfare	Site Interview-Thursday. Code A HCSW	Feels Trust kept people informed Code A ??, Code A - all.
Staffing & Accountability.D9	Site Interview-	

Staff Welfare	Thursday: [Code A] HCSW	She took over ToR/info sheet away.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Thursday: [Code A] [Daed	Support during incident good RCN - mixed from ??? Emphasised stressful nature of whole episode and felt that earlier thorough investigation by Trust may have averted escalation of complaint.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday.AC: [Code A] nNurseDryad	All other staff were aware of tension. [Code A] was unable to develop her own role. Situation became worse after [Code A] had acted up. She implemented number of changes inc. helping hospital get IIP. When [Code A] came back [Code A] was frustrated at having to pull back on a number of other initiatives. Trust management was very good - offered mediation and tried to improve working relationships. Had investigation. SR [Code A] cleared and mediation offered by trust to resolve conflict between 2 of them. However, even with these attempts to improve the working relationships - [Code A] felt unable to stay so applied for other job. NB. [Code A] took out grievance.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday.AC: [Code A] nNurseDryad	Did put in grievance, one written - about [Code A] and [Code A] Letter to [Code A] [Code A] (early 2000) about feeling of being victimised. Not about syringe driver issue.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday: [Code A] SenSt afNursDryad	Junior have not received as much support <ul style="list-style-type: none"> - invited to CHI meeting directed at grade - briefing with general discussion - aware support is there
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday: [Code A] SenSt afNursDryad	Culture – higher you are the more support you get, issue has been noticed. HRSW less training updates they feel they need or want.

Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday. Code A StafNursDryad	"I don't feel I've had the support I should have had before and during investigation (earlier incidents) - others feel the same way.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday. Code A StafNursDryad	Numerous staff feel they have had very little support from senior management over the events and investigations
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday. Code A ENNursDryadNt	Morale. Low because of the events. "Knocked it out of me". Feels patients well looked after. Would have her mother there.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday. Code A ENNursDryadNt	Wishes. Positive outcome, improvement in morale. A need to heal the local scene.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday.MM Code A HCSWDryad	What good changes? NVQ2, Activity nurse - going on course - use music a lot/reminiscing.
Staffing & Accountability.D9 Staff Welfare	Site Interview- Wednesday. Code A StafNursSultan	Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.

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Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Friday: <input type="text" value="Code A"/>	Transfer issues add patient focus.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayWard	Assessment process <ul style="list-style-type: none"> - referred by GP, by letter - meeting Wed with MDT - discuss referrals and agree appropriate clinician to assess patient - go to home and assess in day ward and assess condition - element with a whole team approach
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	Health call - large problems transferring patients at night. Deteriorating condition - healthcall, reception, 1 hr for telephone response, 5 hr for visit.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	QA don't like transferring - eg Cardiac Arthymna, 40 min ambulance, ambulance men were rude, Dr rang from A&E rude - now the lady has deteriorated and still in QA.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	Are patients too acute to be here? It changes, Int care - some patients are not stable enough.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	Medical Input - stop transferring after 6pm on Friday, no clerking Mon-Sat-Sun.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	During weekend - transferred - healthcall with fill?? a prescription chart - not clerk patients in.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Patient flows from acute, every dept, other than Eld Med end to overgloss pts cond/function.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Any pt transferred by Eld Med, med ???? etc & pats/rels understanding OK/realistic.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Dosage - range whip at one time is it fairly usual? Its not usual now & was prob not usual then throughout the service but prob reflects the out of hours commitment of Jane's partners - ie for her colleagues convenience.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> LdConslt	Health - complex medical & nursing needs that require specialist input eg swallowing/fits. If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds. Rehab emphasis / eg slow stream stroke rehab.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Hospitals use - community enabling service - integrating physiotherapy, occupational therapy Social Services "It will happen faster discharge". Hope disclose difficulties relaxed discharge very high??
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> Staff NursDaed	All patients referred through QA not directly from Haslar. #ENDCODE
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/> Staff NursDaed	Patients discharged early from Acute hospital
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Patient referral info? Brief synopsis when pt arrives? Introduced, assessment within 2 hrs.

	ENNursDaed	
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday. Code A - ENNursDaed	New admission pack. Care plan sent with patient. Communications? Regular MDT. Notes kept.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday. Code A - ENNursDaed	Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday. Code A Code A -SenStaffNursDaed	Transfer can occur both day and night. Get too many with dementia. Need for inappropriate refer meetings. Need to be looked at.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday. Code A LdClit	Developed screening mechanisms for patients being admitted from two degree care to avoid inappropriate admissions. Keeps in touch with known patients in two degree care by telephone, by CPN etc.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Tuesday. Code A LdClit	Have developed protocols. Stressed team approach. Assessment tool has been developed recently to aid transfer of patients from two degree section. Helps screen patients.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday. Code A	Code A prefers putting definite deadline for patient ie by date x should go to nursing home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday. Code A	GWM gets transfers from acute medicine on orthopaedic wards at QA and Haslar.
Guid Prac & Perf Mgnt.E1	Site Interviews-	

Patient transfer	Monday: <input type="text" value="Code A"/>	All referrals for transfer approved by registrar or Consultant. <input type="text" value="Code A"/> would sometimes visit patients at Haslar before transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	Getting more patients with fractured neck of femur and dementia.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	When <input type="text" value="Code A"/> contacted usually about need to move patient to acute.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	Would like to see Community Enabling Service working more closely with day hospital - to bring in patients for limited number of sessions before moving back to community.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday <input type="text" value="Code A"/>	Back in 1998 if patients become medically unwell after transfer - <input type="text" value="Code A"/> would d/w referring dr/hospital and treated appropriately and referred back to Haslar / acute hospital if receded. Can get patients back into acute if necessary.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Written discharge policy? DN - Yes/presume.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Developing Care pathways? No, nothing has happened yet.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Money was funded by lottery so DN were key staff reasons for it being DN lead.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <input type="text" value="Code A"/>	Over past 2/3 years there has been an acute shortage of elderly beds exacerbated by closure of Haslar acute medical beds. Patients increasingly transferred across, not medically stabilised.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <input type="text" value="Code A"/>	Closure of Haslar led to pressure to QA and transfer too early. Potential problem of transferring back and pharmacy.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview-Thursday <input type="text" value="Code A"/> <input type="text" value="Code A"/> ExSisterSultan	Plans 'Do they really need this?' Cites example of old person on lots of benzodiayepins which she and GP reduced
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday <input type="text" value="Code A"/> staffnurs SultanNt	Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioAs ss	Over 5-6 months more demented patients on Daedalus. Got number ??? but less strokes. Get Acutely ill patients - physios can support that they are "not for rehab". Not ????? - not retained rehab ward.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Days of discharging against our advice etc. have gone but ward always under pressure.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Example of discharge delayed 6/12 because lack of resources for care package but happening less often.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Patients discharge delays There has been delayed by specialist equipment- Healthcare responsibility not a common occurrence.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> - phy	Stepping Stones project to improve shift between hospital and home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> - WardClerk	Admissions – relatives get comfortable with patients being at hospital, delay finding nursing homes.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> - WardClerk	Transfer of patients from Q&A – only involved in telling Q&A how many beds available.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	No choices who GWMH accepts
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	Transport organised by ward clerk – inflexible, no stretchers available, patients discharge can be delayed due to transport, records.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Continence – Bartel, walking.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	Q&A can often give a Bartel higher than expected so people will accept into Daedalus – care plan, drug prescription. Notes often come in a mess.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNurseDryad	Multidisciplinary discharge meetings "as and when" Consultant ward round does not always result in a meeting
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNurseDryad	More medically unstable patients coming - causes additional problems.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	If patient becoming poorly before he leaves will ask ward manager to inform acute trust and arrange for transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	If immediate panic, will ring A + E at QA and call for ambulance.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A StafGradePhysi	Agreed with nursing staff that in emergency, ambulance will be called. Has happened in only one case since he's been at GWMH.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A StafGradePhysi	Has been aware of sicker patients coming in from QA.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A StafGradePhysi	Rarely informed in advance of transfer of complex serious cases.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A CltDryad	But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A CltDryad	Any concerns about medical cover after five o clock.? If somebody medically unwell and needing active intervention then more beds to acute.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A CltDryad	What is transfer process? Process controlled by office at QA (10 secretaries) 9 - 5 - oversee all admissions / transfers. Do not send patients to GWMH unannounced.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A CltDryad	Complicated process - not only our team, but social services involved as well. Some need funding - social services decide and sometimes patients have to wait. Some fall short of the amount that social services can give. Some need 'top up' of finance from DoH - even longer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday: Code A	Discharges delayed due to lack of care package.

	SenStafNursSultan	
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Dryad supposed to be continuing care from its start -> (we feel with loss of last Radcliffe patient recently) lots of inappropriate referrals.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Getting lost of Fractured neck of femur, slow stream stroke patients. Get some Daedalus patients prior to discharge.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Getting a lot of inappropriate admissions, patients with dementia - mental health wards always full.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Patients have changed. No longer there for years as in Redcliffe annexe. Activity increased, more go to nursing homes - space for more acute beds.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Patient admission/transfer. Usually by day.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Good relationship between GWM and community - yes. Reasonably good relatives - good insight. Can approach all GWMH staff. Discharge arrangements work fairly well - most problems are from bigger hospitals - not here.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Transfer - feels over rosy-picture in 1998 - expectation high - yes. Emotional support - colleagues able.

Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Care whilst waiting for discharge? Normal regime - ?? team meet, discuss pt, etc - care plans.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.TL <input type="text" value="Code A"/> C onsult	Type of patients admitted. All patients seen by geratrician before admission. Time gap (2-3 weeks) between consultant assessment in acute ward and transfer to GWM. Do not update or re-assess before actual transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.TL <input type="text" value="Code A"/> C onsult	referral form is filled in on day of transfer. Nurses from each ward to speak to eachother. If conditions changed, further transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Site INterview- Wednesday.TL <input type="text" value="Code A"/> C onsult	Source of referrals can be from other sources, <input type="text" value="Code A"/> or patients own GP.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interviews- Tuesday <input type="text" value="Code A"/> HC SWDaed	Policy in ward in rehab so try to get pts in normal routine. Pts go to lounge etc. Ladies have hair done & men encouraged to shave. Have quiet room for those who want it.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interviews- Monday <input type="text" value="Code A"/>	Subsequently expectation that patients get more therapy than GWM can provide.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interviews- Monday <input type="text" value="Code A"/>	We started doing rehab before we were funded to do it.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday <input type="text" value="Code A"/>	Activities co-ordinator at St Christopher's plays games with patients (?????) and runs quizzes. General impression of own is that of high morale and level of commitment

		among staff so very surprised at media coverage and spate of enquiries like CHI's. Jan Peach is his line manager who supervises him in role as psychiatric chaplain.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioA ss	8 years. Trained on job. Help in outpatients and District. Now working orthopaedics. Sees patients on Daedalus and at home.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioA ss	Running step-down groups to the community. Meets once a month - tea dances etc, one man attending Yoga class.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioA ss	Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioA ss	Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> DT	patients categories if patient wrongly referred for rehab-medically unwell-Bartel of 1 criteria for bed planning
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> - phy	Change/move rehab - 4/5 years ago. Next change - intermediate care 14/15 months ago - and staff became team leader.

Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Instead of just seeing patient on wards which was frustrating, now ran follow-through to see patient at home or day hospital, lots of mixing and matching.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Freedom to follow people through - what happened - to change service - organisational change - why to NSF - intermediate care national policies.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Formal assessment tool - use balance Burg scale. Falls - look on tools. Locally tools JAD score.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Joint amendment tool for Parkinsons - more work on good assessment tools.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	CES multi-disciplinary assessment tool - local tool.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	What drives better practice? Validated tools - NSF, government, service plans.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	How engaged in goal setting? Work to be done, trying to do multi-disciplinary to work much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Prioritise rehab - ie. early strokes, orthopaedic patients can hand over to nurses.

	phy	
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Barthel Score used as a rough guide.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> SenSt afNursDryad	Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH. Was admitted for terminal care but Dryad rehabilitated patient. Dryad often gets patients for continuing care but rehabilitated. Occasionally patients been tried for rehab but medical condition deteriorates and no rehab.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Often patients transferred for rehab who are completely incapable of rehab.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> Cltdryad	But many of the patients do not fulfil the continuing care criteria, waiting placement, pressure on beds in which case need to continue with physio and others.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	OTs show nurses what exercises expected for patients. She does not find it easy to do the work although nurses do try to help patients exercise regularly.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Limited OT input - make arrangements for washing and dressing assessment but OT doesn't come physically on to the ward - they used to do so in the past but now we seldom see them.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Speech and language therapists, dieticians advisable and will come and see patients on ward.

Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to them and read to them.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Some day-time activities occur
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Dryad? Continuing care and palliative care. Long length of stay/cohort of patients. Change started.
Guid Prac & Perf Mgnt.E10 Rehabilitation	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interviews- Tuesday <input type="text" value="Code A"/> LdConslt	CC - HA/SS agreement. Continuing care criteria?
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interviews- Tuesday <input type="text" value="Code A"/> LdConslt	Health - complex medical & nursing needs that require specialist input eg swallowing/fits. If unfilled C/C beds - may more stable pts awaiting NH bed in to free up acute beds. Rehab emphasis / eg slow stream stroke rehab.
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interviews- Tuesday <input type="text" value="Code A"/> Staff NursDaed	If a patient goes into continuing care, they stay on the ward or no care package for them.
Guid Prac & Perf Mgnt.E11	Site Interview-	

Continuing care	Thursday <input type="text" value="Code A"/> OT	patients categories if patient wrongly referred for rehab-medically unwell-Bartel of 1 criteria for bed planning
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Daedalus – never heard of letter about status of care. (ref. Other Dr Q???? letter sent from admin re: continuity of care status.)
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Wednesday <input type="text" value="Code A"/> Cltdryad	Continuing Care beds here. The rehab beds - stroke patients - 2 types. Rapidly progressing ie fast stream and St M and then slow stream - beds with all the different places, some here, Daedalus.
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Wednesday <input type="text" value="Code A"/> Cltdryad	Bed pressures - are you seeing patients in ward transferred inappropriately? Continuing care criteria - usually would expect somebody coming into continuing care to stay there until death, but other who could -> residential care but finding recently that some in continuing care setting are those who are not suitable and can be discharged.
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Wednesday <input type="text" value="Code A"/> Cltdryad	Says that when patient is transferred to continuing care bed that a letter is issued administration outlining that being moved to continuing care bed, what that means and includes that status may change.
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Wednesday <input type="text" value="Code A"/> SenStafNursDryad	[No input in policy development yet - but maybe because new].
Guid Prac & Perf Mgnt.E11 Continuing care	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Dryad supposed to be continuing care from its start -> (we feel with loss of last Radcliffe patient recently) lots of inappropriate referrals.

Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday. Code A StafNursDryad	Activity (for patients) is one area we're lacking in. We try to keep them occupied as much as possible, several like to watch TV a lot, others like music (change tapes), try to talk to them and read to them.
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday Code A StafNursDryad	Would like someone to organise activities, outings.
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday Code A StafNursSultan	Slow turnover, low occupancy, little acute. Now new manager, more acute, better working. Was hierarchical / "tasky"?? - now team nursing . How did patient care improve?
Guid Prac & Perf Mgnt.E11 Continuing care	Site INterview- Wednesday.TL Code A C onsult	Policy for criteria for continuity care. Occasional patients are rehabilitated, Physios and OTs brought in. Accordingly discharged home.
Guid Prac & Perf Mgnt.E2 DNR	Site Interviews- Tuesday Code A - SenStafNursDaed	Information on DNR - nurse will ask, check notes, nothing in notes resuscitate. Eg patient will CA. Patient requested to be resuscitated, become critical - ward staff were uncertain to resuscitate. Code A insisted resuscitation to begin. Healthcall, GP & relatives were called in the morning and it was decided not to resuscitate.
Guid Prac & Perf Mgnt.E2 DNR	Site Interviews- Monday Code A -District Nurse	If someone requested no resuscitation DN would speak to GP and senior ward nurse.
Guid Prac & Perf Mgnt.E2 DNR	Site Interviews- Monday Code A -District Nurse	No policy to cover the scenario.
Guid Prac & Perf Mgnt.E2	Site Interview-	

DNR	Thursday Code A staffnurs SultanNt	DNR - unless stated resus - hard to talk about - GP should inform - Patients and carers not sure about resus - Resus policy should be reviewed weekly
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Thursday Code A staffnurs SultanNt	Status change - updates - boards in office - communicated verbally
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Thursday Code A DT	Sultan ward starting taking less medically stable patients - "new" nurse care. DNR status confusion led to investigation led to it being recognised that they needed clear protocol and documented process.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Thursday Code A DT	carer and relative involvement-DNR -OT would read notes -Clearly documented and accessible to OT -no space on OT form to write about DNR or end of life arrangements
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday Code A - StafGradePhysi	If patient becoming seriously unwell, Code A will speak to Code A and make arrangements for finding bed at QA.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday Code A StafGradePhysi	Patients arrive at GWMH from QA with care plan - Code A follows advice set out in it.
Guid Prac & Perf Mgnt.E2	Site Interview-	

DNR	Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Concerned about activity of patients coming over recently - he's ended up with more unstable patients than his colleagues at QA. Could have as many as 22 seriously ill, dependent patients at a time.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Some patients so unstable they are sent back.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Decision always made after discussion on DNR.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Need to decide what to do when patient leaves the ward.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Always recorded in medical notes and also in nursing notes - regularly reviewed.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Keep files on patients in which DNR status recorded.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursSultan	Resuscitation status not always clear cut. GP not clear - sometimes.
Guid Prac & Perf Mgnt.E2 DNR	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursSultan	Forty five GP's - confusing and different ways of doing things.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday: <input type="text" value="Code A"/> manager	Palliative care- relatives are normally involved in decision-making. Understandably checked. Work with hospice and <input type="text" value="Code A"/> regarding palliative care.

Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday [Code A] Pharma	[Code A] goes to the Rowans? Opened 1996. the greenbank - Palliative Care Guidelines - across the Trust.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday [Code A] Pharma	[Code A] knows about syringe-drivers, drug info from QA and on call pharmacy service.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday [Code A] Pharma	Not seen Countess Mountbatten guidelines.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Friday [Code A] Pharma	Policy Implementation. Now at Rowans and here - doctor writes specific doses.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday [Code A] NursCl	Question protocols for palliative care for stroke/non-stroke patients.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday [Code A] Staff NursDaed	Palliative care- decision between the whole team with relatives If coming to a rehab ward-should recover
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday [Code A] [Code A]	Assessed then message give to relatives. Reassessed - ??? ??? relatives.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday [Code A] [Code A]	Now, (summer 2000) new policy on SD's now reviewed daily.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Tuesday [Code A] LdCl	[Code A] enough time to do things properly.

Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday [Code A]	(Countess Mountbatten ([Code A] specialist) contacted by phone. Often does visit to GWM to see patient.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday [Code A]	[Code A] (Associate Specialist) in palliative care at GWM) leads training on palliative care.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday [Code A]	Problems arose with heavy workload precipitated by Haslar.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interviews- Monday [Code A] District Nurse	Palliative Care. Policies? At home?
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday [Code A] Sp- LangThera	Problems with referral may leave patients unattended – nil by mouth. Will receive nutrition through subcutaneous, peg, nasal.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday [Code A] SenStafNursSultNt	Patients and Palliative care - 1-2-6 - motorneurone, MS, cancer, Parkinsons, old age
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday [Code A] SenStafNursSultNt	Strategy for palliative care – policy, no particular strategy.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday [Code A]	Assessment – symptom control, access Countess Mount Batten

	SenStafNursSultNt	
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday: <input type="text" value="Code A"/>	He has not been involved in multi-disciplinary work with respect to patients' care including palliative care and preparation for death.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday: <input type="text" value="Code A"/> DT	Speciality OT at Rowan and Mountbatten ???????
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Practical examples of policies and their application on ward.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	All care of elderly posts (he has specific palliative care training)
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Get second opinions on palliative care - Rings consultants at Countess Mounbatten - They will sometimes then visit (however <input type="text" value="Code A"/> must still get permission from patients GP before he does so, - has had to get such advice every 4 -8 weeks.
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	However can also consult Palliative Care Manual (prepared by Countess Mounbatten Doctors).
Guid Prac & Perf Mgnt.E3 Palliative care	Site Interview- Wednesday: <input type="text" value="Code A"/>	Also consults Portsmouth Healthcare Trust Manual on Palliative care on administration of

	StafGradePhysi	drugs.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday Code A CltDryad	They are concise. Tell you what to do in black and white. They are on the ward and need to consult if come across problem. I haven't come across any problems.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday Code A CltDryad	Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday Code A StafNursSultan	Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday Code A StafNursSultan	Sometimes Countess Mount Batten come out and give advice. Ceradualed?? normally have plan for pain.
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday.TI Code A onsult	Has close relationship with palliative care consultant. Code A assesses the patients. Can discuss with Code A
Guid Prac & Perf Mgnt.E3 Palliative care	Site INterview- Wednesday Code A StafNursSultan	Palliative care book - guidelines what patients already on - patch or driver. Palliative care variable - in for more than 24 hours or in couple of weeks.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday Code A manager	Nutrition assessment on admission for every patient. Score high due to multiple pathologies and age recognises health problems. Evaluated and reassessed regularly. Families are encouraged to come in and help

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> manager	Hoping to introduce Buffet breakfast
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Poor practice in nutrition.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Community dietician for F&G. Only 1 Tuesday. Managed community dieticians. Many outpatients. Inpatients very small – in patients was not organised. Also was committed to Dolphin new unit system in place – many was being funded.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	3 wards 1 day a week. Daedalus – stroke patterns had dedicated support on nutrition/feeding. Sultant and Dryad – called for critical incidents or special problems with feeding – responded when called.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Dieticians worked between kitchens and patients.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Dryad and Sultan – felt they did not need dietician and was not involved in care planning.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior	Dryad and Sultan – felt they did not need dietician and was not involved in care

	Diet	<p>planning.</p> <p>New policy for feeding people (Tony Thorne funding input). Ward must have scales – scales were not on all wards. NOW - weighed on admission</p> <ul style="list-style-type: none"> - documented nurses notes - reviewed monthly - nurse – nutrition rep. <p>All present on Dolphin in 98.</p>
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Often nurses too busy and food out of reach. Now resolved.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Now working on learning disabilities so aware of policies of trust and aware policy of feeding in place.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Nutritional assessment and admission – numerical score.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Relied on relatives before for feeding.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Under new guidelines – communicate with relatives to prepare food for patient at home.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Policy has been given a high level of value by senior management – influence practical use of policy.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: [Code A] Senior Diet	Nutritional reps meeting – 6 months - regular update training - access to info.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: [Code A] Senior Diet	People were aware of nutrition but it was the system that enabled practice.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Friday: [Code A] Senior Diet	Admits that practice in 98/99 on feeding patients very poor, that patients not given essential care in feeding.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: [Code A] HCSW Sult Ngt	Has no involvement with feeding patients. Completes food & fluid chart when brings patient a drink.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: [Code A]	Nutrition audit? Nurse were following standards. What would happen if guideline were not followed? [Code A] hear from [Code A] spoken to individual, spoken to clinical man, review and remedial work. ?? updates
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: [Code A]	Nutrition - availability of short order of snacks was more available here than at St Christopher.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday: [Code A] Staff NursDaed	Meals not always early, ordered out of hours. No snack boxes on ward.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <input type="text" value="Code A"/> Staff NursDaed	Nursing assessment after Doctors visit. Waterlow score, nutritional, bowls and ADL. Pain charts and bed charts kept as needed, weighed within 24hours, weighed fairly frequently. Particularly if Nasogastric. Does swallowing assessment. We thickened fluids if necessary. Meals ordered as needed. There is a daily nurse assessment.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <input type="text" value="Code A"/> Staff NursDaed	how do you recognise deterioration. All trained staff have done diet course. Basic assessment and report to doctor. Possible readmission to acute ward.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <input type="text" value="Code A"/> HC SWDaed	Make sure pts are fed and clothes are clean. Have hot & cold drinks whenever they want.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <input type="text" value="Code A"/> HC SWDaed	Eg pts?? who need feeding may need to wait until meals have been served to others.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <input type="text" value="Code A"/> HC SWDaed	Patients not eating or drinking.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Help given with eating if needed. Weigh them, offer help with eating and drinking by ancillary staff if needed.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	Is very aware of patients nutritional needs and all patients are weighed on admission and then regularly accordingly.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday <input type="text" value="Code A"/> Sp- LangThera	Disagreements about NG and Peg feeding.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday, <input type="text" value="Code A"/> HCSW	Feeling NVQ has been done - knows about thickened fluid. Helps patients with feeding "they always get their food". Uses build up or other supplements.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday, <input type="text" value="Code A"/> OT	Was lack of protocol re: hydration, but now have protocol.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Thursday, <input type="text" value="Code A"/> Daed	Improved cooked breakfast - to team - didn't want them. - Not missed, gives more time to get patients up. Rest of hospital followed through.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday, <input type="text" value="Code A"/> StafNurseDryad	All patients get fed - sometimes need supervision.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday, <input type="text" value="Code A"/> SenStafNursSultan	Nutrition. Well cared for. Nutritional assessment on admission. Weigh on admission and at least monthly.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday, <input type="text" value="Code A"/> StafNursSultan	All dependant pts on food & chart? 48 hrs then reviewed. Dietician involved - good input from dietician.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Site Interview- Wednesday, <input type="text" value="Code A"/> StafNursSultan	Meals ordering is complex, tick sheet 2 days ahead (bar?? Sheet) ?? - nursing staff - beeper or who??
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Friday, <input type="text" value="Code A"/> NursingDir	MDT working, shared records essential, recent training essential, records not currently shared between medical and nursing staff.

Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Friday [Code A] SenNursCoord	Will have APEX on new computer system for pathology results. Also will be connected to Email system.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday [Code A] Mgr	Service Manager calls [Code A] when there are complaints. 5 complaints received re three wards. Documentation of interaction with relatives has improved.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday [Code A]	At St Christ had audited themselves and found Doc were less to be desired so monitoring findings & will translate to GWMH.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday [Code A]-Staff NursDaed	Care plans in the office. OT and speech therapist and language. Neck a Femur have care pathway-come through MDT
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday [Code A] HC SWDaed	Everything is recorded including.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday [Code A] ENNursDaed	Summary of MDT put into nursing record - separate notes for action physio OT & Docs.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Tuesday [Code A] ENNursDaed	Written plan record left on ward & verbal record.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews-Monday [Code A] [Code A] telephone	use individual care plans for patients and tries to see care on assessment of need.

Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Monday: <input type="text" value="Code A"/>	Documentation of required dose ranges, 'wasn't particularly good'.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interviews- Monday: <input type="text" value="Code A"/>	Health records Manager and Imt T Director have done a lot of work to ensure processes secure and that minimum level of info available to only those who need it.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Thursday: <input type="text" value="Code A"/>	Patients documents Beds notes-care plan Nurse notes-care plan Reports Therapy Section MDT Notes Homes and assessments
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	Answers phone, sorts patients notes, patients notes will include doctor, nursing, OT/Physio, END medical records can be dispersed to variety of places – Q&A, St Mary's GWMH.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday: <input type="text" value="Code A"/> CltDryad	Eg - system of recording - eg form provided - completed monthly by team.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Patients come with a care plan.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Physiotherapist makes assessment and puts it in medical notes.

Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Always recorded in medical notes and also in nursing notes - regularly reviewed.
Guid Prac & Perf Mgnt.E5 Patient records	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Keep files on patients in which DNR status recorded.
Guid Prac & Perf Mgnt.E6 Contenance	Site Interviews- Tuesday <input type="text" value="Code A"/> HCSW Sult Ngt	Encourage patients to call for help when they need to use commode or go to the toilet.
Guid Prac & Perf Mgnt.E6 Contenance	Site Interviews- Tuesday <input type="text" value="Code A"/> Staff NursDaed	Nursing assessment after Doctors visit. Waterlow score, nutritional, bowls and ADL. Pain charts and bed charts kept as needed, weighed within 24hours, weighed fairly frequently. Particularly if Nasogastric. Does swallowing assessment. We thickened fluids if necessary. Meals ordered as needed. There is a daily nurse assessment.
Guid Prac & Perf Mgnt.E6 Contenance	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Contenance - regular toileting. Contenance pads supplied if needed. Catheterisation on basis of clinical need.
Guid Prac & Perf Mgnt.E7 Trust perf mgnt	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	"Good Medicines Policy" held up by working with other issues but aim to implement soon. It will be audited – need to focus on big clinical issues in audit.
Guid Prac & Perf Mgnt.E7 Trust perf mgnt	Site Interview- Friday <input type="text" value="Code A"/>	Cases of poor performance identified earlier. Getting evidence on poor attendance

	Code A	and behaviour is very hard – does depend on people telling us.
Guid Prac & Perf Mgnt.E7 Trust perf mgnt	Site Interview- Wednesday. Code A SenStafNursDryad	Critical Incidences - Risk assessment form - filled out Code A No feedback.
Guid Prac & Perf Mgnt.E8 Consent	Site Interview-Thursday Code A Code A ExSisterSultan	Consent Admission- tact consent to treatment Most patients already transferred with treatment started elsewhere Documentation for consent? Yes for surgery but not medical treatment
Guid Prac & Perf Mgnt.E9 Control of Infection	Site Interviews- Tuesday. Code A Staff NursDaed	MRSA -wear gloves aprons and aprons are colour coded
Guid Prac & Perf Mgnt.E9 Control of Infection	Site Interview- Wednesday. Code A SenSt afNursDryad	Quality care – wound care, patient MRSA – surgical wound – treated MRSA healed wound and transferred to NH.
Guid Prac & Perf Mgnt.E9 Control of Infection	Site Interview- Wednesday. Code A StafNurseDryad	Nutrition and infection control good - patients screened. Daedalus and Dryad the same on patient control.
Guid Prac & Perf Mgnt.E9 Control of Infection	Site Interview- Wednesday. Code A ENNursDryadNt	MRSA time taken to tog up and detog to answer phone or attend to patients who have called.

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Drugs.F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/> manager	medication-relatives are sometimes reluctant to have syringe drivers and deal they will die quickly. E.g. lady came in for pain control, initially drowsy but now drinking and eating.
Drugs.F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/> manager	where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team
Drugs.F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/> manager	Looking at patient as a whole, by treating, drugs can be reduced if reviewed. Unusual to use syringe drivers. Hyosine and sedation usually use for chests.
Drugs.F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/>	Clinical Effectives work. Pain assessment. How managers delivered.
Drugs.F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/>	Assessment is a concern - look at training nurses - guidelines - implementation - talk to people - feed back from medical colleague Medicines Management Group identified as part of ??.
Drugs.F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/>	1998 - Ian took at low at other Trusts to establish if prescribing parameters OK. Made way to other community hospitals. <input type="text" value="Code A"/>
Drugs.F1 prescribing	Site Interview-Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	can only provide what was issued to wards

Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	Policy Discharge(Pharmacy Input) In respect of prescribing-people driving it at ward level-divisional level (Code A) or trust wide (Code A). These people drive at appropriate level.
Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	No Pharmacist expressed concern during Police Interviews that prescribing may be taking place outside of palliative care guidances.
Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	BNF guidelines allow for large range of dosage of morphine
Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.
Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.
Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.
Drugs.F1 prescribing	Site Interview-Friday <small>Code A</small> Code A	there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions.

Drugs.F1 prescribing	Site Interview-Friday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Would like IT system to captivate data e.g hand held help analysis Its presented BCs for improving pharmacy IT.
Drugs.F1 prescribing	Site Interview-Friday.Text <input type="text" value="Code A"/> -SenNursColW	Rapid tranquillisation-part of team Gone to Clinical Governance group to develop draft copy which involve Lorazapan, acuphase.
Drugs.F1 prescribing	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Pain management not a problem
Drugs.F1 prescribing	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Use syringe drivers Diamorphine -diazapan have brought them off and got better
Drugs.F1 prescribing	Site Interview-Friday. <input type="text" value="Code A"/> SenNursCoord	New pain management policy - view when arrived? Good, staff concerned, middle of anaelgesia ladder often forgotten. Nurses now more likely to suggest middle pre- opiate.
Drugs.F1 prescribing	Site Interview-Friday. <input type="text" value="Code A"/> Phar ma	VL checks charts.
Drugs.F1 prescribing	Site Interview-Friday. <input type="text" value="Code A"/> Phar ma	Stocks maintained.

Drugs.F1 prescribing	Site Interview- Friday. <input type="text" value="Code A"/> Pharma	PRN diamorphine - not used much - if it is used not syringe driver.
Drugs.F1 prescribing	Site Interview- Friday. <input type="text" value="Code A"/> Pharma	PRN On D&H and MD "I can't remember".
Drugs.F1 prescribing	Site Interview- Friday. <input type="text" value="Code A"/> Pharma	Nurses ask for advice not doctors.
Drugs.F1 prescribing	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Drugs - delivery - night - sleep medication, analgesia, have not given PRN for quite a few months. 1 nurse does drug round, 3 nurses do patient care.
Drugs.F1 prescribing	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Band of range of Drugs - reg drugs, right side. PRN drugs, left side. Both reviewed.
Drugs.F1 prescribing	Site Interviews- Tuesday. <input type="text" value="Code A"/> SenStafNursDaed	Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.
Drugs.F1 prescribing	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Big dose ranges - sliding scale - to avoid patients waiting. Even from her DN days. Deputising service took time to report - <input type="text" value="Code A"/> s practice. Really to avoid delay - that was the emphasis.
Drugs.F1 prescribing	Site Interviews- Tuesday. <input type="text" value="Code A"/> LdConslt	Whether people actually received the too high dose - I would say no & in <input type="text" value="Code A"/> s case - independent Ombudsman found not??.

Drugs.F1 prescribing	Site Interviews- Tuesday [Code A]	Drugs skills - nurses felt competent, reviewed annually, no progress generally. Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.
Drugs.F1 prescribing	Site Interviews- Tuesday [Code A] [Code A]-SenStaffNursDaed	Drug assessment Manual? - updated annually. The Shipman Inquiry Care has put back Palliative care. Afraid to use diamorphine now.
Drugs.F1 prescribing	Site Interviews- Tuesday [Code A] [Code A]	Doses? Large leeway? Now specific dose, plus additional dose if needed and / ??.
Drugs.F1 prescribing	Site Interviews- Tuesday [Code A] [Code A]	Why such large ranges? (Assistant and gaps in medical cover) Exposed still at night/weekends.
Drugs.F1 prescribing	Site Interviews- Tuesday [Code A] [Code A]	No one received dosage more than required for their pain.
Drugs.F1 prescribing	Site Interviews- Tuesday [Code A] [Code A] StaffNursDeadNgt	1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.
Drugs.F1 prescribing	Site Interviews- Tuesday [Code A] [Code A]-StaffNursDeadNgt	New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know
Drugs.F1 prescribing	Site Interviews-	

	Tuesday: <input type="text" value="Code A"/> -LdCl	Developed new prescribing charts to improve prescribing.
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	Have learned from complaints to be more frank about drugs.
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	Drugs: "must judge each individual patient as you find them
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	In his time of working here - cannot remember any time when opiates prescribed inappropriately at that time.
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	Review of case notes - how comfortable did you feel about dosage ranges? When d/w <input type="text" value="Code A"/> she said prescribed to cover nursing staff when she was off as her patients could be difficult about coming out at night/weekends - seemed reasonable enough but obviously with hindsight can see not acceptable.
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Service to Trust is managed by a Grade E Pharmacist (<input type="text" value="Code A"/>) and 2 pharmacists elderly and mental health + community. She also has staff at QA.
Drugs.F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Inappropriate use of medicines - unless serious it is taken up by the pharmacists; only involve chief if they do not make progress with clinical staff.

Drugs.F1 prescribing	Site Interviews- Monday: Code A Code A	Guidelines. Formulary in medicine, approved by Committees. If involved with 1° care goes to a 1° care committee. Use external Guidelines if appropriate.
Drugs.F1 prescribing	Site Interviews- Monday: Code A Code A	Anybody can prescribe diamorphine/haloperidol/Midazolam. They do challenge large doses written by Junior Doctors.
Drugs.F1 prescribing	Site Interviews- Monday: Code A Code A	In process of putting guidelines on Intranet - but not generally available "Compendium of Drug Therapy Guidelines". Would not be aware if prescribing had changed since 1998.
Drugs.F1 prescribing	Site Interviews- Monday: Code A Code A	He does business orientated committees.
Drugs.F1 prescribing	Site Interviews- Monday: Code A Risk Adv	Drug errors out of 1500, wrong dose, medication or time.
Drugs.F1 prescribing	Site Interview- Thursday: Code A Sp- LangThera	Drugs – document what drugs patients are on.
Drugs.F1 prescribing	Site Interview- Thursday: Code A GP	Medication very little stock on wards - eg. came in Sunday pm wanted to prescribe Cepaclor no suspension, had to give tablet not ideal (antibiotic) could not get next day.
Drugs.F1 prescribing	Site Interview- Thursday: Code A GP	Is an Antibiotic Policy available? I haven't got a clue. Have to work with what you feel comfortable with.

Drugs.F1 prescribing	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> GP	Hospital familiarity
Drugs.F1 prescribing	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> GP	Assessment of pain. What assessment tools in use on ward? Pain Control - <input type="checkbox"/> Code A <input type="checkbox"/> wanted examples of what this meant. Relies on judgement eg. of patient not able to communicate. Not aware of guidelines.
Drugs.F1 prescribing	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> SenStafNursSultNt	Syringe drivers - patients that need symptom control – terminal pain, morphine if having previous opiates.
Drugs.F1 prescribing	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> SenStafNursSultNt	Patient agitated – medazaline instead.
Drugs.F1 prescribing	Site Interview- Thursday <input type="checkbox"/> Code A <input type="checkbox"/> SenStafNursSultNt	No conflict between dosages that were being given by nurses.
Drugs.F1 prescribing	Site Interview-Thursday <input type="checkbox"/> Code A <input type="checkbox"/> <input type="checkbox"/> Code A <input type="checkbox"/> ExSisterSultan	Pain assessment 'pyramid-start at paracetamol and work your way up don't you'
Drugs.F1 prescribing	Site Interview-Thursday <input type="checkbox"/> Code A <input type="checkbox"/> <input type="checkbox"/> Code A <input type="checkbox"/> ExSisterSultan	Pyramid-how actually used? Depend on response she says Says all were individual Took time for patients to get used to work GP would choose drug

Drugs.F1 prescribing	Site Interview-Thursday. Code A Code A ExSisterSultan	pharmacist always involved, staff would phone pharmacist. Visited twice weekly-she would suggest changes to treatment
Drugs.F1 prescribing	Site Interview-Thursday. Code A staffnurs SultanNt	Pain Management - pain assessment chart - analgesic ladder
Drugs.F1 prescribing	Site Interview-Thursday. Code A staffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Code A pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F1 prescribing	Site Interview-Thursday. Code A staffnurs SultanNt	Tool of assessment - - Are you in pain? - What drugs are you taking at the moment? - How was the effect? - Position in bed? - Movement? - Pain experiencing? Various pain assessment charts. Pain management policy - pain management tool.
Drugs.F1 prescribing	Site Interview-Thursday. Code A staffnurs SultanNt	Awareness of policy changes - team meeting - policy folder - verbal - try to get to ward meetings @ 7pm to accommodate

		<ul style="list-style-type: none"> - last meeting was a couple of months ago due to staff sickness - minutes taken - night duty box
Drugs.F1 prescribing	Site Interview- Thursday: Code A staffnurs SultanNt	<p>Analgesia ladder + GP</p> <ul style="list-style-type: none"> - nights no GP - Healthcall - response time - 10-15 mins - 30mins - requisite problems a visit - 1hr - 4hr wait. - Patient will expect verbal order but not controlled drugs. - No other way of contacting GP. - Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.
Drugs.F1 prescribing	Site Interview- Thursday: Code A staffnurs SultanNt	<p>Medicine update knowledge</p> <ul style="list-style-type: none"> - 2 yearly assessment by clinical manager - if not sure of drug look up in BNF - literature - pharmacist input - not aware of input.
Drugs.F1 prescribing	Site Interview- Thursday: Code A staffnurs SultanNt	<p>Pharmacist facility</p> <ul style="list-style-type: none"> - comes in daily - restock medicine - incompatible drugs - pharmacist will advise about admitee - Q&A services - No weekend cover - GP will write script and porter will get it
Drugs.F1 prescribing	Site Interview- Thursday: Code A staffnurs SultanNt	<p>Patients may be kept in pain</p>

Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Not seen any pain assessment tools.
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Combination of drugs (DDs) commonly used. Hyocine, diamorphine, madazaline.
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Syringe Drivers Who decides on the use of Syringe driver - medical and nursing always involved patient / family member
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	If family say no - what happens - would pass to a consultant and arrange for a meeting
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Would drug in syringe driver. Diamorphine for pain control. Medazalin for anxiety. Hyocione for. Anti hematic sickness.
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Instances when patients in pain
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	TTOs – fax medicine orders to Q&A, discharge delayed by TTOs not coming back.
Drugs.F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> WardClerk	Aware of pharmacist visiting the ward.
Drugs.F1 prescribing	Site Interview- Wednesday: <input type="text" value="Code A"/>	Pain Control. If patients came in on inadequate medications, <input type="text" value="Code A"/> informed, to

	nNurseDryad	increase medication. Nurses would use judgements concerning patients pain status and this was conveyed to [Code A] on her arrival at ward.
Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	There were several occasions when nurses on wards felt patients were given too much medications ie. prescribed too much. This was voiced to Sister [Code A] who said nurses did not understand pain control and specialist advice was sought from Countess Mountbatten.
Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	[Code A] raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that [Code A] had upset [Code A] asked [Code A] if this was so and [Code A] [Code A] said she was not upset but thought that [Code A] didn't appreciate what was being done on the ward.
Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	[Code A] highlighted differences between practice then on Dryad ward and what was happening on Jubilee ward. On Jubilee ward syringe-drivers were in use, but in much more "controlled" way. Also mix of drugs not the same. Feels mix was an issue - thinks diamorphine appropriate often.
Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	Things changed with arrival of new consultant. Example of patient on morphine and rehab doctor wanted her up and walking so morphine was discontinued and patient was rehabilitated and went home.
Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	Sometimes [Code A] would go off at night and patient was comfortable - next day patient on syringe driver and when challenged was told patients condition had changed.
Drugs.F1 prescribing	Site INterview- Wednesday.AC [Code A] nNurseDryad	Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.
Drugs.F1 prescribing	Site INterview- Wednesday [Code A] SenSt afNursDryad	Syringe Drivers <ul style="list-style-type: none"> - none at the moment - 2/3 time at moment - 1998 syringe drivers were in use more difference to now - post acute patients - sub acute patients - orthopaedic patients - mix of terminal patients
Drugs.F1 prescribing	Site INterview- Wednesday [Code A] SenSt afNursDryad	1998 dosage range was larger <ul style="list-style-type: none"> - As a nurse felt dosage range was worrying and expressed concerned to Dr Barton, Clinical Manager - Positive clarification - Ranges were [Code A] cover, RE Medical cover,
Drugs.F1 prescribing	Site INterview- Wednesday [Code A] SenSt afNursDryad	Out of hours, GP did not want to interfere with Est. pain management care <ul style="list-style-type: none"> - PNR – used nurse discretion a couple of times
Drugs.F1 prescribing	Site INterview-	

	Wednesday, Code A SenSt afNursDryad	Last 5 years syringe drivers – witnessed no debates about syringe drivers.
Drugs.F1 prescribing	Site INterview- Wednesday, Code A StafNurseDryad	Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.
Drugs.F1 prescribing	Site INterview- Wednesday, Code A StafGradePhysi	Unique aspect of Drugs Admin at GWMH was prior prescription of palliating opiates. Feels that it should be done only exceptionally (it's against standard practice).
Drugs.F1 prescribing	Site INterview- Wednesday, Code A StafGradePhysi	The practice has now stopped. He does not allow anticipatory prescriptions.
Drugs.F1 prescribing	Site INterview- Wednesday, Code A StafGradePhysi	There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
Drugs.F1 prescribing	Site INterview- Wednesday, Code A StafGradePhysi	Code A raised his concerns with Code A about anticipatory prescribing and she agreed with him that it should stop. He was encouraged to change the policy. Old drug prescribing practice came as 'no surprise' to Code A .
Drugs.F1 prescribing	Site INterview- Wednesday, Code A StafGradePhysi	Psychiatry Department has produced guidelines about management of agitated patients.
Drugs.F1 prescribing	Site INterview- Wednesday, Code A CltDryad	Drug policies - any worries? Not really, the policies are quite clear.

Drugs.F1 prescribing	Site INterview- Wednesday <input type="text" value="Code A"/> CltDryad	Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.
Drugs.F1 prescribing	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursDryad	Trust policies followed closely.
Drugs.F1 prescribing	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Some patients decline/refuse pain killers because of the 98/99 events and suffer accordingly.
Drugs.F1 prescribing	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Doctors now holding back on pain - patients wanting pain relief and it affects her.
Drugs.F1 prescribing	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursSultan	What doesn't work well? GP dosages. Room is ?? about dosages. Some 10mg, some 10 - 40mg.
Drugs.F1 prescribing	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Pharmacists involved sometimes.
Drugs.F1 prescribing	Site INterview- Wednesday.TI <input type="text" value="Code A"/> onsult	No escalation of drug prescriptions now, eg. sedating drugs. No anticipatory prescribing is now done, including out of hours.
Drugs.F1 prescribing	Site INterview- Wednesday. <input type="text" value="Code A"/> StafNursSultan	New treatment chart - for syringe driver recently. Chart in two halves, 1 24 hrs 2 PCN top up.

Drugs.F1 prescribing	Site INterview- Wednesday Code A StafNursSultan	How new policy reviewed. Do not like it - piece of paper lost. How get it changed - had a word with pharmacist.
Drugs.F1 prescribing	Site INterview- Wednesday Code A StafNursSultan	New syringe driver chart document - could miss more.
Drugs.F1 prescribing	Site INterview- Wednesday Code A StafNursSultan	Palliative care - how access additional advice - need to establish if pain exists and where - is medication the answer? Will let GP know.
Drugs.F2 Administration	Site Interview- Friday Code A manager	where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team
Drugs.F2 Administration	Site Interview- Friday Code A manager	drugs used by patients through self-medication are taken care of by the patient themselves.
Drugs.F2 Administration	Site Interview- Friday Code A Code A	Processes of system in clinical practice since 98: have been major changes in 3 areas: (3) Management of pain training related to it triggered by incidents, primarily for nurses. (4) 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.
Drugs.F2 Administration	Site Interview- Friday Code A	Cases of poor performance identified earlier. Getting evidence on poor attendance

	Code A	and behaviour is very hard – does depend on people telling us.
Drugs.F2 Administration	Site Interview- Friday. Code A Code A	Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.
Drugs.F2 Administration	Site Interview-Friday Code A Code A	Policy Discharge(Pharmacy Input) In respect of prescribing-people driving it at ward level-divisional level (Code A) or trust wide (Code A). These people drive at appropriate level.
Drugs.F2 Administration	Site Interview- Friday Code A SenNursDayWard	Medication guidelines - regional guidelines - policy - always willing to ask - consultants very helpful
Drugs.F2 Administration	Site Interview- Friday Code A SenNursCoord	What other priorities? Now looking at (1) drug administration with audit team (2) documentation Had away day in June 01 and others flagged up.
Drugs.F2 Administration	Site Interview- Friday Code A SenNursCoord	benchmark tool for essence of care.
Drugs.F2 Administration	Site Interview- Friday Code A Pharma	PRN diamorphine - not used much - if it is used not syringe driver.

Drugs.F2 Administration	Site Interview- Friday [Code A] Phar ma	PRN On D&H and MD "I can't remember".
Drugs.F2 Administration	Site Interview- Friday [Code A] Phar ma	One now (driver) can't remember previous one. She checks the dose.
Drugs.F2 Administration	Site Interviews- Tuesday [Code A] [Code A]	Training - Drugs/syringe drivers. Within the Trust and staff from Countess Mountbatten Hospital - ended up only using one type of syringe drivers. Also attend courses at The Rowan Hospital at Portsmouth.
Drugs.F2 Administration	Site Interviews- Tuesday [Code A] [Code A]	Big dose ranges - sliding scale - to avoid patients waiting. Even from her DN days. Deputising service took time to report - [Code A] s practice. Really to avoid delay - that was the emphasis.
Drugs.F2 Administration	Site Interviews- Tuesday [Code A] [Code A]	In any event staff were reluctant to escalate doses and stayed at lower levels.
Drugs.F2 Administration	Site Interviews- Tuesday [Code A] LdConslt	Now we're developed more robust guidelines.
Drugs.F2 Administration	Site Interviews- Tuesday [Code A] Ex- StaffNursDaed	Has attended syringe driver course whilst at Gosport Health Centre. Other sessions were held at The Rowans, Countess Mountbatten - training covered medication.
Drugs.F2 Administration	Site Interviews- Tuesday [Code A] Ex- StaffNursDaed	Did set them up - would assess/pts/rels. If there was a range - she chose lower end. Would adjust dose and she would talk to doctor and rels. Would ring [Code A] who would ring back. Found her approachable. Would come meet relatives.

<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/></p>	<p>Drugs skills - nurses felt competent, reviewed annually, no progress generally. Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.</p>
<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/></p>	<p>Indicators that policy is being implemented? Talking to staff ie. Fine tuning. Monitoring complaints about discomfort. Tony roles on ward. People who put prescribing chart cam to action meeting and meet clinicians. Policy will be audited but not sure what date. Setting up a medical audit.</p>
<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed</p>	<p>Been in hosp for 12 years. Now much more involved - <input type="text" value="Code A"/> was involved NA's ?? ??. Can check DD's (controlled drugs) with staff nurse. <input type="text" value="Code A"/> is excellent manager.</p>
<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> Daed</p>	<p>Daily review, hourly SD review with pt.</p>
<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/> - <input type="text" value="Code A"/> Daed</p>	<p>No one received dosage more than required for their pain.</p>
<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt</p>	<p>1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.</p>
<p>Drugs.F2 Administration</p>	<p>Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt</p>	<p>Have you ever increased the dosage on nights? NO Do you feel syringe ?? have ever been used inappropriately? NO</p>

Drugs.F2 Administration	Site Interviews- Monday Code A	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Drugs.F2 Administration	Site Interviews- Monday Code A Coporate Risk Advi	Drug errors out of 1500, wrong dose, medication or time.
Drugs.F2 Administration	Site Interviews- Monday Code A	Competency in drug administration, try to take supportive role to nursing staff involved.
Drugs.F2 Administration	Site Interviews- Monday Code A	Worked closely with nurse director in ensuring drug administration & comms.
Drugs.F2 Administration	Site Interview- Thursday Code A SenStafNursSultNt	Staff are trained to deal with dosages for suffering patients.
Drugs.F2 Administration	Site Interview-Thursday Code A Code A ExSisterSultan	did use syringe drivers-patients with ? facial cancer. Some patients preferred injection e.g patients with facial cancer
Drugs.F2 Administration	Site Interview-Thursday Code A Code A ExSisterSultan	Old patients with stroke-paracetamol would not use injections-would expect recovery. How to asses potential fro recovery or rehabilitation- geriatricians would visit.
Drugs.F2 Administration	Site Interview- Thursday Code A staffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for

		diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F2 Administration	Site Interview- Thursday Code A staffnurs SultanNt	Pharmacist facility - comes in daily - restock medicine - incompatible drugs - pharmacist will advise about admitee - Q&A services - No weekend cover - GP will write script and porter will get it
Drugs.F2 Administration	Site Interview- Thursday Code A HCSW	Oral medicine or syringe driver, not injections. She can check medicines - never asked to do it alone. PRN injections not given - it is either tablets or syringe driver she says - pressed on this point twice.
Drugs.F2 Administration	Site Interview- Thursday Code A Daed	All clinical managers were involved in designing new pr-related documentation and are reviewing new notes and procedures currently to make change/adjustments as necessary.
Drugs.F2 Administration	Site Interview- Thursday Code A Daed	Combination of drugs (DDs) commonly used. Hyocine, diamorphine, madazaline.
Drugs.F2 Administration	Site Interview- Thursday Code A Daed	System for using syringe drugs explained by Philip only used when anal route unsatisfactory.
Drugs.F2 Administration	Site Interview- Thursday Code A	Admin, usually 2 nurses, any 2 nurses for setting up. Would be 2 nurses Daedalus policy

	Daed	for administration.
Drugs.F2 Administration	Site Interview- Thursday: Code A Daed	How knew checking staffing and feedback from nurses. Wide range - did get them - n to now
Drugs.F2 Administration	Site Interview- Wednesday.AC Code A nNurseDryad	Pain Control. If patients came in on inadequate medications, Code A informed, to increase medication. Nurses would use judgements concerning patients pain status and this was conveyed to Code A on her arrival at ward.
Drugs.F2 Administration	Site Interview- Wednesday.AC Code A nNurseDryad	Shirley raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that Code A had upset Code A . Code A asked Code A if this was so and Code A said she was not upset but thought that Code A didn't appreciate what was being done on the ward.
Drugs.F2 Administration	Site Interview- Wednesday.AC Code A nNurseDryad	Code A highlighted differences between practice then on Dryad ward and what was happening on Jubilee ward. On Jubilee ward syringe-drivers were in use, but in much more "controlled" way. Also mix of drugs not the same. Feels mix was an issue - thinks diamorphine appropriate often.
Drugs.F2 Administration	Site Interview- Wednesday.AC Code A nNurseDryad	Pain control for patients was increased according to nurses assessment of adequate pain control - usually doubled - Code A would be informed.
Drugs.F2 Administration	Site Interview- Wednesday.AC Code A nNurseDryad	Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

Drugs.F2 Administration	Site INterview- Wednesday.AC [Code A] nNurseDryad	Sometimes [Code A] would go off at night and patient was comfortable - next day patient on syringe driver and when challenged was told patients condition had changed.
Drugs.F2 Administration	Site INterview- Wednesday.AC [Code A] nNurseDryad	Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.
Drugs.F2 Administration	Site INterview- Wednesday. [Code A] SenSt afNursDryad	1998 dosage range was larger - As a nurse felt dosage range was worrying and expressed concerned to [Code A] [Code A] - Positive clarification
Drugs.F2 Administration	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Out of hours, GP did not want to interfere with Est. pain management care - PNR – used nurse discretion a couple of times
Drugs.F2 Administration	Site INterview- Wednesday. [Code A] SenSt afNursDryad	2001 pain control - no pain management tool - no different to 1998 - observation to assess pain
Drugs.F2 Administration	Site INterview- Wednesday. [Code A] StafNurseDryad	Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.

Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> StafNurseDryad	Syringe Driver. Training available. More available recently. Check usage with another trained member of staff. Question used. New admission forms. Trained nurses assess care plan produced. No feeling of previous patient - pc.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	The practice has now stopped. He does not allow anticipatory prescriptions.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Current standard practice is to administer miazulan to agitated patients.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> CltDryad	Drug policies - any worries? Not really, the policies are quite clear.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> CltDryad	What about pre-emptive or anticipatory, what is the current policy? We go step by step, need to control systems if needed - would supervise. Have not used here year.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursSultan	Syringe drivers used fairly regularly.
Drugs.F2 Administration	Site INterview- Wednesday: <input type="text" value="Code A"/> ENNursDryadNt	She disperses medicines to patients if E absent. Needs another RGN for controlled drugs.

Drugs.F2 Administration	Site Interview- Wednesday: <input type="text" value="Code A"/> ENNursDryadNt	Night drugs - usually sedation/analgesia.
Drugs.F2 Administration	Site Interview- Wednesday: <input type="text" value="Code A"/> ENNursDryadNt	Medication. Syringe drivers have a place, used less often nowadays.
Drugs.F2 Administration	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Doctors now holding back on pain - patients wanting pain relief and it affects her.
Drugs.F2 Administration	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Specialist staff called in. <input type="text" value="Code A"/> (?) wonderful talk on Palliative care. oliners - mentioned/discussed.
Drugs.F2 Administration	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Nothing wrong in practice on syringe olines. Very angry - good ward - defensive. Not an easy job.
Drugs.F2 Administration	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Better before in pain management - slipping back.
Drugs.F2 Administration	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursSultan	Not happy to increase beyond prescribed dose.
Drugs.F2 Administration	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursSultan	Syringe drivers - can't remember.
Drugs.F3 Review	Site Interview- Friday: <input type="text" value="Code A"/> manager	Looking at patient as a whole, by treating, drugs can be reduced if reviewed. Unusual to use syringe drivers. Hyosine and sedation usually use for chests.

Drugs.F3 Review	Site Interview-Friday <small>Code A</small> Code A	Controlled Drugs always issued to stock:- normal practice in NHS Total monthly issues:-Produced sheets See attached papers Summary of medicine use 1999-2001 Spreadsheet and computer sheets offered, showing reduction in stock provided to wards of drugs in question.
Drugs.F3 Review	Site Interview-Friday <small>Code A</small> Code A	there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions
Drugs.F3 Review	Site Interview-Friday <small>Code A</small> Code A	recording systems- plain to understand incidents and can remind pharmacists to be alert and report. Problem of pulling right data would need a good IT system to provide comparative data.
Drugs.F3 Review	Site Interview-Friday.Text Code A -SenNursColW	use syringe drivers diamorphine -diazepam have brought them off and got better
Drugs.F3 Review	Site Interview-Friday <small>Code A</small> Pharma	Stock lists extended as case mix altered. Orders faxed for non-stock.
Drugs.F3 Review	Site Interview-Friday <small>Code A</small> Pharma	Nurses ask for advice not doctors.

Drugs.F3 Review	Site Interviews- Tuesday: <input type="text" value="Code A"/> SenStafNursDaed	If drugs requested is regular, if need is greater - prompt a review.
Drugs.F3 Review	Site Interviews- Tuesday: <input type="text" value="Code A"/> HCSW Sult Ngt	Have been involved in checking dosage of controlled drugs, but has never been involved in administration - would only do checking in emergency & only in the absence of trained nurses.
Drugs.F3 Review	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	To record practice, has book which needs updating every 2 years. With regards to checking drugs - needs updating & <input type="text" value="Code A"/> will do this.
Drugs.F3 Review	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Pain control reviewed "at any time".
Drugs.F3 Review	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know
Drugs.F3 Review	Site Interviews- Monday: <input type="text" value="Code A"/>	Prescribing x admin of drugs reviewed by ward nurses -> "we have more consultant input now".
Drugs.F3 Review	Site Interviews- Monday: <input type="text" value="Code A"/> Clin Risk Adivsor	Division request detail of drug management errors. Can search by name / number/ Dob etc.
Drugs.F3 Review	Site Interviews- Monday: <input type="text" value="Code A"/> Clin Risk	No indication that D/H/M infusion problems featured particularly. Feels that in fact that

	Adivsor	Trust over-reported. Feels Trust would report, admit to it and deal with problem.
Drugs.F3 Review	Site Interview- Thursday: Code A staffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetamol leave 1 1/2 to assess if its working, then 1 1/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F3 Review	Site INterview- Wednesday: Code A - StafNursSultan	GP comes in every day to review patient - Monday - Friday
Drugs.F3 Review	Site INterview- Wednesday: Code A StafNursSultan	Dosage - out of hours - call health call.
Drugs.F3 Review	Site INterview- Wednesday: Code A StafNursSultan	Not on controlled drugs not take increased dose over the phone.
Drugs.F4 Recording	Site Interview- Friday: Code A manager	If doctor makes a prescription error, prescription may be taken to doctor by porter.
Drugs.F4 Recording	Site Interviews- Tuesday: Code A SenStafNursDaed	Personal - notes placed in diary, document care plan, yellow sticker - id review. Feedback - not necessarily resolved by the next day, may need another review.
Drugs.F4 Recording	Site Interviews- Tuesday: Code A	Drugs skills - nurses felt competent, reviewed annually, no progress generally. Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.

Drugs.F4 Recording	Site Interviews- Tuesday [Code A] HC SWDaed	Been in hosp for 12 years. Now much more involved - [Code A] was involved NA's ?? ??. Can check DD's (controlled drugs) with staff nurse. [Code A] is excellent manager.
Drugs.F4 Recording	Site Interviews- Monday [Code A]	Documentation of required dose ranges, 'wasn't particularly good'.
Drugs.F4 Recording	Site Interviews- Monday [Code A]	Currently reviewers drug charts to make them clearer with Staff Grade Doctor and [Code A] [Code A] and QA elderly team
Drugs.F4 Recording	Site Interviews- Monday [Code A]	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Drugs.F4 Recording	Site Interview- Thursday [Code A] SenStafNursSultNt	Documentation changed with syringe driver.
Drugs.F4 Recording	Site Interview- Thursday [Code A] staffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F4 Recording	Site Interview- Thursday [Code A] staffnurs SultanNt	Analgesia ladder + GP - nights no GP - Healthcall - response time - 10-15 mins - 30mins

		<ul style="list-style-type: none"> - requisite problems a visit - 1hr - 4hr wait. - Patient will expect verbal order but not controlled drugs. - No other way of contacting GP. - Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.
Drugs.F4 Recording	Site Interview- Thursday, Code A Daed	All clinical managers were involved in designing new pr-related documentation and are reviewing new notes and procedures currently to make change/adjustments as necessary.
Drugs.F4 Recording	Site Interview- Thursday, Code A Daed	System for checking practice of nurses - Code A will oversee these and will look at documentation.
Drugs.F4 Recording	Site INterview- Wednesday, Code A SenSt afNursDryad	<p>Prescription recording</p> <ul style="list-style-type: none"> - written now by hospital based doctor - written then by Code A <p>Documentation trialling in 2002</p> <ul style="list-style-type: none"> - prescription charts - pain charts
Drugs.F4 Recording	Site INterview- Wednesday, Code A StafNursDryad	Things have changed in policy on Dryad on paperwork used on pain management recently.
Drugs.F4 Recording	Site INterview- Wednesday, Code A StafNursDryad	Chart progress of sedating effects. Note syringe driver census.
Drugs.F4 Recording	Site INterview- Wednesday, Code A StafNursSultan	Not involved in developing, new chart could be improved - no space for nurse.

Drugs.F4 Recording	Site INterview- Wednesday: <input type="checkbox"/> Code A StafNursSultan	Documented, record in care plan with cardex.
Drugs.F4 Recording	Site INterview- Wednesday: <input type="checkbox"/> Code A StafNursSultan	New treatment chart - for syringe driver recently. Chart in two halves, 1 24 hrs 2 PCN top up.
Drugs.F4 Recording	Site INterview- Wednesday: <input type="checkbox"/> Code A StafNursSultan	Treatment chart is the legal document.

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Comm and collaborations.G1 Patients	Site Interview- Friday <input type="text" value="Code A"/> - Complaints	Handling complaints - Has it changes? Could the <input type="text" value="Code A"/> complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. <input type="text" value="Code A"/> often writes suggestions for diffusion, widely accepts that things may be modified.
Comm and collaborations.G1 Patients	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Gerontology nursing programme focuses on attitude change and how nurses relate to patients.
Comm and collaborations.G1 Patients	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	A significant impact on patient care is staff now asking patients and families what they can do for them today. ????????
Comm and collaborations.G1 Patients	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	We try very hard to meet people in their homes to discuss complaints. We have a much more open approach now to dealing with complaints. We have introduced the principle that each H grade spends 50% of time on clinical work.
Comm and collaborations.G1 Patients	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Increased outreach work so visit patient at home.
Comm and collaborations.G1 Patients	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Assess patient at home and clarify difference with carers about day centres and day ward.
Comm and collaborations.G1 Patients	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Mental health always included relatives and Patients

Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> - SenStaffNursDaed	How would the tactics communicate that no more drugs can be given? Depends on patients personality, speaks to patient and explain, help move them in the bed, massage them, cup of tea & some comfort.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> Mgr	3 wards have started with Patient satisfaction survey 2 sets of results so far. Now trying to improve out of hours service.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> Staff NursDaed	Have got communication documents for patient.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> HC SWDaed	Plenty of information is available on wards for everyone. <input type="text" value="Code A"/> makes sure all information is available.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> ENNursDaed	New admission pack. Care plan sent with patient. Communications? Regular MDT. Notes kept.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> - SenStaffNursDaed	Individual care - patient asked for views, patients & families involved. Changed - system now being practiced. Patients involved with their care. Multi disciplinary team meet before a round. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Anaigaesia - ??/peg tube (4hrly) ?Need syringe driver, if not effective - still in pain, no peg tube. ?? as part of SD's stroke ?? . Pain control specialists - didn't know ?? nurses, only on discharge. Quite difficult process (GP referral).

Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> LdClt	Developed screening mechanisms for patients being admitted from two degree care to avoid inappropriate admissions. Keeps in touch with known patients in two degree care by telephone, by CPN etc.
Comm and collaborations.G1 Patients	Site Interviews- Tuesday <input type="text" value="Code A"/> LdClt	If change in patients condition altered from rehab to continuing care, <input type="text" value="Code A"/> and CPNs would be involved in decision making.
Comm and collaborations.G1 Patients	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Example of new good practice: management of habitual complainant whom nursing staff could not appease - With his intervention, staff more willing to engage with complainant, less defensively and more constructively: 'there's a real difference in behaviour of front-line staff who now work more cooperatively with patients and their families
Comm and collaborations.G1 Patients	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.
Comm and collaborations.G1 Patients	Site Interviews- Monday <input type="text" value="Code A"/>	Sit in groups - with board member, each group.
Comm and collaborations.G1 Patients	Site Interviews- Monday <input type="text" value="Code A"/>	Patient survey. Three types of feedback- 1 Attitude, 2 Clinical aspect, 3 Food and toilet arrangements (not important.) cold lavatory bad backs? piles since Spring - "food is cold" but level unsure of Gosport feedback.
Comm and collaborations.G1 Patients	Site Interview- Thursday <input type="text" value="Code A"/> Sp-	Relationship between relatives, patients and general staff. Sometimes meet family,

	LangThera	depends on timing so may not see therapist. Does not create too many problems.
Comm and collaborations.G1 Patients	Site Interview-Thursday Code A Code A ExSisterSultan	care of patients/pain relief-assessment
Comm and collaborations.G1 Patients	Site Interview-Thursday Code A Code A ExSisterSultan	patients asked about any pain being with them –all had their own way of indicating pain/serenity if agitated? Find cause by asking would discuss with doctors to find cause of pain was there any protocol? General care plan ADL, assessment, all patients were different with different GPs
Comm and collaborations.G1 Patients	Site Interview-Thursday Code A Code A ExSisterSultan	Agitation/confusion-how dealt with? By talking to them, get someone to sit with them. Was it pain etc- how helped to maybe the judgement? Says all patients were different.
Comm and collaborations.G1 Patients	Site Interview-Thursday Code A Code A ExSisterSultan	e.g. patient for breast cancer and mental health problem and therefore called in CPN-patient slapped CPN for not coming in sooner.
Comm and collaborations.G1 Patients	Site Interview-Thursday Code A Code A ExSisterSultan	Pyramid-how actually used? Depend on response she says Says all were individual Took time for patients to get used to work GP would choose drug
Comm and collaborations.G1	Site Interview-	

Patients	Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> staffnurs SultanNt	Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> PhysioA ss	Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> HCSW	Pain - in those who cannot communicate. Chinese lady - no English. Uses special chart with pictures so she can signal her wants. How is her pain assessed? Staff try and signal by mime - eg point to head or tummy or limb.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> HCSW	"You can tell if they are in pain" - on moving or washing. If this is detected they go to trained staff who liaise with Dr. HCSQ goes back to trained staff who liaise with Dr - who comes in - if she feels pain relief is inadequate.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> HCSW	Not seen any pain assessment tools.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	Client involvement in goal setting. From own point of view would hope that his clients would feel involved and that he does what they want him to do.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	Dilemma around acceptable levels of risk as taken by patients/relatives.
Comm and collaborations.G1	Site Interview-	

Patients	Thursday: <input type="text" value="Code A"/> OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="text" value="Code A"/> OT	We see the person and not just their condition.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Tried COPM 18/12 years ago - didn't stick. COPM is Canadian Occupational Performance Model - very client centred.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="text" value="Code A"/> - phy	Patients asked what they want from therapy.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="text" value="Code A"/> - phy	Patient hard to get it right - always want more.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="text" value="Code A"/> - WardClerk	Discharge summary written by staff grade doctor – GP, clinical coder, inpatient, hospital.
Comm and collaborations.G1 Patients	Site Interview- Thursday: <input type="text" value="Code A"/> - WardClerk	Patient involvement, contact but peripheral, contact patient affairs relative.
Comm and collaborations.G1 Patients	Site Interview- Wednesday: <input type="text" value="Code A"/> - nNurseDryad	Efforts were made to liaise with relatives and understand their goals for the patient. Not so much focus on what patient wanted - sometimes relatives assured they knew best and could override wishes of patients.
Comm and collaborations.G1	Site Interview-	

Patients	Wednesday.AC nNurseDryad	Code A	Sometimes patients were cold after their journey and had to be made comfortable. Code A informed. Made sure relatives knew where patients were when moved from other hospitals.
Comm and collaborations.G1 Patients	Site Interview- Wednesday.AC nNurseDryad	Code A	Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Code A would talk to relatives as well and explain what was possible.
Comm and collaborations.G1 Patients	Site Interview- Wednesday. afNursDryad	Code A SenSt	How explicitly is change in care plan taken? Dependent on relatives and team assesses how patients/relatives should know.
Comm and collaborations.G1 Patients	Site Interview- Wednesday. CltDryad	Code A	End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
Comm and collaborations.G1 Patients	Site Interview- Wednesday. CltDryad	Code A	Difficult relatives eg want relations to have different treatment. Treatment is duty of physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.
Comm and collaborations.G1 Patients	Site Interview- Wednesday. SenStafNursDryad	Code A	Communication - when beginning employment, communications could be improved. Now improved.
Comm and collaborations.G1 Patients	Site Interview- Wednesday. StafNursDryad	Code A	Patients tell us that "they're grateful to us".

Comm and collaborations.G1 Patients	Site INterview- Wednesday. [Code A] ENNursDryadNt	Some patients decline/refuse pain killers because of the 98/99 events and suffer accordingly.
Comm and collaborations.G1 Patients	Site INterview- Wednesday. [Code A] ENNursDryadNt	Patient/nurse relationship has changed but dislikes indiscriminate use of Christian names - prefers to ask for patients preference, whilst fashion seems to be to use first name - "these young nurses think nothing of it".
Comm and collaborations.G1 Patients	Site INterview- Wednesday.MM [Code A] HCSWDryad	HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.
Comm and collaborations.G1 Patients	Site INterview- Wednesday [Code A] StafNursSultan	Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.
Comm and collaborations.G1 Patients	Site INterview- Wednesday [Code A] StafNursSultan	Staff in general training how to communicate with patients? No.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday. [Code A] Complaints	If discrepancy, both staff report and complaint sent to relatives. Staff may need to sign letter,. Sometimes additional matters e.g. apologies are addressed.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday. [Code A] Complaints	Handling complaints - Has it changes? Could the [Code A] complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. [Code A] often writes suggestions for diffusion, widely accepts that things may be modified.

Comm and collaborations.G2 Relative & carers	Site Interview- Friday [Code A] Complaints	If there is a 'difficult complaint' tactic 'Do our best not to get involved'- try to be as patient as possible-try to manage as effectively as we can.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday [Code A] - Complaints	Complaint letter should be positive and concerning about complaint and complainant thanked.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday [Code A] SenNursDayWard	Increased outreach work so visit patient at home.
Comm and collaborations.G2 Relative & carers	Site Interview- Friday [Code A] Senior Diet	Under new guidelines – communicate with relatives to prepare food for patient at home.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday [Code A] [Code A]	But if [Code A] raised this [Code A] was remorseful. Gave us more than we paid her for. Great loss.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday [Code A] LdConslt	Breaking bad news to relatives - I think it is very important, I personally spend a lot of time - including Reg & Ho Dr's, can't really comment re: GWMH.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday [Code A] LdConslt	Any pt transferred by Eld Med, med ???? etc & pats/rels understanding OK/realistic.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday [Code A]	But other specialities often med input has been quite junior and image given to rels

	LdConslt	unrealistic. Can't really comment re: Haslar as do not tend to transfer to Petersfield (ie ?? rehab facilities).
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] Ex- StaffNursDaed	Recognises need to talk to families. But some nurses probably did not.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] NursClt	Answer: team focus inv. carer move, earlier involvement of relatives. Encouraged openness and honesty.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] Staff NursDaed	Agitated patients should go to EMI ward, staff not psychiatrically trained. Relatives need support
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] Staff NursDaed	Palliative care- decision between the whole team with relatives If coming to a rehab ward-should recover
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] HC SWDaed	Plenty of information is available on wards for everyone. [Code A] makes sure all information is available.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] ENNursDaed	Comm Mitt rels action?? Apply personal values. 1st time [Code A]- do it or? sit in??
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday, [Code A] ENNursDaed	Done well on ward.
Comm and collaborations.G2	Site Interviews- Tuesday, [Code A]	

Relative & carers	Code A: SenStaffNursDaed	Individual care - patient asked for views, patients & families involved. Changed - system now being practiced. Patients involved with their care. Multi disciplinary team meet before a round. Home visits arranged. Care plans handed over from previous hospital. Handovers take place in dining area or quiet room. Fewer inappropriate referrals.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday: Code A Code A Daed	Eg of rehab - cont care?
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday: Code A -LdClt	Spent a lot of time talking to relatives - to mediate and explain what was happening to patients.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday: Code A -LdClt	Gave example of patients relatives involved over decisions re internal feeding.
Comm and collaborations.G2 Relative & carers	Site Interviews- Tuesday: Code A -LdClt	If change in patients condition altered from rehab to continuing care, Code A and CPNs would be involved in decision making.
Comm and collaborations.G2 Relative & carers	Site Interviews-Monday.07.01 Code A	There has been great emphasis on improving communication between staff and patients/relatives - that's the big challenge for me as chief exec.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: Code A -Complaints Conveynor	Psychological effect of relatives not accepting relatives immortality resulting in reaction which has been seen.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: Code A	Need to ensure that information is communicated with relatives more clearly.

Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	Have learned from complaints to be more frank about drugs.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	It's a fine balance between being too negative and honest (re patients prospects)
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	Has found that consultants spending too much time on ward talking to family.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	New policy. Relatives now seen routinely at end of ward round for 15 minute appointments.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	Now tell relatives on admission that if patient is stable for 4 - 6 weeks they will be moved to nursing homes.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/>	Likewise, staff give relatives unrealistic expectations re: potential of rehabilitation.
Comm and collaborations.G2 Relative & carers	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Vexations comp. Policy - came out of R group - decided not to use ROG <??> policy.

Comm and collaborations.G2 Relative & carers	Site Interview- Thursday [Code A] Sp- LangThera	Service - disvager/swallowing - speech therapy 60/40 - work with patient and family, inpatients and outpatients
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday [Code A] Sp- LangThera	Relationship between relatives, patients and general staff. Sometimes meet family, depends on timing so may not see therapist. Does not create too many problems.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday [Code A] Sp- LangThera	Will try and contact relatives if they do not see them physically.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday [Code A]	[Code A] (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). [Code A] not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
Comm and collaborations.G2 Relative & carers	Site Interview-Thursday [Code A] [Code A] ExSisterSultan	Discussion with Relatives Talk or phone. how to handle unrealistic expectations of relatives? Went on about getting people home DN and specialist bed and keeping bed open- can come back. We believe she would tell relatives what had been done rather than negotiating/discussing options before they would be settled.
Comm and collaborations.G2 Relative & carers	Site Interview-Thursday [Code A] [Code A] ExSisterSultan	Over-optimism of relatives

		Would try and discuss. Try for another week then see Can still be proposed by unexpected recovery and get relatives to do caring on the ward and see for themselves.
Comm and collaborations.G2 Relative & carers	Site Interview-Thursday <input type="text" value="Code A"/> <input type="text" value="Code A"/> ExSisterSultan	Keeping relatives informed Problem with infrequent visitors who do not understand. GPs would be involved
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> staffnurs SultanNt	Relatives and patients on Sultan Ward are very involved in discharge/admission and care plans.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> staffnurs SultanNt	Spends a lot of time making relatives feel confident due to press coverage.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> PractDevlFacil	Complaints from relatives that nurses were not listening. For change request, any staff can suffer this, but needn't be confirm as system approach. Critical incident to Trust Board Action Plan with Trust Board. Critical Incident training feedback and training, facilities action plans is not happening in all hospitals in particular, not Gosport. Suggest asking Clinical Network Group. Nurses sometimes fail to recognise good practice.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> PhysioA ss	Admission - seen by Physio - see ??? then physio arranged. Assessment not done with nurses. Physio can be done in groups or singly according to preference of patients. Meets all the family. Strongly describes realistic role. She regards contact with patients as important.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> PhysioA	Relatives are encouraged to go to the gym. Go with patients on Home Trial visits as

	ss	required to observe patient care/exercises. Used to work closely with Ots who used to have their own office at GWMH.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> OT	Dilemma around acceptable levels of risk as taken by patients/relatives.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> Daed	Syringe Drivers Who decides on the use of Syringe driver - medical and nursing always involved patient / family member
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> Daed	If family say no - what happens - would pass to a consultant and arrange for a meeting
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Relative involvement – updates done by nursing staff often have to ring back relative because nurse is too busy.
Comm and collaborations.G2 Relative & carers	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	No phone log system after Ward Clerk goes home.
Comm and collaborations.G2 Relative & carers	Site Interview- Wednesday.AC <input type="text" value="Code A"/> nNurseDryad	Efforts were made to liaise with relatives and understand their goals for the patient. Not so much focus on what patient wanted - sometimes relatives assured they knew best and could override wishes of patients.

Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.AC [Code A] nNurseDryad	Sometimes patients were cold after their journey and had to be made comfortable. [Code A] [Code A] informed. Made sure relatives knew where patients were when moved from other hospitals.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.AC [Code A] nNurseDryad	Fried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. [Code A] would talk to relatives as well and explain what was possible.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday.AC [Code A] nNurseDryad	Gave example of patient who came for rehab and this was [Code A]'s expectation but patient was in a much more poorly condition. Felt [Code A] had been given unrealistic expectations from previous hospital.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday. [Code A] SenSt afNursDryad	Relatives learn about care by meeting with doctor, meeting with consultant and meeting with staff. Communications before and after transfer.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday. [Code A] SenSt afNursDryad	How explicitly is change in care plan taken? Dependent on relatives and team assesses how patients/relatives should know.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday. [Code A] StafNurseDryad	Relatives can see Consultant by appointment. If patient deteriorates relatives advised. Pro-Active.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday. [Code A] Cltdryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level

		- can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A CltDryad	Asked re continuum of care - how are decisions made/ communicated re: progression to next stage? By MDT / discussion and then told to relatives/ patients.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A SenStafNursDryad	There is reluctance by relatives to move to Nursing Home.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A SenStafNursDryad	Communications - relatives. Support for staff. No formal training. Learn on job. Personal learning. Elderly care course.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A StafNursDryad	How do you know? We get comments from relatives saying how pleased they are with the care. I've never seen people look so happy.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A StafNursDryad	We always discuss pain relief with relatives.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A StafNursDryad	Hold meeting with family where they are informed about pain management drugs.
Comm and collaborations.G2 Relative & carers	Site INterview- Wednesday: Code A StafNursSultan	Talk to relatives. Good rapport with "regular" relatives. Sultan Ward - dramatic improvement was "nursing home" better???
Comm and collaborations.G2	Site INterview-	

Relative & carers	Wednesday <input type="text" value="Code A"/> StafNursSultan	Better comms - better rapport, staff morale, better care. Patient mix? Rehab, terminal care, can't care, respite.
Comm and collaborations.G2 Relative & carers	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	But - a relatives room is needed, relative facilities.
Comm and collaborations.G2 Relative & carers	Site Interview- Wednesday.TL <input type="text" value="Code A"/> <input type="checkbox"/> onsult	Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.
Comm and collaborations.G2 Relative & carers	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Inform relatives if using syringe driver.
Comm and collaborations.G2 Relative & carers	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Staff in general training how to communicate with patients? No.
Comm and collaborations.G3 Primary care	Site Interview- Friday <input type="text" value="Code A"/> manager	47 GPs- where there are new policies, they are relayed to GPs through one liaison (<input type="text" value="Code A"/>). He has an interest in legal issues, other GPs use him as a resource.
Comm and collaborations.G3 Primary care	Site Interview- Friday <input type="text" value="Code A"/> manager	Discussion about Resus Issues. Some Gps reluctant to make decision regarding DNR and end of life.
Comm and collaborations.G3 Primary care	Site Interview- Friday <input type="text" value="Code A"/> manager	GPs usually come in daily
Comm and collaborations.G3 Primary care	Site Interview- Friday <input type="text" value="Code A"/>	good rapport with GPs

	manager	
Comm and collaborations.G3 Primary care	Site Interview- Friday Code A SenNursDayW ard	Increased outreach work so visit patient at home. Good links with GP practice.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A	Out of hours. Increased workload - nurse on ward would contact GP and ask for help.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A	When Code A contacted usually about need to move patient to acute.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A	Code A feels she has good relationship with GPs in area.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A -District Nurse	Work with someone who is due to be admitted - Sultan.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A -District Nurse	Personally. Need for nasal canular for patient at home - dryad staff were very helpful.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A -District Nurse	Daedalus. No bad experience in communication. As District Nurse do not get involved in case conferences earlier enough.
Comm and collaborations.G3 Primary care	Site Interviews- Monday Code A -District Nurse	Lady came to Daedalus on ward conference about home help but consultant discharged her within 48 hours. - So many issues not enough time to equip properly.

Comm and collaborations.G3 Primary care	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	College experience. Lady on ward wants to die at home - need time for equip - late notice the lady was given, short notice to get equipment together.
Comm and collaborations.G3 Primary care	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Admission - District Nurse - send in notes, but patients get admitted without District Nurse knowing - but notes will follow.
Comm and collaborations.G3 Primary care	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	What would concern you? When patients falling or feel unsafe, help and support, dehydration } all hypothetically.
Comm and collaborations.G3 Primary care	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Time is big problem for organising an opportunity to meet.
Comm and collaborations.G3 Primary care	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.
Comm and collaborations.G3 Primary care	Site Interviews- Monday: <input type="text" value="Code A"/>	Old GP contacts not very specific about duties, also didn't pay enough to cover extra duties adequately.
Comm and collaborations.G3 Primary care	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Communication - no formal line.
Comm and collaborations.G3	Site Interview-	

Primary care	Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> GP	Communication to Trust any channel? Does not appear to be.
Comm and collaborations.G3 Primary care	Site Interview-Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> <input type="checkbox"/> Code A <input type="checkbox"/> ExSisterSultan	was there any protocol? General care plan ADL, assessment, all patients were different with different GPs
Comm and collaborations.G3 Primary care	Site Interview-Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> <input type="checkbox"/> Code A <input type="checkbox"/> ExSisterSultan	Pyramid-how actually used? Depend on response she says Says all were individual Took time for patients to get used to work GP would choose drug
Comm and collaborations.G3 Primary care	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	Informal MDT working? Yes, knows GPs, District Nurses - has good relationship.
Comm and collaborations.G3 Primary care	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> - phy	Waits in community - out patients - v. bad. Can be a year.
Comm and collaborations.G3 Primary care	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> - WardClerk	Discharge summary written by staff grade doctor – GP, clinical coder, inpatient, hospital.
Comm and collaborations.G3 Primary care	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> - WardClerk	Then staff grade doctor dictation summary. It can take a week before summary is released should be 48 hours. Not audited. <input type="checkbox"/> Code A <input type="checkbox"/> discharge summary is typed, signed off and sent to GP.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> -	Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a

	Code A	list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: Code A Code A	Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer. "We get pushed an awful lot by Portsmouth".
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: Code A Ex- StaffNursDaed	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: Code A Ex- StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: Code A Ex- StaffNursDaed	QA pts - Med Eld, Gen Med, Surg, QA hospital etc. Pts from non Eld Med wards did not have all needs met - just the specialist area. Receiving nurses/therapists did not go to QA to help assess potential transfers - feels it is a good idea.
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: Code A ENNursDaed	Can you see pt before transfer?? No consultant makes decision. (Time limit 6 weeks)
Comm and collaborations.G4 Acute	Site Interviews- Tuesday: Code A Code A StaffNursDeadNgt	If lacerations can no longer suture so book through ambulance service. If colleague dial 999. If deteriorating cond. D/W Dr on call who decides on action and who can send direct to ward.

Comm and collaborations.G4 Acute	Site Interviews- Monday <input type="text" value="Code A"/>	GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.
Comm and collaborations.G4 Acute	Site Interviews- Monday <input type="text" value="Code A"/>	Out of hours contact with duty geriatrician at QA.
Comm and collaborations.G4 Acute	Site Interviews- Monday <input type="text" value="Code A"/>	Elderly services - HA/ Trust/ Acute. Communication in the past.
Comm and collaborations.G4 Acute	Site Interviews- Monday <input type="text" value="Code A"/>	Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.
Comm and collaborations.G4 Acute	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - DN rang to remind about injection system - failed.
Comm and collaborations.G4 Acute	Site Interview-Thursday <input type="text" value="Code A"/> <input type="text" value="Code A"/> ExSisterSultan	Some patients referred with over ambitious treatment
Comm and collaborations.G4 Acute	Site Interview- Thursday <input type="text" value="Code A"/> OT	Transfer of Information -notes are sent over -database-technological only up and running since June 2001. Notes should carry stamp of treating OT Database in not computer linked.
Comm and collaborations.G4	Site Interview-	

Acute	Thursday.TheresaJones-WardClerk	Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Continence – Bartel, walking.
Comm and collaborations.G4 Acute	Site Interview-Wednesday.DrQureshi-CltDryad	Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
Comm and collaborations.G4 Acute	Site Interview-Wednesday.DrQureshi-CltDryad	Interface with acute? 4 elderly medicine consultants visit GWMH - all involved with acute - people referred - part of continuing management includes day hospital as well.
Comm and collaborations.G4 Acute	Site Interview-Wednesday.GinnyDay-SenStafNursDryad	Communication - when beginning employment, communications could be improved. Now improved.
Comm and collaborations.G4 Acute	Site Interview-Wednesday.MMPaulineGoodeHCSWDryad	HSW - 1st one to meet patient - mobile, weight bearing. Do come in with note saying mobile and are not - might be told feeds self and can't. Nutrition - will report back if not eaten and S&L assess - will be put in care plan.
Comm and collaborations.G5 HA	Site Interviews-Tuesday.BarbaraRobinson-DepGenMgr	Decisions about transfer - coms?? & MDT at QA decide on suitability, keep a board with a list - WLS for all the peripheral hospitals and by category rehab/stroke/IC/cont care/palliative care. Palliative - end stage elderly - multiple pathology e.g cardiac/respiratory etc not just cancers??
Comm and collaborations.G5 HA	Site Interviews-Tuesday.BarbaraRobinson-DepGenMgr	Donor hospital staff let Pt and Rels know and gain agreement - before transfer. Aim for transfer in a morning, sometimes in afternoon, try and avoid evenings/night time transfer.

		"We get pushed an awful lot by Portsmouth".
Comm and collaborations.G5 HA	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Haslar transfers - some arrived poorly and with unrealistic expectations - relatives told "for rehabilitation" when in reality "they were terminal". One complainant produced leaflets "has anyone else been killed in this hospital". Also left leaflets around the town. He would come into the dining room and was a favourite of the dining room staff.
Comm and collaborations.G5 HA	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Haslar patients came with unrealistic expectations. <input type="text" value="Code A"/> visited them and transfer usually took a week.
Comm and collaborations.G5 HA	Site Interviews- Monday: <input type="text" value="Code A"/>	Elderly services - HA/ Trust/ Acute. Communication in the past.
Comm and collaborations.G5 HA	Site Interview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Pain mainly palliatives. - Refer to advise Mount Batton Centre, Palliative Care Centre, Hospice people, speaks to staff grade - refers to Mount Batton. Advisor should attend patient and report.
Comm and collaborations.G6 Haslar	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Pressure for Haslar now better managed. Something called Alert Course training, all qualified staff have been there.
Comm and collaborations.G6 Haslar	Site Interviews- Tuesday: <input type="text" value="Code A"/> Ex- StaffNursDaed	Transfers - QA/Haslar - GWMH. Lists kept in Eld Med Dept of patients waiting to come over. She would phone donor staff for extra information over and above the transfer letter contents. Letter from Consultant's ward visit, results of investigation.
Comm and collaborations.G6	Site Interviews-	

Haslar	Tuesday. <input type="text" value="Code A"/> -Ex-StaffNursDaed	Quality of transfer? Would have to phone Haslar because of discrepancy, to gain clarification - but not too often.
Comm and collaborations.G6 Haslar	Site Interviews- Monday <input type="text" value="Code A"/>	GWM battled with mistaken impression at Haslar about what GWM could do - "often painted rosier picture than justified" of health of patient transferred.
Comm and collaborations.G6 Haslar	Site Interviews- Monday <input type="text" value="Code A"/>	With hindsight, one particular case where good health of patient (considered by Ombudsman) exaggerated.
Comm and collaborations.G6 Haslar	Site Interviews- Monday. <input type="text" value="Code A"/>	Elderly services - HA/ Trust/ Acute. Communication in the past.
Comm and collaborations.G6 Haslar	Site Interviews- Monday. <input type="text" value="Code A"/>	Transfer of patients and respective hospitals' perception of patients ability / prognosis. Acute wards under pressure - tendency to underplay medical conditions.
Comm and collaborations.G6 Haslar	Site Interview- Thursday. <input type="text" value="Code A"/> HA	Other? Mental Health Patient from Haslar for Trauma & Orthopaedics investigation murdered by husband. Investigation OK.
Comm and collaborations.G6 Haslar	Site Interview- Thursday. <input type="text" value="Code A"/> OT	Transfer of Information -notes are sent over -database-technological only up and running since June 2001. Notes should carry stamp of treating OT Database in not computer linked.
Comm and collaborations.G6	Site Interview-	

Haslar	Thursday: <input type="text" value="Code A"/> - WardClerk	Q&A/Haslar – admin pack – Cardex, summary, assessment, water low score, pressure sores. Continence – Bartel, walking.
Comm and collaborations.G6 Haslar	Site Interview- Wednesday: <input type="text" value="Code A"/> - SenStafNursDryad	Communication - when beginning employment, communications could be improved. Now improved.
Comm and collaborations.G7 Social services	Site Interview-Friday. Text <input type="text" value="Code A"/> -SenNursColW	MDT- all ward rounds- ward clerk also attends MDT Monthly reflective practice meeting and appointment social worker to ward
Comm and collaborations.G7 Social services	Site Interviews- Monday: <input type="text" value="Code A"/>	No successful CREZ programmes. Very pragmatic approach to CREZ by keeping health level of reserve. Ie. Recurring 1/2 - 3/4 million on turnover of 100 million. Ie CPR training received 80,000 recurring funds.
Comm and collaborations.G7 Social services	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Medical staff felt could go. Social services had funding and that was why discharged so quickly.
Comm and collaborations.G7 Social services	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Good relationship with SS - why? Previously out of area hospital referrals - <input type="text" value="Code A"/> team picked up this led to doing joint visits - he also does joint visits to support SS OTA. He gets frustrated with care managers sometimes - is not lack of willingness but have not got resources.
Comm and collaborations.G7 Social services	Site Interview- Thursday: <input type="text" value="Code A"/> OT	Integration of health and social OT services? <input type="text" value="Code A"/> 's dream/vision was possibility last year but did not happen. Probably longer term it will.

Comm and collaborations.G7 Social services	Site Interview- Thursday <input type="text" value="Code A"/> OT	Next plan for restructuring his job - as of April 2002 will be seconded 2/7 per week to social services.
Comm and collaborations.G7 Social services	Site Interview- Thursday <input type="text" value="Code A"/> DT	Overlap massive already - has changed a lot - accepts his recommendations for everything up to grant application.
Comm and collaborations.G7 Social services	Site Interview- Thursday <input type="text" value="Code A"/> phy	Where is give going to be? Pressure is going to be outside in community.
Comm and collaborations.G7 Social services	Site Interview- Thursday <input type="text" value="Code A"/> phy	MDT - huge impact - social worker day longer, any old social worker turns up.
Comm and collaborations.G7 Social services:	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Social Services – delays – funding assessments, care packages. Specific social workers to ward – not sure.
Comm and collaborations.G7 Social services	Site Interview- Wednesday <input type="text" value="Code A"/> CltDryad	Complicated process - not only our team, but social services involved as well. Some need funding - social services decide and sometimes patients have to wait. Some fall short of the amount that social services can give. Some need 'top up' of finance from DoH - even longer.
Comm and collaborations.G7 Social services	Site Interview- Wednesday <input type="text" value="Code A"/> CltDryad	On top of funding - st has to be topped up.
Comm and collaborations.G7 Social services	Site Interview- Wednesday <input type="text" value="Code A"/>	Role of social services - not much experience of it yet, social services the same

	CltDryad	everywhere
Comm and collaborations.G7 Social services	Site INterview- Wednesday <input type="checkbox"/> Code A SenStafNursDryad	Discharged from Q + A - admitted to Social Services but when -> GWMH - Social Services will remove from list so GWMH needs to admit to Social Services again.
Comm and collaborations.G7 Social services	Site INterview- Wednesday <input type="checkbox"/> Code A SenStafNursSultan	25% of bed blockage due to lack of care package.
Comm and collaborations.G8 Nursing homes	Site Interviews- Tuesday <input type="checkbox"/> Code A <input type="checkbox"/> Code A SenStaffNursDaed	2 patients awaiting, nursing home 'residential care places'.
Comm and collaborations.G9 Joint working	Site Interview- Friday <input type="checkbox"/> Code A manager	MDT-OTs, physio, speech & language therapist- weekly meetings. GPs sometime got to meeting particularly with regard to discharge. Not all GPs use this facility. EMI consultant sometime comes in.
Comm and collaborations.G9 Joint working	Site Interview- Friday <input type="checkbox"/> Code A manager	All information there is for drugs and palliative care from pharmacies and hospices
Comm and collaborations.G9 Joint working	Site Interview- Friday <input type="checkbox"/> Code A SenNursDayW ard	Good MDT Team Working Regular Meeting with Medics, Therapists, Clinicians
Comm and collaborations.G9 Joint working	Site Interview- Friday <input type="checkbox"/> Code A SenNursDayW ard	Always good relationship between day and medical wards.
Comm and collaborations.G9 Joint working	Site Interview- Friday <input type="checkbox"/> Code A SenNursDayW	Mulberry ward is the ward with most contact.

	ard	
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A] SenNursDayW ard	Meeting on Tuesday about care pathways.
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A] SenNursDayW ard	Assessment process - referred by GP, by letter - meeting Wed with MDT - discuss referrals and agree appropriate clinician to assess patient - go to home and assess in day ward and assess condition - element with a whole team approach
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A] SenNursDayW ard	Joint training with OT, with ???
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A] SenNursDayW ard	Never share information with three wards.
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A] SenNursDayW ard	MDT training – other reflective practice meetings. Issue: patient in residential care may have time reduced in day ward to allow for home based patients and carer opportunities for respite and assessment.
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A] Senior Diet	Enablement team Full-time dietician At wards, St Christopher and Community plus MDT meetings.
Comm and collaborations.G9 Joint working	Site Interview- Friday [Code A]	Team Working - how can [Code A] make it happen. [Code A] works on ward herself to role

	SenNursCoord	model behaviour. Doesn't think they have got it right yet. Would like documentation to be better across the board - everyone adhering to same core plan. One of issues is to get that sense of working together for integrated goal setting and person centred goal setting, wants to get people working together. Her physio on nursing documentation groups. Hopes this will lead to multi-professional documentation and goal setting.
Comm and collaborations.G9 Joint working	Site Interviews- Tuesday, [Code A] [Code A]	Improved communication. Had 2 H grades helping - St Christophers Fareham & Mental Health. [Code A] was at GWMH.
Comm and collaborations.G9 Joint working	Site Interviews- Tuesday [Code A] Ex- StaffNursDaed	MDT met 2 x week, also met to get activities going. Plan care, meet families, 1 consultant [Code A] did 2 ward rounds per week.
Comm and collaborations.G9 Joint working	Site Interviews- Tuesday, [Code A] Staff NursDaed	ward meetings with agenda. Concerns listened to.
Comm and collaborations.G9 Joint working	Site Interviews-Monday [Code A] [Code A]	How is [Code A] told to break even? Verbally, meeting about next year, meet at quarterly meetings, start of year plan.
Comm and collaborations.G9 Joint working	Site Interviews-Monday [Code A] [Code A]	Corporate. Culture -> Trust - distinct culture, open devolved, 4 key practice values - very facilitative.
Comm and collaborations.G9 Joint working	Site Interview- Thursday [Code A] Sp- LangThera	Tendency need for unilateral agreement.
Comm and collaborations.G9	Site Interview-	

Joint working	Thursday, <input type="text" value="Code A"/> -Sp- LangThera	Link with MDT working - Meeting on Daedalus ward Monday and Thursday. - Attend meeting based on patients. - No meetings attendance on Sultan and Dryad.
Comm and collaborations.G9 Joint working	Site Interview- Thursday, <input type="text" value="Code A"/> HCSW	Care Plan contained the above problems.
Comm and collaborations.G9 Joint working	Site Interview- Thursday, <input type="text" value="Code A"/> OT	joint equipment services request can be faxed and received the next day
Comm and collaborations.G9 Joint working	Site Interview- Thursday, <input type="text" value="Code A"/> OT	Communication is v.good, v.informal. and comfortable about passing information good or bad Finding out trust strategy News letters Updates through pensions Inductions- Found out changes about the PCT Feels informed
Comm and collaborations.G9 Joint working	Site Interview- Thursday, <input type="text" value="Code A"/> - phy	How engaged in goal; setting? Work to be done, trying to do multi-disciplinary to much been developed. Need better info. trying to make goals patient led, ie. like to turn TV over etc. Need to be multi disciplinary with goal setting.
Comm and collaborations.G9 Joint working	Site Interview- Wednesday, <input type="text" value="Code A"/> enSt afNursDryad	Policies – Head of department meeting, clinical managers meeting, memo notice board, manager identified policy and alert staff to folder.
Comm and collaborations.G9	Site Interview-	

Joint working	Wednesday. <input type="text" value="Code A"/> - SenStafNursDryad	Policy translations - new changes - talked at mg meetings, minutes from mg meeting - D Ward meeting, memos sent out.
Comm and collaborations.G9 Joint working	Site INterview- Wednesday. <input type="text" value="Code A"/> - SenStafNursDryad	MDT meetings - in five months not attended but has not been asked. - feels size of hospital informal MDT meetings ie bump into physio.
Comm and collaborations.G9 Joint working	Site INterview- Wednesday. <input type="text" value="Code A"/> - SenStafNursDryad	MH issues. - Referral if needed, patients of both levels of MH which is manageable. No patients that wander. General patients that are very immobile. Good support from <input type="text" value="Code A"/> <input type="text" value="Code A"/> - very formal support, informal support.
Comm and collaborations.G9 Joint working	Site INterview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Good relationship between GWM and community - yes. Reasonably good relatives - good insight. Can approach all GWMH staff. Discharge arrangements work fairly well - most problems are from bigger hospitals - not here.

H

End of life.H1 Patient care	Site Interview- Friday. Code A manager	Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.
End of life.H1 Patient care	Site Interview-Friday. Code A Code A ChiefPharmac	Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.
End of life.H1 Patient care	Site Interview- Friday. Code A	Each manager must be confident in all fields.
End of life.H1 Patient care	Site Interview-Friday.Text Code A SenNursCoIW	Do get occasional terminal ill patient Palliative care medicine-do involve MDT and family
End of life.H1 Patient care	Site Interviews- Tuesday. Code A Code A StaffNursDeadNgt	If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.
End of life.H1 Patient care	Site Interviews- Monday. Code A	Communication with patients re end of life. Ward Nurse - who is going to communicate with relatives and treatment. This is improving. How do we know? See pateint records.
End of life.H1 Patient care	Site Interview- Thursday. Code A staffnurs SultanNt	Sultan - palliative care - very good care training at Southampton.
End of life.H1 Patient care	Site Interview- Thursday. Code A OT	Example of lady who went home and died 7 days in arms of home carer - as she had wished.

End of life.H1 Patient care	Site Interview- Thursday [Code A] OT	Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.
End of life.H1 Patient care	Site Interview- Thursday [Code A] Daed	Practical examples of policies and their application on ward.
End of life.H1 Patient care	Site Interview- Wednesday AC [Code A] nNurseDryad	[Code A] raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that [Code A] had upset [Code A] [Code A] asked [Code A] if this was so and [Code A] [Code A] said she was not upset but thought that [Code A] didn't appreciate what was being done on the ward.
End of life.H1 Patient care	Site Interview- Wednesday [Code A] BenSt afNursDryad	Relatives usually leave before night staff. Deal with relatives when patient is dying or seriously ill.
End of life.H1 Patient care	Site Interview- Wednesday [Code A] ClitDryad	End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
End of life.H1 Patient care	Site Interview- Wednesday [Code A] ClitDryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
End of life.H1 Patient care	Site Interview-	

	Wednesday.MM HCSWDryad	Code A	Palliative care - Workload names - patients Sunday evening - make soup, reheat meals x 4 on late. Therefore kitchen closed - about a week ago, extra work. Every day total bed bath - nails done, always fed. Own toiletries Strawberries and cream - put extra in.
End of life.H1 Patient care	Site INterview- Wednesday	Code A	StafNursSultan Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.
End of life.H1 Patient care	Site INterview- Wednesday.TL onsult	Code A	Can discuss with Has close relationship with palliative care consultant. Code A assesses the patients.
End of life.H1 Patient care	Site INterview- Wednesday.TL onsult	Code A	End of life-sees relatives Pro-actively, nurses make appointment with relatives abd religion written and discussed with patient.
End of life.H1 Patient care	Site INterview- Wednesday. StafNursSultan	Code A	Do take respite/chronic patients on a regular basis.
End of life.H1 Patient care	Site INterview- Wednesday. StafNursSultan	Code A	Palliative care - patients already know in (respite)
End of life.H1 Patient care	Site INterview- Wednesday. StafNursSultan	Code A	Palliative care book - guidelines what patients already on - patch or driver. Palliative care variable - in for more than 24 hours or in couple of weeks.

End of life.H1 Patient care	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Access MacMillan advice. GP second opinions - <input type="text" value="Code A"/> - palliative care consultant acute does come in.
End of life.H1 Patient care	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Oncologist - referral on to clinic to relieve pain.
End of life.H1 Patient care	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Palliative care is very good. Hands on care very good.
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> manager	Discussion about Resus Issues. Some GPs reluctant to make decision regarding DNR and end of life.
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> manager	Relatives are appropriately prepared for death in advance
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> manager	Palliative care- relatives are normally involved in decision making. Understandably checked. Work with hospice and <input type="text" value="Code A"/> regarding palliative care.
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> manager	medication-relatives are sometimes reluctant to have syringe drivers and deal they will die quickly. E.g. lady came in for pain control, initially drowsy but now drinking and eating
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> manager	where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team

End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> manager	Nutrition assessment on admission for every patient. Score high due to multiple pathologies and age have recognises health problems. Evaluated and reassessed regularly. Families are encouraged to come in and help
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> Complaints	no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. <input type="text" value="Code A"/> is excellent and defuses complaints.
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> Complaints	bereavement Issues are carefully through about no outside help is used e.g. bereavement counselling, not actually sought. She recognises that some of the complaints about deaths is due to the unrealistic prognosis of expectation of death.
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Constructive involvement of carers and families in Care Plans
End of life.H2 Realties & carers	Site Interview- Friday <input type="text" value="Code A"/> SenNursDayW ard	Involvement of relatives with care plan - relatives present about initial assessment - work with carers/relatives about their understanding - written information
End of life.H2 Realties & carers	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Do get occasional terminal ill patient Palliative care medicine-do involve MDT and family
End of life.H2 Realties &	Site Interviews- Tuesday <input type="text" value="Code A"/>	

carers	[Code A]-StaffNursDeadNgt	If pt passes away. 1998 F grade certified ? tell relatives of unexpected - tell Doc. Now - certify, call Docs.
End of life.H2 Realties & carers	Site Interviews- Monday [Code A]	Giving bad news to relatives.
End of life.H2 Realties & carers	Site Interviews- Monday [Code A]	Agreeable to moving patients home if family so desires prior to death even if the district team can't be assembled quickly.
End of life.H2 Realties & carers	Site Interview- Thursday [Code A] Patient Affairs	Patients money and property while here. Patients, powers of attorney - bereavement. Issue death certificate and clothing - advisory on funeral arrangement.
End of life.H2 Realties & carers	Site Interview- Thursday [Code A] Patient Affairs	From relatives point of view last person they see, relatives seen and given info as best possible
End of life.H2 Realties & carers	Site Interview- Thursday [Code A]	[Code A] (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). [Code A] not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
End of life.H2 Realties & carers	Site Interview- Thursday [Code A] staffnurs SultanNt	Patient death - aftercare for relatives should have been discussed before death happens - documented - bereavement service

		<ul style="list-style-type: none"> - leaflets - patient affairs office
End of life.H2 Realties & carers	Site Interview- Thursday <input type="text" value="Code A"/> OT	Has witnessed good deaths and examples when nurses had to ask relatives to leave because of arguments between relatives about jewellery.
End of life.H2 Realties & carers	Site Interview- Thursday <input type="text" value="Code A"/> Daed	Nurses complete pain chart on admission. Includes patients and relatives perceptions.
End of life.H2 Realties & carers	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Patients who die – do not deal with relatives, ???? at patient affairs and most senior member of staff.
End of life.H2 Realties & carers	Site Interview- Wednesday <input type="text" value="Code A"/> SenSt afNursDryad	Relatives usually leave before night staff. Deal with relatives when patient is dying or seriously ill.
End of life.H2 Realties & carers	Site Interview- Wednesday <input type="text" value="Code A"/> CltDryad	End of life. Patients who want to go home? Feels patients / relatives wishes most important if want to go and GP/services can take the responsibility of the best thing to do.
End of life.H2 Realties & carers	Site Interview- Wednesday <input type="text" value="Code A"/> CltDryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
End of life.H2 Realties & carers	Site Interview- Wednesday <input type="text" value="Code A"/>	Difficult relatives eg want relations to have different treatment. Treatment is duty of

	CltDryad	physician to decide and up to him to put to the patients/relatives properly - if they have issues take them into account if possible eg when deciding DNR but ultimately Dr's responsibility.
End of life.H2 Realties & carers	Site INterview- Wednesday, Code A SenStafNursSultan	Families spoke re syringe drivers first used.
End of life.H2 Realties & carers	Site INterview- Wednesday, Code A StafNursDryad	End of life management. Two different views on ward: I would personally like to raise it a lot sooner than we do, others feel that staff should delay informing them.
End of life.H2 Realties & carers	Site INterview- Wednesday.MM, Code A Nur seExStaffNurs	Any training in bad news etc. Did do a bereavement course very early in career - no learnt through experience.
End of life.H2 Realties & carers	Site INterview- Wednesday, Code A StafNursSultan	Need to find?? question time for pt and family - difficult to focus on that family. GP decides pathway working with nurses.
End of life.H2 Realties & carers	Site INterview- Wednesday.TL, Code A onsult	Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.
End of life.H2 Realties & carers	Site INterview- Wednesday.TL, Code A C onsult	End of life-sees relatives Pro-actively, nurses make appointment with realties abd religion written and discussed with patient.
End of life.H2 Realties & carers	Site INterview- Wednesday, Code A StafNursSultan	Inform relatives if using syringe driver.

End of life.H3 Staff	Site Interview- Friday [Code A] - Complaints	Handling complaints - Has it changes? Could the [Code A] complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. [Code A] often writes suggestions for diffusion, widely accepts that things may be modified.
End of life.H3 Staff	Site Interviews- Tuesday [Code A]	Training in communications ie bad news. [Code A] - bereavement counselling and training - 2 day course - course introduced by [Code A] - husband minister of the faith. Learning - good practice - examples. 2 ward changing from continuing care into specific rehab Need for training for specific rehab needs. Impact of P.C.T management, pre 98 GP were old fashioned, young GP / and generally GP will adapt.
End of life.H3 Staff	Site Interviews- Monday [Code A]	Communication with patients re end of life. Ward Nurse - who is going to communicate with relatives and treatment. This is improving. How do we know? See patient records.
End of life.H3 Staff	Site Interviews- Monday [Code A]	Agreed procedure for certifying death - doctor can delegate to nurse authority to confirm death. Doctor must later confirm.
End of life.H3 Staff	Site Interviews- Monday [Code A]	Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go to [Code A] Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.
End of life.H3 Staff	Site Interviews- Monday [Code A]	some of nurses have been on palliative care course, also use MacMillan nurses

	Code A	
End of life.H3 Staff	Site Interview- Thursday. Code A staffnurs SultanNt	Staff support - peer discussion - clinical supervision - clinical manager. - EAR counselling
End of life.H3 Staff	Site Interview- Wednesday. Code A StafNursDryad	Differing perspectives don't create problems or conflict. All staff discuss it and make plan clear in notes.
End of life.H3 Staff	Site Interview- Wednesday. Code A StafNursSultan	How work in practice? How agree terminal. GP decides "end stage" same in discussion??
End of life.H3 Staff	Site Interview- Wednesday. TI Code A onsult	Trust policy senior nurse can fill in certificate of death for expected death . ????? is NOT answer for all continuity care patients.
End of life.H4 Cultural, spiritual needs	Site Interview- Friday. Code A SenNursDayW ard	Chaplain involvement – patients with diagnosis with dementia but at the beginning stages.
End of life.H4 Cultural, spiritual needs	Site Interviews- Tuesday. Code A LdClf	Looked at resuscitation as indicator of pressures.
End of life.H4 Cultural, spiritual needs	Site Interviews- Monday. Code A	Dependant on skills of front line staff. Big emphasis on enabling nurses to deal with raising consciousness of issue.

End of life.H4 Cultural, spiritual needs	Site Interview- Thursday. <input type="text" value="Code A"/>	He has not been involved in multi-disciplinary work with respect to patients' care including palliative care and preparation for death.
End of life.H4 Cultural, spiritual needs	Site Interview- Thursday. <input type="text" value="Code A"/>	Chaplaincy team also has a 2nd volunteer who visits patients on wards.
End of life.H4 Cultural, spiritual needs	Site Interview- Thursday. <input type="text" value="Code A"/>	Maintains list of contacts with other churches/faiths we can contact them if necessary. It hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.
End of life.H4 Cultural, spiritual needs	Site Interview- Thursday. <input type="text" value="Code A"/>	Don't operate an on-call system when patient is dying but sometimes alerted by staff if chaplain is needed (ie. when a patient is going to die soon or they know he's at GWM or in the area.)
End of life.H4 Cultural, spiritual needs	Site Interview- Thursday. <input type="text" value="Code A"/>	<input type="text" value="Code A"/> (predecessor) is running a post bereavement group as a volunteer on Dryad for relatives (meets monthly). <input type="text" value="Code A"/> not sure about appropriateness of this group but doesn't know much about work done in it. My remit is pastoral care for hospital so he does little post-death support. This task should be picked up by local clergy. Many of patients on Mulberry with depression as w???? suffering grief as a result of bereavement - visits some of them. But he believes problem should be directly tackled by Trust.
End of life.H4 Cultural, spiritual needs	Site Interview- Thursday. <input type="text" value="Code A"/> staffnurs SultanNt	Patients from a non-christian background - very rare - info on ward

End of life.H4 Cultural, spiritual needs	Site Interview- Wednesday.TL; <input type="text" value="Code A"/> <input type="checkbox"/> onsult	End of life-sees relatives Pro-actively, nurses make appointment with relatives and religion written and discussed with patient.
End of life.H5 Expectation of death	Site Interview- Friday; <input type="text" value="Code A"/> - Complaints	bereavement Issues are carefully through about no outside help is used e.g. bereavement counselling, not actually sought. She recognises that some of the complaints about deaths is due to the unrealistic prognosis of expectation of death
End of life.H5 Expectation of death	Site Interviews- Tuesday; <input type="text" value="Code A"/>	Managing expectation - Process. 98 process was not that good. Ward sister would have experience on larger wards. ??? Patients were a lot sicker - admission of far iller?? patients. Complexity of patient was a lot greater and ill health.
End of life.H5 Expectation of death	Site Interviews- Tuesday; <input type="text" value="Code A"/> - LdConslt	Teachers pre Reg HO module, its really complex, no right/wrong, I speak to the families & let them talk, try to ascertain what their expectations are, it takes time, listening, humility, getting down physically to their level. Have d/w colleagues a lot since 98.
End of life.H5 Expectation of death	Site Interviews- Tuesday; <input type="text" value="Code A"/> - LdConslt	But other specialities often med input has been quite junior and image given to rels unrealistic. Can't really comment re: Haslar as do not tend to transfer to Petersfield (ie ?? rehab facilities).
End of life.H5 Expectation of death	Site Interviews- Tuesday; <input type="text" value="Code A"/> -Staff NursDaed	Palliative care- decision between the whole team with relatives If coming to a rehab ward-should recover
End of life.H5 Expectation of death	Site Interviews- Monday; <input type="text" value="Code A"/>	It's a fine balance between being too negative and honest (re patients prospects)

End of life.H5 Expectation of death	Site Interviews- Monday: <input type="text" value="Code A"/>	Ideally nurse should see relative first. Then staff grade, then consultant. Need to establish rapport first.
End of life.H5 Expectation of death	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Lady could not go home with terminal illness - but safety was too high - so admitted to Sultan to pass away.
End of life.H5 Expectation of death	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	If patient was likely to have a resuscitation then discussion with GP.
End of life.H5 Expectation of death	Site Interview- Thursday: <input type="text" value="Code A"/> Sp-LangThera	Expectations of death. Often patients status changes vastly. Very common that patients are not well enough for speech/language therapy. Assessed by speech therapist.
End of life.H5 Expectation of death	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Certifying death - understand nurses are trained to certify death, if unexpected then doctor called in.
End of life.H5 Expectation of death	Site Interview- Thursday: <input type="text" value="Code A"/>	Holds communion service every Sunday (attended by some from Daedalus and Sultan).
End of life.H5 Expectation of death	Site Interview- Thursday: <input type="text" value="Code A"/>	Maintains list of contacts with other churches/faiths we can contact them if necessary. It hasn't been an issue in this hospital as Gosport is not a very diverse area ethnically or otherwise.
End of life.H5 Expectation of	Site Interview-	

death	Thursday Code A	Has a monthly input into Phoenix Day Hospital. Tries to make sure visits all the wards to talk to patients at least twice a month.
End of life.H5 Expectation of death	Site INterview- Wednesday Code A CltDryad	Breaking bad news. In continuing care setting by time patient comes to their end, relatives usually have a fair idea. A regular dialogue is necessary and should be at consultant level - can be very satisfying / relaxing. One can never forecast exact date/time. Be clear, honest, assure that no pain/distress.
End of life.H5 Expectation of death	Site INterview- Wednesday Code A StafNursDryad	End of life management. Two different views on ward: I would personally like to raise it a lot sooner than we do, others feel that staff should delay informing them.

Supervision & training.II Medical	Site Interview- Friday <input type="text" value="Code A"/> - Complaints	Culture of the trust is open and honest. No particular problem with Doctors
Supervision & training.II Medical	Site Interviews- Tuesday <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.
Supervision & training.II Medical	Site Interviews- Tuesday <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	Gap in appraisal - Hosp Med staff and GP assts. How manifest??: <input type="text" value="Code A"/> superb doctor, also knew her as a D/N, caring, always came when called. But abrupt, extremely good doctor, favoured by the staff. How would appraisal have made a difference? Attitude to relatives (not patients) - willing to speak. But if rels were unreasonable eg. demanding her immediate attendance.
Supervision & training.II Medical	Site Interviews- Tuesday <input type="text" value="Code A"/> Ex- StaffNursDaed	Also locum SHO 8.30 - 5pm - <input type="text" value="Code A"/> ? Staff grade.
Supervision & training.II Medical	Site Interviews- Tuesday <input type="text" value="Code A"/> Ex- StaffNursDaed	<input type="text" value="Code A"/> would not attend MDT. She came in before her surgery. Would deal with patients, prescription charts, case by case. Would revisit later in the day. Would revisit to meet relatives. Nurses feedback to the team. Separate notes at the time medical/nursing/ therapy. Nurses could write in medical notes.
Supervision & training.II Medical	Site Interviews- Monday <input type="text" value="Code A"/>	Supervision of clinical assistants -> no formal appraisal process for GPs / clinical Assistants (Cas)
Supervision & training.II Medical	Site Interviews- Monday <input type="text" value="Code A"/>	Teaching programme 4 x a year for <input type="text" value="Code A"/> who covering wards at night.

Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	Otherwise discusses matters informally with GPs.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	Attendance at training programmes by GPs after pass - tend to be better attended by Consultants.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	Docs have joint training meetings led by <input type="text" value="Code A"/>
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> in palliative care at GWM) leads training on palliative care.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> leads induction on new HCAs and staff grade doctors.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> working really hard, sometimes starting early in the morning and visiting GWM up to three times a day.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	Possible problem of staff grade reporting to different consultants.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	Training to be a Medical Director? 1993 Cranfield 3/52 Department of Health sponsored and odd things at The Kings Fund.
Supervision & training.II	Site Interviews-	

Medical	Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> s appraisal 0 x 1 per year by <input type="text" value="Code A"/> re Medical Director role as Consultant x 1 per year by <input type="text" value="Code A"/> . Have had Consultant appraisal within the Trust for three years. He conducts 'management bit' of x 10 Lead Consultants within Trust.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Training to other staff. He regards as "totally inadequate" - Doctors & Nurses become theoretical rather than practical. Training not taken seriously by the pupils, even though pharmacists do regard it as serious. Participate in Induction.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	No input into training GP Clinical Assistants. Does not know if pharmacists train nurses on syringe Drivers.
Supervision & training.II Medical	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> has responsibility for making & renewing contracts, but consultants & local managers handle day to day things.
Supervision & training.II Medical	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Relationship between GPs and the Trust - re: management, ward policies, appraisals document. Does not appear to be one. Doctors asked if they understood difference between contracts of and for employment.
Supervision & training.II Medical	Site Interview- Thursday: <input type="text" value="Code A"/> GP	what specialist training does he have eg. palliative care or elderly care? Has done course at Rowans. What about general medical courses? All GPs will have particular interests - would have to look through his files.

Supervision & training.II Medical	Site Interview- Thursday: [Code A] PractDevlFacil	Guidance of junior doctors needed. Need joint training. Evidence based training important.
Supervision & training.II Medical	Site INterview- Wednesday: [Code A] SenSt afNursDryad	Culture – higher you are the more support you get, issue has been noticed. HRSW less training updates they feel they need or want.
Supervision & training.II Medical	Site INterview- Wednesday: [Code A] StafGradePhysi	If patient becoming seriously unwell, [Code A] will speak to [Code A] and make arrangements for finding bed at QA.
Supervision & training.II Medical	Site INterview- Wednesday: [Code A] StafGradePhysi	Fortunately, has been able to call on same locum recently. [Code A] has been in UK for five years, has worked at QMC, Sheffield, Cornwall, Manchester.
Supervision & training.II Medical	Site INterview- Wednesday: [Code A] StafGradePhysi	All care of elderly posts (he has specific palliative care training)
Supervision & training.II Medical	Site INterview- Wednesday: [Code A] StafGradePhysi	No formal appraisal but has had two "discussions" about his objectives with [Code A] - accepted now that they should be done every six months.
Supervision & training.II Medical	Site INterview- Wednesday: [Code A] Cltdryad	Opportunity for feedback from training, he has been funded to do course at RCP, etc. CPR mandatory.
Supervision & training.II	Site INterview-	

Medical	Wednesday <input type="text" value="Code A"/> ClfDryad	Education Programme - he has done around 10 things since here.
Supervision & training.I1 Medical	Site INterview- Wednesday.TI <input type="text" value="Code A"/> <input type="checkbox"/> onsult	Appraisals done by <input type="text" value="Code A"/> Clinical need. Given specialist Registrar in 1989 - <input type="text" value="Code A"/>
Supervision & training.I1 Medical	Site INterview- Wednesday.TI <input type="text" value="Code A"/> <input type="checkbox"/> onsult	Had 6 weeks training in palliative care.
Supervision & training.I1 Medical	Site INterview- Wednesday.TI <input type="text" value="Code A"/> <input type="checkbox"/> onsult	Local elderly care - he assesses the patients treatment: clear instructions given to staff grade doctor and nurses including pain management.
Supervision & training.I2 Nursing	Site Interview- Friday. <input type="text" value="Code A"/> manager	we employ staff, ?, continence, care of elderly, palliative care, orthopaedic and intermediate care. NHS a nurse specialising in leg ulcers and postoperative wounds. Awaiting a chronic lung course and some have done nutritional course. Otherwise staff have done health promotion and ITU courses.
Supervision & training.I2 Nursing	Site Interview- Friday <input type="text" value="Code A"/> manager	Management issue-doing postprac Clinical governance Course and gerontological course and done reflective course. During master degree and professional Policy Study and management Course
Supervision & training.I2 Nursing	Site Interview- Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Processes of system in clinical practice since 98: have been major changes in 3 areas: (7) Management of pain training related to it triggered by incidents, primarily for nurses. (8) 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.
Supervision & training.I2 Nursing	Site Interview- Friday, <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	Initiated post-grad. Certificate on clinical governance.
Supervision & training.I2 Nursing	Site Interview- Friday, <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Gerontology nursing programme focuses on attitude change and how nurses relate to patients.
Supervision & training.I2 Nursing	Site Interview- Friday, <input type="text" value="Code A"/> <input type="text" value="Code A"/>	We do have some nursing staff that we'd prefer not to have our most difficult ward managers do need a lot of help to change.
Supervision & training.I2 Nursing	Site Interview- Friday, <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> Dryad - how engaged with mine - reintroduce her to ward - end game - return to ward in part Have thought it through - history 2 years ago deal with serious grievance about her. No question of clinical competency, managerial problem. Performance plan for her - Jan Peach 2 years performance manager. Often not at work - difficult.
Supervision & training.I2 Nursing	Site Interview- Friday, <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> is a cohort of staff - have to break that up. Dealing with bullying and harassment - part of gerontological programme - attitudes and beliefs and the care.
Supervision & training.I2 Nursing	Site Interview- Friday, <input type="text" value="Code A"/> SenNursDayW	4 week training course about practice development facilitator.

	ard	
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayW ard	Training - practice development facilitator course - years group work group dynamics
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayW ard	Training with dealing with families eg. working with patients who are dismissive – physical and verbal contact.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/>	Professional Advices for the rapists ?? ??? Trust in being wound on, only half way there. Would like to see impact of Gerontological programme, would like therapy consultants.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> Senior Diet	Initially Nutritional reps would volunteer to do nutrition.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> Telephone Int	Training and communication excellent.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> Telephone Int	Informal reflective at least once a week. Monthly teaching session planned.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> Telephone Int	Induction - within first week. Full induction day - infection control, manual handling, CPR, fire training. Induction programme for her for first month. Met all the wards etc.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/>	Came from QA ward manager medical ward intermediate care. Started November 2000.

	SenNursCoord	11m in post with gap*, new post role is supporting/managing clinical manager/areas. Also facilitate clinical practice. 50:50 clinical admin. Involved in training and development of nurses at GWMH eg. alert system. Back before care wards tended to deal with issues alone. Now have "common" ACD .
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Nurses lacking acute skills. OK for post mix of patients, now getting more older, sicker and more dependent patients. Bartel 3-4 to 2-3 hip replacements 12/3 to 7/8 day. All qualified nurses - 5 through alert course. How did staff respond? Nervous at first.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Now assess your getting skills you need/want? Observing, action learning, clinical governance groups. In Daedelus all F16 grades have acute learning groups.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Ward don't have clinical supervision yet but have regular ward meetings including how to implement things.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Were going to look at document audit, but waiting to see if it becomes a benchmark tool for essence of care.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Plan for monitoring and development? Ward Managers all on gerontological course. Monthly clinical supervision (1:1) clinical managers meeting monthly (for policies, news, documentation liaison). Gerontological course action learning.
Supervision & training.I2 Nursing	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Need more staff for lots of reasons sorting that out now. Also need management development time.

Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/> - SenStafNursDaed	Nurse training En V nurse 2000.
Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.
Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Training - Drugs/syringe drivers. Within the Trust and staff from Countess Mountbatten Hospital - ended up only using one type of syringe drivers. Also attend courses at The Rowan Hospital at Portsmouth.
Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/>	Support of nurses. Barbara inservice training. Comms & written communications & review of medical notes.
Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Difficult to keep up nursing skills. (Alert course helps nurses to recognise urgent cases).
Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Level of competence of nurses have been high. Have come every day. <input type="text" value="Code A"/> has kept to ward ???.
Supervision & training.I2 Nursing	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	We need to change attitudes, beliefs of RG Nurses E, F & G Grade Genontological Nursing Course will held. Nurses initially reluctant to take it. Now ???

Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	At Daedalus - would be in charge if for G away, would hold the hospital bleep. Team leader for 8 patients - 8 stroke. Rest 16 Cont care. Then stroke & rehab. 16 stroke - sometime & 8 general rehab.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	Organisation of ward - Manager, F, other E/D. Some physio was ward based, some OT was ward based - sometimes. Needed ones?? From other areas.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	Her Induction at Daedalus - started about 10/12/98, some ward support. Shown round, then Xmas/New Yr, no structured induction. "Kind of found my feet". Did attend an induction day - late Jan/early Feb.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	Study leave - went on a course - tissue viability then ultimately she left. It was a good course.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	Mandatory Training - eg Fire/Rescue/Moving handling. Was told about these events.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	Other training - ear syringing, extended roles, male catheter. Later IV training - refresher.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	Has attended syringe driver course whilst at Gosport Health Centre. Other sessions were held at The Rowans, Countess Mountbatten - training covered medication.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: <input type="checkbox"/> Code A <input type="checkbox"/> Ex- StaffNursDaed	General Training - ENB - some staff went.

	StaffNursDaed	
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] -Ex- StaffNursDaed	Loss/ Bereavement - sessions were held.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] NursClt	Organised workshops etc on Daedalus. Some anxiety and excitement.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] NursClt	On secondment. Worked for several weeks on Daedalus - as practice in two degree. (8 stroke, 16 continuing care). Good care but not rehabilitative.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] -Staff NursDaed	Alert courses used to assess of sudden deterioration. ECG anxiety-fax ECG to cardiac unit.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] -Staff NursDaed	courses difficult to attend due to lack of out of hours cover
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] HC SWDaed	Cannot always go on training courses because of staffing and workload pressures. Plenty of information is available on wards for everyone. [Code A] makes sure all information is available.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] HC SWDaed	Plenty of information is available on wards for everyone. [Code A] makes sure all information is available.
Supervision & training.I2 Nursing	Site Interviews- Tuesday: [Code A] HC SWDaed	thinks patient care has improved since [Code A] come on to ward. Not all changes were welcomed at first but with hind sight, can see these have improved pt care.

Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> ENNursDaed	PDP? 10 week intro to rehab course.
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> ENNursDaed	Comm Mitt rels action?? Apply personal values. 1st time <input type="text" value="Code A"/> - do it or? sit in??
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Induction - was continuing care ward. Had continuing care & slow stream stroke. Now has fast stream stroke and general rehab. Take orthopaedic cases - fractured neck of femur & general rehab.
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	No communication courses attended by either her or colleagues.
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Takes part in Self Awareness reflective practice.
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	?? but haven't. Clinical supervision - eg given on ear syringing.
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	What other training - lob?? Ward management. How decide what you do? Form and managers.
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.

Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	If setting up 1st time, get peer advice. Step up now?
Supervision & training.I2 Nursing	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	How about new policies. <input type="text" value="Code A"/> sends them to staff.
Supervision & training.I2 Nursing	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	Has further qualifications in nursing older people (ENB 941) and has had a good access to CPD
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/>	Now that nurses have had ALERT course, able to recognise when patient becoming hypotoxic or hypertensive
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/>	Not until 99 did GWM appreciate that <input type="text" value="Code A"/> s workload becoming unsustainable.
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	interest is patient centre. Medical-Clinical Practice at University. Should be up-to-date with research. Previous holder was traditional, concerned with compliant development.
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/>	CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Training to other staff. He regards as "totally inadequate" - Doctors & Nurses become theoretical rather than practical. Training not taken seriously by the pupils, even though

		pharmacists do regard it as serious. Participate in Induction.
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Attended syringe driver/drug competency course - 98 - 01 from Dryad/Daedalus Wards.
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	IPR enable training and development removes the worry of being viewed incompetent.
Supervision & training.I2 Nursing	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Work groups - across the board and grades. It is offered but not all taken up.
Supervision & training.I2 Nursing	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	Training <ul style="list-style-type: none"> - ENB 998 – assessing and teaching clinical - ENB 931 – palliative care - ENB 932 – sexual health - Gerantological project, 6 months training once a month study day. Not learning, not at right level – others feel the same. Management has been told about this feeling. Mandatory. - Other courses able to attend – keen to update.
Supervision & training.I2 Nursing	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	Staff are trained to deal with dosages for suffering patients.
Supervision & training.I2 Nursing	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	Info. development – read journals, internet.
Supervision & training.I2 Nursing	Site Interview- Thursday <input type="text" value="Code A"/> SenStafNursSultNt	NSF older people – no discussion, no opportunity to discuss new research and effect on staffing.

Supervision & training.I2 Nursing	Site Interview- Thursday: Code A SenStafNursSultNt	Meeting – not always at right time, weeks could go by before had opportunity to discuss nursing issues.
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A Senior Personn	F Grade level work on leadership course. Good thinking predictive.
Supervision & training.I2 Nursing	Site Interview-Thursday: Code A Code A ExSisterSultan	yearly review of skills. Got talks on pain relief from Countess Mountbatten doctors and nurses-prompt response fro advice
Supervision & training.I2 Nursing	Site Interview-Thursday: Code A Code A ExSisterSultan	Study days on care of dying/leg ulcers/skin treatment
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A staffnurs SultanNt	941 care of Elder patients 931 care of cancer patients
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A staffnurs SultanNt	Sultan - palliative care - very good care training at Southampton.
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A staffnurs SultanNt	Medicine update knowledge - 2 yearly assessment by clinical manager - if not sure of drug look up in BNF - literature - pharmacist input - not aware of input.

Supervision & training.I2 Nursing	Site Interview- Thursday Code A staffnurs SultanNt	ENB 941 Elderly care. 2 nurses are F grade, 2 nurses E grade - one module. Day nurses.
Supervision & training.I2 Nursing	Site Interview- Thursday Code A PractDevlFacil	Alert training, gerentological programme. Participant Action group has two persons.
Supervision & training.I2 Nursing	Site Interview- Thursday Code A PractDevlFacil	Joint working. Automatic extend defibrillator. Hospital wide policy where should automatic defibrillator be carefully maintained. Nurses debrief after an incident. DNR? All E&D grades are trained through other funding. All Ortho staff are trained. Results empowering nurses.
Supervision & training.I2 Nursing	Site Interview- Thursday Code A PractDevlFacil	Clinical supervisor, leadership course brought reflective practice into reality. Challenging them into self-Audit. One-off action learning group around a complaint. Issues debated over - resulting in a solid action plan. Move from anger to improved thinking to change. At Petersfield, does not know about Gosport.
Supervision & training.I2 Nursing	Site Interview- Thursday Code A PractDevlFacil	Take up of gerentological training variable more positive of those need to reflective practice. At first Anti, the positive towards Action from S Gorpals, Daedalus, Dolphin Day, Sultan.
Supervision & training.I2 Nursing	Site Interview- Thursday Code A HCSW	Training/Development Goes to Clin Mgr for courses - mandatory. Other courses to ward manager. Done fine Life Support Hygiene, Lifting & handling. Done NVQ2. But retiring, 63 next year - NVQ3 available.
Supervision & training.I2 Nursing	Site Interview- Thursday Code A HCSW	Not been on courses for older people. "Communicate" - staff newsletter - talks of NSF.

		But too busy, patients need 2 to be treated rather than 1 carer. Staff nurses keep her informed - opportunistically as they cooperate on care planning. Could not name an example.
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A HCSW	Ward team "got together" to learn?? of politics or through Clin Manager at monthly meetings and other chats 3-4 x month in her office - for a few minutes at a time.
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A HCSW	No specific training to meet this behaviour - only general from trained staff. Some 2-3 pts like this on the ward at a time.
Supervision & training.I2 Nursing	Site Interview- Thursday: Code A Daed	Code A oversees practice of other nurses on wards and will use instances of whole things have gone wrong as learning opportunities to improve patient care.
Supervision & training.I2 Nursing	Site Interview- Wednesday: Code A SenSt afNursDryad	Training – ALERT course, ALERT training for teachers, five lectures, intravenous therapy theory, Defib training, Manual handling, Geratological Nurse programme.
Supervision & training.I2 Nursing	Site Interview- Wednesday: Code A SenSt afNursDryad	Personal training development – training matrix, personal job learning needs.
Supervision & training.I2 Nursing	Site Interview- Wednesday: Code A SenSt afNursDryad	Training specifically at night – informal peer teaching.
Supervision & training.I2 Nursing	Site Interview- Wednesday: Code A SenSt afNursDryad	Training courses – areas ENB 941 Caring of Elderly, Loss and Bereavement course on the job.

Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> SenSt afNursDryad	Access to training - easy access to training - speak to manager and arrange
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> StafNurseDryad	No training in rehab but ALERT course in 2001. Updates on CPR and entered defibrillation training.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> StafNurseDryad	Care nurse. ALERT course attender or staff attender.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> StafNurseDryad	Clinical supervision used to be in groups. Fizzled out, since retirement of nurse at Dolphin Day hospital.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> Cltdryad	Two meetings every week Wednesday and Friday lunchtime (held at) QA that all Drs attend Radiology conference meetings Wednesday am all Consultants attend with Radiology consultants. Opportunity to discuss problem cases. All junior Drs, SpRs, juniors and staff grade can attend.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> SenStafNursDryad	Specific to ward - learn on job. Future CG Continuing care which is every two months.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="checkbox"/> Code A <input type="checkbox"/> SenStafNursDryad	System for clinical supervision - not involved in formal manner. Aware what is going on. E grades supervise phillipino's.

Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Training in syringe driver. Personally been trained. Generally - should receive training from basic nursing - not sure of formal training at GWMH.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	As ward manager. More expertise. Development -> 1 teaching qualification, 2 Pain management course, not as reflection of care, 3 nutrition course - input from dietician weekly.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Communications - relatives. Support for staff. No formal training. Learn on job. Personal learning. Elderly care course.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Standard of care is very high. Improved by new H grade structure and training and development.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursSultan	Support from staff from H Grade nurses and St Christophers - Clinical Manager Grade G.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursSultan	Team meetings held regularly. Clinical supervision.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursSultan	Has done ALERT and Gerontological course. Action : learning in St Christopher: one full day a month.
Supervision & training.I2 Nursing	Site INterview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Training. No extra training to equip her for new duties. Physios do assessment. Very limited OT input - 1/2 hr a week.

Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Trained - yearly updates - happy with level of training.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	She has done the Alert course.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Other study events eg diabetes. But difficulty locating suitable courses. Some problems with funding.
Supervision & training.I2 Nursing	Site INterview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Feedback on your work/training needs etc? Was ongoing not set discussion. Stroke rehab team - had access to training with St Mary's team. <input type="text" value="Code A"/> MDT team working Physio provided training. - has training needs analysed in new job in community - annual appraisal - didn't happen on Daedalus (maybe one) in community every year - not always able to attend training in new job - been aware of 1998 problems - how became aware? Not until after left in 1999. Knew Trust inquiry - gave a statement, not heard back. After left told about police inquiry - was surprised.
Supervision & training.I2 Nursing	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	What good changes? NVQ2, Activity nurse - going on course - use music a lot/reminiscing.
Supervision & training.I2 Nursing	Site INterview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Worked for ?? for 8 years at GWMH. Nights on wards. Redcliffe QA/F grade Dryad 1995 Days 18M/ ?? off. Sultan E grade PT?? For 3 years. ENB care for dying, elderly with diabetes.

Supervision & training.I2 Nursing	Site Interview- Wednesday.TL <input type="text" value="Code A"/> Consult	Training oof nurses planned with possible rotation of nurses with Mulberry ward. Considered joint training in dementia with nurses in Mulberry ward.#ENDCODE
Supervision & training.I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Appraisal included development plan and training. New course next month - development and communication on palliative care.
Supervision & training.I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	New staff nurse - would train syringe driver internally.
Supervision & training.I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	New members of staff - how sure of quality of clinical work - can't be completely sure.
Supervision & training.I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Staff in general training how to communicate with patients? No.
Supervision & training.I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Do have shadowing arrangements.
Supervision & training.I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Students four years ago - now have 3 on same day.
Supervision & training.I3 AHP	Site Interview- Friday <input type="text" value="Code A"/> Pharma	<input type="text" value="Code A"/> in <input type="text" value="Code A"/> yearly. But too busy to see <input type="text" value="Code A"/> often. <input type="text" value="Code A"/> 3/7 per week. <input type="text" value="Code A"/> works part time daily.
Supervision & training.I3 AHP	Site Interview-	

	Friday <input type="text" value="Code A"/> Pharma	<input type="text" value="Code A"/> has done course at Countess Mountbatten.
Supervision & training.I3 AHP	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	She managed the change, used multidisciplinary team approach - included services such as catering/portering?? aswell as care staff.
Supervision & training.I3 AHP	Site Interviews- Monday: <input type="text" value="Code A"/>	CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education
Supervision & training.I3 AHP	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Training/supervision. Staff work towards Clinical Pharmacy diploma - at least it is on offer. Also might do Health Economics Diploma. Helps recruitment - training is funded 0.5 days a week.
Supervision & training.I3 AHP	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	At the time the doses were not considered excessive, but not in a position to comment on the appropriateness of the use in the individual case.
Supervision & training.I3 AHP	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioAss	Has done NVQ3. Haslard in-house training and aggressive behaviour training, wound training, CPR, 6 week course in counselling and community OT relative.
Supervision & training.I3 AHP	Site Interview- Thursday: <input type="text" value="Code A"/> OT	<input type="text" value="Code A"/> primarily is his manager and professional manager but he also has access to <input type="text" value="Code A"/> (Trust Professional Adviser) and more recently to <input type="text" value="Code A"/> (Senior Manager in social services SS with OT background).
Supervision & training.I3 AHP	Site Interview-	

	Thursday <input type="checkbox"/> Code A <input type="checkbox"/> OT	Next plan for restructuring his job - as of April 2002 will be seconded 2/7 per week to social services.
Supervision & training.I3 AHP	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> DT	In-service training in palliative care. My level, not always available but try to maintain ?????
Supervision & training.I3 AHP	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> DT	Narrative reasoning, informal and supervision file - caseload/block sets workload management.
Supervision & training.I3 AHP	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	Supervision arrangements-AHP Good supervision Go for a while without formal supervision-however, plenty of informal supervision Can access supervision from haslar/Q&A
Supervision & training.I3 AHP	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	Written contract of Supervision Audited supervision Criticism-did not note what area was information coming from
Supervision & training.I4 Other staff	Site Interview-Friday: <input type="checkbox"/> Code A <input type="checkbox"/> <input type="checkbox"/> Code A	members of pharmacy staff e.g. Paula, could repeat problems to Jeff and this was done in respect of Jean Dalton. Trust has attempted to handle her dismissal difficulties, sickness etc no problem with her clinical work, 'attention to detail' pension (Paula is Pharmacist who had resigned).
Supervision & training.I4 Other staff	Site Interview- Friday: <input type="checkbox"/> Code A <input type="checkbox"/> SenNursCoord	Recently AHPs have indicated a desire to take part in "Alert" course.

Supervision & training.I4 Other staff	Site Interviews- Tuesday: Code A HCSW Sult Ngt	Risk Assessment Book - regularly filled out eg during a ?? incident & violence against another HCA??
Supervision & training.I4 Other staff	Site Interviews- Tuesday: Code A HCSW Sult Ngt	We could do with more in-house training especially in dealing with aggressive & dealing. Code A is her line manager who supervises her.
Supervision & training.I4 Other staff	Site Interviews- Monday: Code A	Code A leads induction on new HCAs and staff grade doctors.
Supervision & training.I4 Other staff	Site Interviews- Monday: Code A	CPD? Well established for medical staff. For non-medical staff trying to move towards comprehensive assessment of need and approach Universities etc to provide what needed. Looking at work based education
Supervision & training.I4 Other staff	Site Interview- Thursday: Code A Sp- LangThera	Solid supervision, training, structure.
Supervision & training.I4 Other staff	Site Interview- Thursday: Code A Sp- LangThera	Training <ul style="list-style-type: none"> - In-service training schemes - Continued professional development – clinical case work, discussion groups every 2 months - Discussion groups to talk about problems. - Clinical observation groups, evaluations are conducted. - Clinical co-ordinators meet twice a year. Meet with management at Gosport, meet about standards.
Supervision & training.I4	Site Interview-	

Other staff	Thursday <input type="text" value="Code A"/> WardClerk	Admin course – not trust orientated NVQ course at Southampton. Not trust funded – did in own time whilst HCSW then decided to make change.
Supervision & training.I4 Other staff	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Training – some training with ward clerk on Dryaed. Both ward clerks were off sick at the same time.
Supervision & training.I4 Other staff	Site Interview- Thursday <input type="text" value="Code A"/> WardClerk	Customer care training – not aware.
Supervision & training.I4 Other staff	Site Interview- Wednesday <input type="text" value="Code A"/> SenStafNursDryad	Meeting/info succinct.
Supervision & training.I5 Induction	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	When GP's change or start - Induction? Induction for junior drs. In all honesty, not for the Clinical Assistants or GP's on call.
Supervision & training.I5 Induction	Site Interviews- Tuesday <input type="text" value="Code A"/> ENNursDaed	Induction? Induction Day (as HESW) at St James & follow up day.
Supervision & training.I5 Induction	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -StaffNursDeadNgt	Induction? After starting. 2 weeks at QA people go on it. Training during the day.
Supervision & training.I5 Induction	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/> :telephone	had a good induction to the ward-attended some general sessions-with core individual orientation to ward and ward procedures and policies
Supervision & training.I5 Induction	Site Interviews- Monday <input type="text" value="Code A"/>	Junior Doctors induction contains advice re referral to coroner. In cases of doubt must go

		to Code A Where death involving fractured neck of femur always discussed with coroner. To her knowledge all cases in this case were discussed with coroner.
Supervision & training.I5 Induction	Site Interviews- Monday Code A	Code A leads induction on new HCAs and staff grade doctors.
Supervision & training.I5 Induction	Site Interview- Thursday Code A WardClerk	Training – some training with ward clerk on Dryaed. Both ward clerks were off sick at the same time.
Supervision & training.I5 Induction	Site Interview- Wednesday Code A CltDryad	Don't know what went wrong before my time here.
Supervision & training.I5 Induction	Site Interview- Wednesday Code A CltDryad	Full Induction Pack from Code A
Supervision & training.I5 Induction	Site Interview- Wednesday Code A SenStafNursDryad	Induction - Code A presented. Discussed role and outcomes, future, wrote objectives. Induction day organised by Personnel.
Supervision & training.I5 Induction	Site Interview- Wednesday.MM Code A HCSWDryad	What happened when ???? Good handling/death and bereavement/NVQ2/Learnt as went along.
Supervision & training.I6 Mandatory	Site Interviews- Tuesday Code A Code A	Need for com hosp doing IC to ensure training & robust supervision.
Supervision & training.I6 Mandatory	Site Interviews- Tuesday Code A Code A StaffNursDeadNgt	Told when. Fire lecture self done.

Supervision & training.I6 Mandatory	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Training - ENB 998 – assessing and teaching clinical - ENB 931 – palliative care - ENB 932 – sexual health - Gerantological project, 6 months training once a month study day. Not learning, not at right level – others feel the same. Management has been told about this feeling. Mandatory. - Other courses able to attend – keen to update.
Supervision & training.I6 Mandatory	Site Interview- Thursday: <input type="text" value="Code A"/> PractDevlFacil	Joint working. Automatic extend defibrillator. Hospital wide policy where should automatic defibrillator be carefully maintained. Nurses debrief after an incident. DNR? All E&D grades are trained through other funding. All Ortho staff are trained. Results empowering nurses.
Supervision & training.I6 Mandatory	Site Interview- Thursday: <input type="text" value="Code A"/> OT	been on two stroke courses mandatory training- fire,CPR,updates, moving and handling and personnel responsibility
Supervision & training.I6 Mandatory	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Last 6/7 months clinical training - exp from elderly people in surgical ward from past.
Supervision & training.I6 Mandatory	Site INterview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Communications - relatives. Support for staff. No formal training. Learn on job. Personal learning. Elderly care course.
Supervision & training.I6 Mandatory	Site INterview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	4 days fine. Love job. Did some training after induction - 3 months. CPR - yearly - good at keeping up mandatory training - register training is chased up.

		I6 Planned course - able to fit them in.
Supervision & training.I7 Joint Training	Site Interview- Friday: <input type="text" value="Code A"/> manager	MDT-OTs, physio, speech & language therapist- weekly meetings. GPs sometime got to meeting particularly with regard to discharge. Not all GPs use this facility. EMI consultant sometime comes in.
Supervision & training.I7 Joint Training	Site Interview- Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Initiated post-grad. Certificate on clinical governance.
Supervision & training.I7 Joint Training	Site Interview- Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	MDT working, shared records essential, recent training essential, records not currently shared between medical and nursing staff.
Supervision & training.I7 Joint Training	Site Interview- Friday: <input type="text" value="Code A"/> Pharma	No drug training at Gosport WMH.
Supervision & training.I7 Joint Training	Site Interviews- Monday: <input type="text" value="Code A"/>	Staffing support during difficult period - we try to work with staff in a way we would like them to work with patients.
Supervision & training.I7 Joint Training	Site Interviews- Monday: <input type="text" value="Code A"/>	Felt that system sensitive enough to pick up training needs.
Supervision & training.I7 Joint Training	Site Interviews- Monday: <input type="text" value="Code A"/>	Libraries very NB - at GWM library. Facilitation trains staff to use internet. Very effective mechanisms for access into resources for training.

Supervision & training.I7 Joint Training	Site Interviews- Monday: <input type="text" value="Code A"/>	49% of budget goes on training: it's the best we can do at the present time. GWM have become a 'Learn Direct' Centre, computer based learning centre in last 3 months. Response to how to deliver more training with less money. Training matrix identifies training relative to department.
Supervision & training.I7 Joint Training	Site Interviews- Monday: <input type="text" value="Code A"/>	All staff have had personal development plans.
Supervision & training.I7 Joint Training	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> says they have 'management by consent' prefer voluntary approach to training & development, but accept that there are 'givens'. Some areas of compulsory training imposed by outside agencies.
Supervision & training.I7 Joint Training	Site Interview- Thursday: <input type="text" value="Code A"/> -Sp- LangThera	Share learning - Provide in-house training ????? training – Daedalus management training. - Sultan and Dryad will be invited for basic training.
Supervision & training.I7 Joint Training	Site Interview- Thursday: <input type="text" value="Code A"/> -Sp- LangThera	Do all staff attend? Yes very enthusiastic about doing training. On one occasion – 12 months ago only 3 attend HCSW. Attendance is lower than expected due to staff issues, staffing levels too low to cover absence. Students and newly qualified will attend and shadow during their own work time. Attend before/after shifts.
Supervision & training.I7 Joint Training	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	No benchmarking. Clinical supervision – groups, open, create a better atmosphere, people bring case histories, 1 month.

Supervision & training.I7 Joint Training	Site Interview- Thursday <input type="checkbox"/> Code A } PractDev\Facil	Training Initiatives successful in other community hospital settings, but not in Gosport apart from 1 away day in Sultan. 1 talk on self medication.
Supervision & training.I7 Joint Training	Site Interview- Thursday <input type="checkbox"/> Code A } PractDev\Facil	Joint working. Automatic extend defibrillator. Hospital wide policy where should automatic defibrillator be carefully maintained. Nurses debrief after an incident. DNR? All E&D grades are trained through other funding. All Ortho staff are trained. Results empowering nurses.
Supervision & training.I7 Joint Training	Site Interview- Thursday <input type="checkbox"/> Code A } PractDev\Facil	Guidance of junior doctors needed. Need joint training. Evidence based training important.
Supervision & training.I7 Joint Training	Site Interview- Thursday <input type="checkbox"/> Code A } PhysioA ss	Joint training all Nurses manual handling. Joint training with community friendship services. Redevelop team work. 2 CEs because getting patient home.
Supervision & training.I7 Joint Training	Site Interview- Thursday <input type="checkbox"/> Code A } OT	Examples of joint training. OT/PT have provided training to NA re: CVA positioning. He has presented various sessions to nursing staff. Joint learning - single eg. Little opportunity it would appear.
Supervision & training.I7 Joint Training	Site Interview- Thursday <input type="checkbox"/> Code A } IOT	Joint Training There were opportunities to organise sessions for joint attendance MCT training PD Training at St Mary's
Supervision & training.I7 Joint	Site Interview-	

Training	Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	Therapy services involvement in general training of other staff? -not sure if there are therapy services in general training. -involved when explaining individual case by case -involved in positioning of patient The shortness of staff limits training
Supervision & training.I7 Joint Training	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> OT	links between Elderly medicine and Mental health Elderly medicine are by case by case rather than general training.
Supervision & training.I7 Joint Training	Site Interview- Wednesday: <input type="checkbox"/> Code A <input type="checkbox"/> - SenStafNursSultan	Has done ALERT and Gerontological course. Action : learning in St Christopher: one full day a month.

<p>Compliants.J1 Trust Mgnt</p>	<p>Site Interview- Friday <input type="text" value="Code A"/> - Complaints</p>	<p>Internal process of complaints Discuss with key manager can be defused by immediate resolution with bereavement of relatives or who is going to be the investigation manager. i.e look at issue raised (key manager). Look at complaints letter or ask relevant staff. If clinical decision, discussed with <input type="text" value="Code A"/></p>
<p>Compliants.J1 Trust Mgnt</p>	<p>Site Interview- Friday <input type="text" value="Code A"/> - Complaints</p>	<p>investigation sent to complaints department at the central trust office</p>
<p>Compliants.J1 Trust Mgnt</p>	<p>Site Interview- Friday <input type="text" value="Code A"/> - Complaints</p>	<p>the cascade works downwards well. Culture there is a pattern of complaints, dealt with by manager. Confident that these are handled well. <input type="text" value="Code A"/>s door is always open'</p>
<p>Compliants.J1 Trust Mgnt</p>	<p>Site Interview- Friday <input type="text" value="Code A"/> - Complaints</p>	<p>no rating of complaints. All complaints have equal rating. Consolidative services and Independent Clinical assessment has been used. Manager from outside patch. There are facilities that could be used in key complaints such as the v.good working relationship with CHC who have been able to use Consolidatory role. <input type="text" value="Code A"/> is excellent and defuses complaints.</p>
<p>Compliants.J1 Trust Mgnt</p>	<p>Site Interview- Friday <input type="text" value="Code A"/> - <input type="text" value="Code A"/></p>	<p>Processes of system in clinical practice since 98: have been major changes in 3 areas: (11) Management of pain training related to it triggered by incidents, primarily for nurses. (12) 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.</p>

Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A] [Code A]	We try very hard to meet people in their homes to discuss complaints. We have a much more open approach now to dealing with complaints. We have introduced the principle that each H grade spends 50% of time on clinical work.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A] [Code A]	[Code A] and Medical Director had just arrived in post in 98. [Code A] didn't learn about complaints until police became involved.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A] [Code A]	"There's no major complaint about nursing that I don't get involved in".
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A] [Code A]	After complaint went to police – dealt with by [Code A] and Quality Group regarded as Medical Incident that would not happen now with incident and risk management and clinical governance.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A]	Complaints - formal learning system. Reported through individual review - [Code A] in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A]	HYPO x 3 complaints - poor customer care - now pick up? [Code A] would know through divisional review. Would pick up themes.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A]	Serious attitude problem. If formal complaints trend might not be identified. R use memory - would take up with [Code A] - see all formal complaints. Action plan ongoing, dynamic.

Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A]	Clinical Governance Panel - reviews all critical incidents down to divisions. Would begin to plan up to themes.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A]	Complaints not surprising. [Code A] and [Code A] left since. - sensitised eg. Structure - clinician engaged as before - will be confirmed in PCT.
Compliants.J1 Trust Mgnt	Site Interview- Friday [Code A]	Investigative charges? When police concerns were raised - too late to take real action. Normal practice is face to face meeting. Appointment was cancelled with [Code A] and [Code A] the day before. Role was to cooperate with police and support staff.
Compliants.J1 Trust Mgnt	Site Interviews- Tuesday [Code A]	Complaints - system to prevent recurrence. [Code A] - felt he was very difficult irrational in what [Code A] was very abusive/aggressive, [Code A] was called out, complaint received by Trust [Code A] would arrange meeting. Inv - senior memb invesig, statements - [Code A] [Code A] clerical involvement. Report - 3 weeks, letter to complainant. Meet Trust. Aggressiveness = ward staff would withdraw from complaint. Lack of communication.
Compliants.J1 Trust Mgnt	Site Interviews- Tuesday [Code A] [Code A]	Service Manager calls [Code A] when there are complaints. 5 complaints Received re three wards. Documentation of interaction with relatives has improved.
Compliants.J1 Trust Mgnt	Site Interviews- Tuesday [Code A] HC SWDaed	Feels very angry about the investigations that have been undertaken - feels they have been so unnecessary - staff on ward are excellent - "bend over backwards" to met needs of [Code A]

		<input type="text" value="Code A"/> and <input type="text" value="Code A"/> Candles were lit in her room as family were believers. Personally lent <input type="text" value="Code A"/> books etc. <input type="text" value="Code A"/> has spent her life suing people.'
Compliants.J1 Trust Mgnt	Site Interviews-Tuesday. <input type="text" value="Code A"/>	Has done this - can phone <input type="text" value="Code A"/> and would know he would help.
Compliants.J1 Trust Mgnt	Site Interviews-Tuesday. <input type="text" value="Code A"/>	Gave example of patient in EMI where relatives did not want patient to be discharged. Phoned <input type="text" value="Code A"/> who came right away and issue was resolved.
Compliants.J1 Trust Mgnt	Site Interviews-Tuesday. <input type="text" value="Code A"/>	Gave additional example of <input type="text" value="Code A"/> helping to resolve complaint.
Compliants.J1 Trust Mgnt	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Example of new good practice: management of habitual complainant whom nursing staff could not appease - With his intervention, staff more willing to engage with complainant, less defensively and more constructively: 'there's a real difference in behaviour of front-line staff who now work more cooperatively with patients and their families
Compliants.J1 Trust Mgnt	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Satisfied that trust's performance management system integrates clinical governance concerns
Compliants.J1 Trust Mgnt	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	In respect of incidents - trust knew about it from police - <input type="text" value="Code A"/> became interested when media involved but have offered help where needed.
Compliants.J1 Trust Mgnt	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Compliants. Sees role as - ensures system that works is in place. Thinks theirs does work.

		Front line staff will know what to do. Helping to get [Code A] Sees every complaint letter and signs all responses complaints team tray (letters). Sometimes will meet families.
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Code A	Three complaints - monitoring to be aware of risk events report at divisional review, director board @ trends.
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Code A	Director board - critical, risk, litigation. Near misses, annual CGR presentation from divisions. Discovered by divisions. Mounting issues -> planning and action. Lo division asked by Business Manager - come and talk to board.
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Code A	How first heard about 1998. Board meetings. Directors meeting wards? Not been deliberate. Rotate board meetings so go to different sites.
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Code A	[Code A] three this year. Reports, Action Plan and question. Divisional Review captures thread of Action Plan. No specific action.
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Code A	Whistleblowing policies, [Code A] Institutes it. "EAR available for staff?? Non-executive. "My number is in book "we look at complaint", "we would oversee it".
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Complaints Conveynor	20 convened complaints
Compliants.J1 Trust Mgnt	Site Interviews-Monday [Code A] Complaints Conveynor	[Code A] case. To get more NED involved and decided on a panel rather than a local resolution then we had to pull out because he became an MP so [Code A] was

		involved to cover for <input type="text" value="Code A"/>
Compliants.J1 Trust Mgnt	Site Interviews- Monday <input type="text" value="Code A"/> -Complaints Conveynor	Trust interestingly apologies at a very early stages of a complaint which is all part of the culture to be seen to accept responsibility.
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/>	Investigation by police "three years of torture - it seems relentless".
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/>	Awareness built up as time progressed of the three complaints together.
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/>	Dealing with complaints -> very quick changes in processes and systems.
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/>	Timing of complaints should have been considered in hindsight which may have triggered changes more sooner.
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/> -Coporate Risk Advi	Max takes personal action in complaints. Quite sad to see it go really.
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Complaints - Trust CE central officer interest in complaints - LH and 2 project officers.
Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Always taken very seriously and see as giving them a birds eye view - to learn lessons and how to get better.

Compliants.J1 Trust Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> - right to go for <input type="text" value="Code A"/> in final letter - "careful" how did that. - acknowledgment letter and leaflet.
Compliants.J1 Trust Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> -Sp- LangThera	Complaints. Complaint sheet, line manager and feedback mechanism.
Compliants.J1 Trust Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Trust had no investigation.
Compliants.J1 Trust Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> SenStafNursSultNt	Trust sent letters about police, not aware of allegations, read 6 pages, solicitors, time and dates.
Compliants.J1 Trust Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> PractDevlFacil	Complaint issues inferred discussed. Not individual issues. Two meetings of Clinical Network Group - mainly verification of guidelines.
Compliants.J2 Ward Mgnt	Site Interview- Friday: <input type="text" value="Code A"/> - Complaints	If discrepancy, both staff report and complaint sent to relatives. Staff may need to sign letter,. Sometimes additional matters e.g. apologies are addressed.
Compliants.J2 Ward Mgnt	Site Interview- Friday: <input type="text" value="Code A"/> - Complaints	If there is a 'difficult complaint' tactic 'Do our best not to get involved'- try to be as patient as possible-try to manage as effectively as we can.
Compliants.J2 Ward Mgnt	Site Interview- Friday: <input type="text" value="Code A"/> Complaints	Complaint letter should be positive and concerning about complaint and complainant thanked.

Compliants.J2 Ward Mgnt	Site Interview-Friday.Text Code A -SenNursColW	Code A fills in umpteen-knows will not be given more staff.
Compliants.J2 Ward Mgnt	Site Interviews-Tuesday. Code A	Complaints - system to prevent recurrence. Code A felt he was very difficult irrational in what Code A was very abusive/aggressive, Code A was called out, complaint received by Trust. Code A would arrange meeting. Inv - senior memb invesig, statements - Code A Code A clerical involvement. Report - 3 weeks, letter to complainant. Meet Trust. Aggressiveness = ward staff would withdraw from complaint. Lack of communication.
Compliants.J2 Ward Mgnt	Site Interviews-Tuesday. Code A Ex-StaffNursDaed	Complaints/Customer Care - she did not do it at GWMH, but Trust had a course available.
Compliants.J2 Ward Mgnt	Site Interviews-Tuesday. Code A Staff NursDaed	Having a laminated board for good or bad comments' meals are always hot'
Compliants.J2 Ward Mgnt	Site Interviews-Tuesday. Code A HC SWDaed	Feels very angry about the investigations that have been undertaken - feels they have been so unnecessary - staff on ward are excellent - "bend over backwards" to met needs of Code A Code A and Code A Candles were lit in her room as family were believers. Personally lent Code A books etc. Code A has spent her life suing people.'
Compliants.J2 Ward Mgnt	Site Interviews-Tuesday. Code A LdClT	Often knew patients well and so was able to explain treatments and ways forward.
Compliants.J2 Ward Mgnt	Site Interviews-Monday. Code A -Complaints	The complaint messages did not match any trends of healthcare being experienced in those

	Conveynor	three wards.
Compliants.J2 Ward Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/>	1998 - Incidents Made aware through divisional review process as complaints.
Compliants.J2 Ward Mgnt	Site Interviews- Monday: <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	Experience of round table meetings when can agree to differ.
Compliants.J2 Ward Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> -Sp- LangThera	Incidences of some tension between relatives and nurses where family are not happy but not on ward long enough to definitely confirm this.
Compliants.J2 Ward Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> staffnurs SultanNt	Care - what if someone complains - document nursing notes - complaints - GP - complaints - formal process - informal - response food, lack of physio
Compliants.J2 Ward Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> HCSW	Complaints - Mentions son complaining because a drip was taken down. Then she died. Trained staff explained.
Compliants.J2 Ward Mgnt	Site Interview- Thursday: <input type="text" value="Code A"/> - WardClerk	Complaints – senior nurse deals with. Informal – washing, tea late, paper arrives – domestic housekeeping. No process for documentation. No feedback. Patients have booklets to suggest changes.

Compliants.J2 Ward Mgnt	Site INterview- Wednesday. [Code A] StafNurseDryad	Whistle-blowing good arrangements up line. Monthly ward meetings.
Compliants.J2 Ward Mgnt	Site INterview- Wednesday. [Code A] Porter	No-one spoke to porters re. Any input into [Code A] complaint. Was not involved in Trust investigation. Re. [Code A] feels problems generated from [Code A] witnessing staff not meeting [Code A]'s needs. Feels no substance in allegations, but arose from uncaring staff attitudes.
Compliants.J2 Ward Mgnt	Site INterview- Wednesday.MM [Code A] HCSWDryad	Complaints - what's the system. If someone complains to her - offer to help and then ask if can take further. Covered in NVQ training.
Compliants.J3 Trust lessons	Site Interview- Friday [Code A] - Complaints	Handling complaints - Has it changes? Could the [Code A] complaint have been handled differently? No specific changes, relies on 'gut feelings' about a case. Bereavement cases are the hardest. [Code A] often writes suggestions for diffusion, widely accepts that things may be modified.
Compliants.J3 Trust lessons	Site Interview- Friday [Code A]	Complaints - formal learning system. Reported through individual review [Code A] in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.
Compliants.J3 Trust lessons	Site Interview- Friday [Code A]	Learning point in that process pattern not easily discernible. - different wards - more critical analysis of all complaints - now would be subject to critical incident review

Compliants.J3 Trust lessons	Site Interview- Friday [Code A] Senior Diet	In this instance member of staff went into hospital lost weight and went to broadsheets – instigated policy.
Compliants.J3 Trust lessons	Site Interviews- Tuesday [Code A] [Code A]	Complaints - Learning from complaints - did a poster presentation with the complainant - jointly.
Compliants.J3 Trust lessons	Site Interviews- Tuesday [Code A]	Sort out complaints. 1/4 divisional review. [Code A] 'closing the loop' write every 1/4 about what was done to prevent complaint has happening again.
Compliants.J3 Trust lessons	Site Interviews- Tuesday [Code A]	[Code A] - very persistent in 'closing the loop'.
Compliants.J3 Trust lessons	Site Interviews- Tuesday [Code A]	[Code A] feels 98 + prior 'closing the loop' was not quite being completed in terms of complaints.
Compliants.J3 Trust lessons	Site Interviews- Tuesday [Code A] Mgr	All have had complaint training. "The nurses most in need of training & communication are least likely to receive it". May struggle to understand or communicate with patients or relatives. Is there compulsory training? Not aware of any.
Compliants.J3 Trust lessons	Site Interviews- Tuesday [Code A] Ex- StaffNursDaed	Complaints/Customer Care - she did not do it at GWMH, but Trust had a course available.
Compliants.J3 Trust lessons	Site Interviews-Monday.07.01 [Code A]	Example of new good practice: management of habitual complainant whom nursing staff

		could not appease - With his intervention, staff more willing to engage with complainant, less defensively and more constructively: 'there's a real difference in behaviour of front-line staff who now work more cooperatively with patients and their families
Compliants.J3 Trust lessons	Site Interviews-Monday.07.01 Code A	For very difficult ones - Gave example of Gosport problems - 2 relatives concerned came for open evening with cameras and press. took chance to speak to relatives (Code A) Code A and Code A. At end Code A thanked him for way trust had handled complaint.
Compliants.J3 Trust lessons	Site Interviews-Monday.07.01 Code A	Also used example of families with special needs children. He had personal experience of using NHS so can appreciate family's perspective.
Compliants.J3 Trust lessons	Site Interviews-Monday.07.01 Code A	Quality service reviews offers opportunity to check on action plans and implementation. Board also receives quarterly report and there is evidence of 'audit trail' of complaint cycle.
Compliants.J3 Trust lessons	Site Interviews-Monday Code A-Complaints Conveynor	Complaints added back to CEO for local resolution with action list. Feedback about sent back complaints.
Compliants.J3 Trust lessons	Site Interviews-Monday Code A-Complaints Conveynor	Formally reports would be viewed at board.
Compliants.J3 Trust lessons	Site Interviews-Monday Code A-Complaints Conveynor	Learning points were being followed.
Compliants.J3 Trust lessons	Site Interviews-	

	Monday: <input type="text" value="Code A"/> -Complaints Conveynor	Board would recognise trends that may need actioning.
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	Awareness built up as time progressed of the three complaints together.
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	Very good at ID issues - but weak point would have been closing the loop but this was resolved with clinical governance.
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	What is learnt from complaints? Main issues have been: communication, end of life, nutrition/feeding, resuscitation
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	Communication. Devine complaint - communication was an issue. Relative's perception of care received is the most important issue.
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	Did the events of 98 change the way personnel managed staff development?
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	However, events did not change the process of identifying training needs.
Compliants.J3 Trust lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	Best eg of directors responding to front line problems learning disability homes.
Compliants.J3 Trust lessons	Site Interview- Thursday: <input type="text" value="Code A"/> HA	Other? Mental Health Patient from Haslar for Trauma & Orthopaedics investigation murdered by husband. Investigation OK.

Compliants.J3 Trust lessons	Site Interview- Wednesday: <input type="text" value="Code A"/> Porter	Does not feel any suggestions made to managers would be listened to.
Compliants.J4 Ward lessons	Site Interview- Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	After complaint went to police – dealt with by <input type="text" value="Code A"/> and Quality Group regarded as Medical Incident that would not happen now with incident and risk management and clinical governance.
Compliants.J4 Ward lessons	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Incidents - looks at specific incidents
Compliants.J4 Ward lessons	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Support of nurses. Barbara inservice training. Comms & written communications & review of medical notes.
Compliants.J4 Ward lessons	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Written communication - nurse/write up notes on meeting relatives and next shift would know what has been communicated. - Identify next of kin.
Compliants.J4 Ward lessons	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Thus new communication has made a difference.
Compliants.J4 Ward lessons	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints Conveynor	4 from complainants
Compliants.J4 Ward lessons	Site Interviews- Monday: <input type="text" value="Code A"/>	Have learned from complaints to be more frank about drugs.

Compliants.J4 Ward lessons	Site Interviews- Monday Code A	Very good at ID issues - but weak point would have been closing the loop but this was resolved with clinical governance.
Compliants.J4 Ward lessons	Site Interviews- Monday Code A Code A	Communication with rep and documenting communication. -> number of formal / informal training sessions. Training on demand - local management working with ward teams. Any training targeted on these three wards -not sure.
Compliants.J4 Ward lessons	Site Interview- Thursday Code A PractDev\Facil	Complaints. Good example with lessons from Petersfield but unable to report on how and whether learning from complaints has happened at Gosport.
Compliants.J4 Ward lessons	Site Interview- Thursday Code A PractDev\Facil	In Gosport - Dolphin Day Unit. Patient delighted with hospital facilities. Away Day Sultan Philosophy exercise. Priorities - changes IV ??? training. In Daedalus poorly attended. Action management group/talks on self medication ??? Nurses in Away day Out patient day forum facilities eg. computer skills, DNA for OPD appointments, medical training awareness of National Service Frameworks. Introduced automatic extend defibrillator. Tools group multidisciplinary. Bed rail audit worked with H grade elderly people. Documentation etc.
Compliants.J5 Training	Site Interview- Friday Code A - Complaints	No specific training in complaints
Compliants.J5 Training	Site Interview- Friday Code A SenNursDayWard	Training with dealing with families eg. working with patients who are dismissive – physical and verbal contact.
Compliants.J5 Training	Site Interviews-	

	Tuesday <input type="text" value="Code A"/> Mgr	All have had complaint training. "The nurses most in need of training & communication are least likely to receive it". May struggle to understand or communicate with patients or relatives. Is there compulsory training? Not aware of any.
Compliants.J5 Training	Site Interviews- Monday <input type="text" value="Code A"/> Complaints Conveynor	Learning points were being followed.
Compliants.J5 Training	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Communication with rep and documenting communication. -> number of formal / informal training sessions. Training on demand - local management working with ward teams. Any training targeted on these three wards - not sure.
Compliants.J5 Training	Site Interview- Thursday <input type="text" value="Code A"/> PractDevlFacil	Complaint issues inferred discussed. Not individual issues. Two meetings of Clinical Network Group - mainly verification of guidelines.
Compliants.J5 Training	Site Interview- Thursday <input type="text" value="Code A"/> HCSW	No training for complaints.

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<p>Clinical Governance.K1 Trust arrangements</p>	<p>Site Interview-Friday <input type="text" value="Code A"/> manager</p>	<p>'Rogue Doctors' talked to directly, otherwise Chairman of Local medical council and <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>
<p>Clinical Governance.K1 Trust arrangements</p>	<p>Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Processes of system in clinical practice since 98: have been major changes in 3 areas: (9) Management of pain training related to it triggered by incidents, primarily for nurses. (10) 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.</p>
<p>Clinical Governance.K1 Trust arrangements</p>	<p>Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Initiated post-grad. Certificate on clinical governance.</p>
<p>Clinical Governance.K1 Trust arrangements</p>	<p>Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.</p>
<p>Clinical Governance.K1 Trust arrangements</p>	<p>Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.</p>
<p>Clinical Governance.K1 Trust arrangements</p>	<p>Site Interview-Friday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.</p>
<p>Clinical Governance.K1 Trust</p>	<p>Site Interview-</p>	

arrangements	Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	After complaint went to police – dealt with by <input]="" and="" as="" clinical="" governance.<="" group="" happen="" incident="" management="" medical="" not="" now="" quality="" regarded="" risk="" td="" that="" type="text" value="Code A" with="" would=""/>
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	Massive piece of work in terms of audit in Gosport - next step analysis of work.
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	Complaints - formal learning system. Reported through divisional review - <input -=""]="" action="" closed="" divisional="" in="" in.="" indicators="" info.="" loop="" performance="" plan="" reports="" service.<="" td="" the="" type="text" ushered="" value="Code A"/>
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	<input -="" <input=""]=""]<="" and="" areas.="" by="" circulated="" critical="" divisional="" for="" group.="" handover="" in="" incidents="" incidents.="" info.="" lead="" lever="" process="" really="" review="" supported="" td="" to="" type="text" value="Code A"/>
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	How to ensure safe practice? Huge raft of ways if not safe eg. results from audits.
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	Risk reporting introduced in 1999. Trigger <input -=""]="" at="" complaints.<="" fill="" in="" one="" td="" type="text" value="Code A" would=""/>
Clinical Governance.K1 Trust arrangements	Site Interview-Friday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	members of pharmacy staff e.g. <input 'attention="" (<input="" ,="" <input=""]="" and="" attempted="" clinical="" could="" detail'="" difficulties,="" dismissal="" done="" etc="" had="" handle="" has="" her="" in="" is="" no="" of="" pension="" pharmacist="" problem="" problems="" repeat="" resigned).<="" respect="" sickness="" td="" this="" to="" trust="" type="text" value="Code A" was="" who="" with="" work=""/>
Clinical Governance.K1 Trust	Site Interview-Friday: <input type="text" value="Code A"/>	

arrangements	Code A	Pharmacists book for existence of guidance, and whether they are being adhered to by prescribers
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	pharmacists do review scripts but have infrequent (meetings)? With sole doctors e.g GPs notes are left, but pharmacist do record on interventions.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	there are national conventions/guidelines-try to work within them. Wesswx pharmacists work within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	Confidence in systems to pick up errors in prescribing 5/10
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	Would like IT system to capture data e.g hand held help analysis Its presented BCs for improving pharmacy IT.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	Enough leadership roles - Broadening Of Clinical Governance balance with softer end. Improvement is patchy, but in every part of the hospital.
Clinical Governance.K1 Trust arrangements	Site Interview-Friday Code A	Front line staff are much more evidence based and reflective. Goes to therapy appraisals

Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	Patient care experience should have clear pathway of care. Clinical governance will be collection of Trusts - over a wide area.
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/>	Would be flabbergasted if whistle blowing would not be fully operational. Was in place in 1998.
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	What other priorities? Now looking at (3) drug administration with audit team (4) documentation Had away day in June 01 and others flagged up.
Clinical Governance.K1 Trust arrangements	Site Interview- Friday: <input type="text" value="Code A"/> SenNursCoord	Were going to look at document audit, but waiting to see if it becomes a benchmark tool for essence of care.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Aims - develop nursing staff, 5 clinical governance groups, reflecting?? Sites and function - she runs a monthly group - includes Pharmacy/Chaplain. Also does Bed management.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Whistle blowing - national feeling generated need - 1yrs to create policy - circulated in draft to nurse - policy was created to, open culture - has worked in other units - Q&A Philipinos=racial tension b/w south Africans & Philipinos. 3 wards.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> i-Gen	Risk management - chair offered it ??? committee. All critical incident forms received ??.

	Mgr	No example.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	?? Review around risk assessment process. Health ?? ?? 7 - 9's (scale 1 to 9) 1 year old no examples given. No risk assessment example ?? dates to potential complaint. ?? complained re plastic ???
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Service Manager calls <input type="text" value="Code A"/> when there are complaints. 5 complaints received re three wards. Documentation of interaction with relatives has improved.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Whistle blowing - "should be good". Cannot give an example. Possible whistle blow for nurses.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Critical incidents some over reporting? Assaults - no example given except nurse "found on floor" recently.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> Mgr	Quality manager. Takes care of Clinical Governance. No longer report to <input type="text" value="Code A"/> - Regular monitoring through Divisional Reviews. Pointers for the future. 1. Intermediate care - 2. Elderly services more closely integrated - 3. Career structure improved.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> NursClt	Care pathway? Have an organisational pathway. Have guidelines (yellow manual). Audit use National Central Audit. Other wards: occasion contact eg needing advice.

Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Whistle blowing could ring consultants at Q&A.
Clinical Governance.K1 Trust arrangements	Site Interviews- Tuesday <input type="text" value="Code A"/>	Efforts are being made to ensure clinical governance framework is taken forward in new organisation.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	How does he know the hospital is safe now? He has made major changes in last couple of years; quality management system used to be very paper-driven with little impact on the wards and noone leading the job with the time to do it properly (nurse director used to have responsibility in addition to her other roles). Now have whole new QMS with responsibility shared by senior management
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	<input type="text" value="Code A"/> appointed to ensure evidence-based good practice introduced and integrated into clinical practice; now he is confident that clinical practice on the wards is safer : getting direct feedback of this through network set up by Eileen throughout the trust
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	<input type="text" value="Code A"/> has 'uncovered some very uncomfortable things'
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	What about audit? No formal scoring system for wards on quality indicators; however try to establish minimum safety level through skill mix reviews, better monitoring of sickness and absence & recruitment and retention.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Have invested much time in developing risk management systems to minimise mishaps; when warning signs that things getting bad (eg in winter pressure periods) focused review of elderly medicine was instigated; review found that trust falling below safe staffing

		levels so triggered action plan which included closing beds and recruiting more nurses from overseas
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday.07.01 Code A	In terms of clinical governance - 10 year cycle - believes trust well on way.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday Code A Code A	Code A leads for clinical governance; have regular informal meetings to discuss; research committee started to help with CG work
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday Code A	He is Clinical Governance lead - initially he held series of workshops and his consistent theme is that Clinical Governance is about how clinicians/staff practice and to increase quality of care and the Trust's role is to facilitate process.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday Code A	Decided to keep Clinical Governance Panel as small as possible but also have the: CG Reference Panel = Membership = Non-Executive and Executive Director, Consultants, all Nurses with CG responsibility, all pool Heads, CHC Chair, IT Director. Met x 5 in workshop mode to spread message, encourage ownership.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday Code A	Each Division has quarterly Reviews and use this existing vehicle to monitor is always first agenda item.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday Code A	CG activities - Code A or Code A are either (or both) members of various relevant panels.
Clinical Governance.K1 Trust arrangements	Site Interviews-Monday Code A	District Audit - not sure of details - identified various needs that CG Agenda that came in

		subsequently addressed.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/>	R + D activities quite small - he is Trust's R + D <input type="text" value="Code A"/> @ £17,000 per annum -> SpR or Physio as example.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/>	Clinical Audit eg Elderly Medicine at Gosport eg 1999 Neuroleptic prescribing sentinel stroke in top 10% x 2. Programme always includes reaudit.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/>	Good Stroke service within District - how is good practice spread. 5 CG groups within Elderly Medicine, - acute, rehab, continuing care, district hospital, community hospitals, both include Gosport, Fareham and Petersfield.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Adv	Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Adv	Taps into Trust seminars, ALARM - Trust is member, S + W Risk Managers Consortium - 18 Trusts - set up when bought insurance, offers Risk Profiling Course - wants to do.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Adv	Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Adv	She holds central register of Risk Assessors per area and she provides training and refresher courses.

Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Advi	Clinical Incident Reporting. Low, Middle, High and Critical plus near miss options at all levels, includes drug error.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Advi	CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Advi	Whistleblowing policy. Any member of staff can go to any Manager to report. Wrote article in 'Communicate' that if not happy to report through reporting system could report to whistleblowing eg pregnant staff / change of duties concerns can be reported to non Executive.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> Coporate Risk Advi	Database since Jan 1999. Falls / found on floor @ 50%. Lead to 3 falls GPs being established. EMI @ St James, Elderly Medicine, Community, but also raised awareness so number of incidents actually rose.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	System where was a sig action plan - followed by quarterly meeting should say had done it - if not why not.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Trust board meetings presented complaints rep - private part would ? by Trust Board members around high level complaints and summary of others. Trust board are proactive.
Clinical Governance.K1 Trust	Site Interviews-	

arrangements	Monday [Code A] [Code A]	How do nurse and Medical Directors fit in? - were there for advice - complaints team cross reference with [Code A] and Medical Director and Nurse Director where appropriate.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday [Code A]	Whistle blowing: it's a safety value - V NB but don't often get to Director level - no eg of cases in which whistle blowing has gone up to Board.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday [Code A]	Discussion of quality issues by board - mainly through clinical governance panel. Divisional presentations to board on regular basis, particularly when hot issue (eg Dryad & Daedulas). In past, GWM was one of the most poorly staffed. Aspired to goal of 60% qualified & 40% unqualified staff.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday [Code A]	How does [Code A] ensure more modern HR policy being delivered? Staff survey. Audit of induction & performance review. Measures to ensure essential staff development/ training delivered.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday [Code A]	Unable to give any eggs of Trust requiring staff to attend training as, because of a response to complaints or identified poor practice.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday [Code A] Clin Risk Advisor	Doing it for one year. Before that was recruitment and risk, now WAL W Hampshire NHS Trust specialising in Mental Health (RMN background).
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday [Code A] Clin Risk Advisor	Previous risk advisor went off sick. Trust had "care key" software - several years. He developed the data base to a usable form.

Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	Screen adverse forms, classify, grades them, discusses / disputes severity rating. Near miss, Actual - severity grading. Grades - number / service/type / divisional reports to managers of divisions. Can get more refined detail. System is slick, can provide trend analysis, find risky times of day.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	Eg 1 Clinical audit request data eg on FALLS, timing or drug round, use of hip protectors.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	Division request detail of drug management errors. Can search by name / number/ Dob etc.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	Enter into Care Key then sorted by Access to Clin gov groups.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	Many more beds at GWMH - so more incidents. On a prorata basis - slightly lower than average.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	With W Hampshire from 12.11.01. Director of Nursing at GWMH buys him back at 1 day per week to check data input accurately and advise on how to use system.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk Advisor	He had to deploy considerable IT skills to make system work. Other trusts use Ulysses system.
Clinical Governance.K1 Trust arrangements	Site Interviews- Monday: Code A Clin Risk	He feels reports/ information is used, read, people including Code A of Trust react to it.

	Adivsor	Can demonstrate favourable trends denoting effective action.
Clinical Governance.K1 Trust arrangements	Site Interview- Thursday. <input type="text" value="Code A"/> GP	???? development - no consultation.
Clinical Governance.K1 Trust arrangements	Site Interview- Thursday <input type="text" value="Code A"/> GP	Period of osmosis over the years.
Clinical Governance.K1 Trust arrangements	Site Interview- Thursday <input type="text" value="Code A"/> PractDevlFacil	Has wide remit in her role of Clinical Governance - not much in corporate. Sees <input type="text" value="Code A"/> <input type="text" value="Code A"/> on general matters only every 3 months. Toni might raise training needs of staff in ad hoc way.
Clinical Governance.K1 Trust arrangements	Site Interview- Thursday <input type="text" value="Code A"/> PractDevlFacil	Meets with <input type="text" value="Code A"/> regularly.
Clinical Governance.K1 Trust arrangements	Site Interview- Wednesday <input type="text" value="Code A"/> SenStafNursSultan	Risk incident forms filled in for any untoward incidents eg theft. System does respond. Copies go to occupational therapy - good feedback.
Clinical Governance.K1 Trust arrangements	Site Interview- Wednesday.TL <input type="text" value="Code A"/> C onsult	Chaired Clinical Governance Group (Acute). Feeds into service meetings - <input type="text" value="Code A"/> <input type="text" value="Code A"/> Clinical Governance groups stroke. Day Hospital Rehab Continuity Care. Appraised by <input type="text" value="Code A"/>
Clinical Governance.K1 Trust arrangements	Site Interview- Wednesday.TL <input type="text" value="Code A"/> C onsult	In charge of Acute Clinical Governance group meeting of those involved - Clinical Governance work as a team. Service planning meeting chaired by <input type="text" value="Code A"/> Meets monthly. Stroke, Rehab, Day Hospital, Acute, Continuity Care, Clinical Governance Group.

Clinical Governance.K1 Trust arrangements	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Clinical governance. Brilliant on paper. Cannot live up to it.
Clinical Governance.K2 Ward arrangements	Site Interview- Friday. <input type="text" value="Code A"/>	Blockages to change - choices - culture of ward levels. More objective blockages than culture. There's no such thing as "open culture". Difference in culture and beliefs between three wards.
Clinical Governance.K2 Ward arrangements	Site Interview- Friday. <input type="text" value="Code A"/> SenNursCoord	Now assess your getting skills you need/want? Observing, action learning, clinical governance groups. In Daedalus all F16 grades have acute learning groups.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> Mgr	Increasing number of patients arriving with degree of dementia.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> HCSW Sult Ngt	<input type="text" value="Code A"/> has never been directly involved in a near miss, ??? witnessing or recording it.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> HCSW Sult Ngt	<input type="text" value="Code A"/> would feel confident about reporting concerns about conduct of performance of colleagues to staff nurse.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/> Ex- StaffNursDaed	Concerns about Colleague's Performance? Would talk it over with a colleague - policy was available. Culture did enable this:
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/>	Clinical Governance GP (x3). How do you check changed practice: Mentors revised

	NursCl	workshops. Mentor in clinical area.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	?? all aren't incident ??. filled one in last week for pt who fell. Forms go off to <input type="text" value="Code A"/> who collates them. Patient was reassessed in this instance.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> ENNursDaed	New misses? Risk event form. Never done it.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> ENNursDaed	Policies? Made aware of it - not sure how well informed about things.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Risk forms received for falls, short staffed, (causing patient risk). Care plans raised for all patients. Patient centred.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	Aware of Clinical Governance.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	Untoward incidents: what policy? Risk assessment form - then to <input type="text" value="Code A"/> New form; for all occasions completed a few. Get feedback - no but nothing major.
Clinical Governance.K2 Ward arrangements	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	New policies sent out and memo from <input type="text" value="Code A"/>
Clinical Governance.K2 Ward arrangements	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> telephone	has not had an appraisal or little part in clinical supervision but thinks there are plans in place for its to happen. Has audited case notes.

Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A] [Code A]	Trust had developed strategy for risk reporting
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A]	Team have own clinical governance service plan - with lead consultants ie GWMH - F + G Team Management. Consultant engaged on CG Team (nurses involved CG nursing) -> Clinicians attend formal reviews -> Clinicians present papers.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A] -Coporate Risk Advi	When form completed - by any member of staff -> goes to manager responsible for that area who is responsible for completing action plan / taken and then -> service manager who validates severity and can take overview of trends. Forms then to [Code A] Or [Code A] not split bet non clinical and clinical risk - both involved in reviewing.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A] -Coporate Risk Advi	Quarterly Reports ([Code A] and [Code A] produce) sent to Trust, Service Managers, should go to wards.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A] -District Nurse	Whistleblowing and supervision used very positively among DN's.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A] -District Nurse	Lady on B12 injections - went into acute. Not aware - came for rehab - GWMH. Not aware - [Code A] rang to remind about injection system - failed.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday, [Code A] -Clin Risk Advisor	Medicines management

Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <input type="checkbox"/> Code A -Clin Risk Adivsor	Culture was for over-reporting, eg drug errors were not all "errors". Eg getting noon drug at 13:00 hrs because delayed in therapy. Others - wrong time or wrong drug.
Clinical Governance.K2 Ward arrangements	Site Interviews- Monday <input type="checkbox"/> Code A -Clin Risk Adivsor	Division request detail of drug management errors. Can search by name / number/ Dob etc.
Clinical Governance.K2 Ward arrangements	Site Interview-Thursday <input type="checkbox"/> Code A <input type="checkbox"/> Code A ExSisterSultan	Sultan No complaints about treatment, which was already established. Complaints about loss of property and allied matters She would reassure relatives after death that they had looked after their relative well. that carers do a wonderful job and staff have tried to support them
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <input type="checkbox"/> Code A staffnurs SultanNt	Risk events feedback. Tends to be the same person so verbal feedback.
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <input type="checkbox"/> Code A PractDevlFacil	Complaints. Good example with lessons from Petersfield but unable to report on how and whether learning from complaints has happened at Gosport.
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <input type="checkbox"/> Code A PractDevlFacil	Has done no Critical handling review in Gosport. Staff must make decisions to change. 7 multidisciplinary meetings not very effective.
Clinical Governance.K2 Ward arrangements	Site Interview- Thursday <input type="checkbox"/> Code A physioA ss	Doing risk assessment MDT. More apprehensive about CHI

Clinical Governance.K2 Ward arrangements	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Surveys on wards do not involve physio. Stepstones good as it gets.
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Clinical risk reports: Has never filled in any of them - leave it to nursing staff here.
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	He does ask nurses to fill in risk event forms were necessary.
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/> StafGradePhysi	Agrees that there have been instances of adverse incidents (while he was at departmental meetings at QA) in which he should have completed report but did not (eg patient falling out of bed and becoming distressed).
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/> SenStafNursSultan	Risk incident forms filled in for any untoward incidents eg theft. System does respond. Copies go to occupational therapy - good feedback.
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Whistleblowing - would you feel comfortable with policy. I would have to have go at sorting it myself first - would discuss / warn but if observed again would then go to Manager.
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/> StafNursDryad	Any experience? Not gone to senior, but have taken colleague aside and said practice inappropriate was not anything too severe.
Clinical Governance.K2 Ward arrangements	Site Interview- Wednesday: <input type="text" value="Code A"/>	Critical incident form. Fills them in, frequently for falls, or if short-staffed. Need time to

	ENNursDryadNt	provide care.
Clinical Governance.K2 Ward arrangements	Site INterview- Wednesday <input type="text" value="Code A"/> ENNursDryadNt	Response to Risk forms. Short staffed even through forms are filled in but skill mix review resulted in extra staff.
Clinical Governance.K2 Ward arrangements	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	What do if felt not good practice on ward? Eg. care/attitude. Would respond to team leader <input type="text" value="Code A"/> handled well and resolved the situation.
Clinical Governance.K2 Ward arrangements	Site INterview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Reflective practice - patient falls - assess on floor - incident - reflect on wrong choices
Clinical Governance.K3 PCT arrangements	Site Interviews- Tuesday <input type="text" value="Code A"/>	Efforts are being made to ensure clinical governance framework is taken forward in new organisation.
Clinical Governance.K3 PCT arrangements	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	However, his priority over the past year is to arrange a smooth handover to the PCT so haven't had time to go on wards very much
Clinical Governance.K3 PCT arrangements	Site Interviews- Monday <input type="text" value="Code A"/>	<input type="text" value="Code A"/> will stay with Fareham and Gosport after PCT gets going.
Clinical Governance.K3 PCT arrangements	Site Interviews- Monday <input type="text" value="Code A"/>	She does day hospital popular weekly clinic on top of QA duties and GWM work

Clinical Governance.K3 PCT arrangements	Site Interviews- Monday Code A -Corporate Risk Advi	CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.
Clinical Governance.K3 PCT arrangements	Site Interviews- Monday Code A Code A	Jan 2001 - corporate governance. What carry on doing and what PCT's needed to do themselves eg assessment of complaints.
Clinical Governance.K3 PCT arrangements	Site Interviews- Monday Code A -District Nurse	Bad practice -> according to CGR 1, discuss at ward level, ward management. 2, GP. Feel strongly about bad practice. 3, near miss form / risk form.

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Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Daedalus-món-3.25pm-Hando-mm	Telephone passed the visitor unable to come to phone.
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	Patients addressed by name (both first and surnames- mostly surnames)sometimes by staff approaching from behind and then bending over patient.
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	One patient came out of sideward and asked me if I was ok-worried I was lost-advised by nurse not to walk around without slippers.
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	All staff acknowledged our approach saying good morning etc.
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Dryad-Wed-7.50am	Friendly ward. Very good staff patient interaction. All patients appropriately fed breakfast from 7.50am. All patients in bed but a continuing care ward, therefore probably acceptable. Radio on for "Code A who loves music". TVs were on but patients were all in bed. No drug administration seen.
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Dryad-Wed-8.20-breakfast	No one in lounge. T.V on. One patient being helped to walk by Nurse
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Dryad-Wed-8am-break-jw	All staff welcomed us, addressed patients appropriately
Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Sultan-Mon-4pm	Bells are by every bed but not always in evidence. No patients in lounge. Table not laid.

Quality Indicators.C1 Staff attitude	Site Interviews-Observation.Sultan-Thurs-4pm	Bells are by every bed but not always in evidence. No patients in lounge. Table not laid.
Quality Indicators.C3 Access to services	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	No access to <??> boxes.
Quality Indicators.C3 Access to services	Site Interviews-Observation.Daedalus-mon-3.25pm-Hando-mm	Handover did not take place. Took place at 1pm. One nurse only handover observed by MM at 3.30. Bells: Emergency bell, are not? Ordinary bells. Some seen by some of the beds in the wards. No T.V. Ward Radio - T.Vs but not on. Good infection control facilities, gloves are worn by all trained staff. T.V in single room
Quality Indicators.C3 Access to services	Site Interviews-Observation.Dryad-Wed-8.20-breakfast	Watered breakfast - all patients in bed. One being appropriately fed. Two Phillipine nurses. One being instructed in medicine distribution by Tori Scarrell? Language problem.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm-Code A	Service transferred to Haslar
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm-Code A	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
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm-Code A	GPs deputising service get annoyed - some of them do. If in the area can be 15 minutes or if not, 4-5 hours.

Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	GOSDOC used to be based on site - transferred to Healthcall - looks after Portsmouth.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	<input type="text" value="Code A"/> not aware if a <input type="text" value="Code A"/> doctor is on or not "marvellous is one of them is on".
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	GWMH 5pm - 9am COSHAM DEPUTISING SERVICE. Receptionist - takes details, then doctor rings back, can take some hours. On one occasion have had to do 999 and doctor never got there.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	On a few nights <input type="text" value="Code A"/> 's practice docs will take the call.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	SULTAN ward - ring patients own GP - usually referred on to Healthcall.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	Deadelus/Dryad phone <input type="text" value="Code A"/> and 9 tries out of 10 referred to on to Healthcall.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	Maternity under ST Mary's but GP beds.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	MULBERRY - <input type="text" value="Code A"/> Practice. Out of hours - usually Healthcall for medical problem. If Psych. Then ring The Meadows where psychiatrists are.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards-Wed-10pm-12pm- <input type="text" value="Code A"/>	Staff reported difficulties of getting medical cover at night on some occasions. This

		happens mostly when out of hours is being covered by GP deputy services.
Quality Indicators.C4 Organisation of care	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	Patients appeared to be settled well for height with fluids and bell-call available to them.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Mon- 3.20pm-hando-mp	Written documentation used to convey information. Main points given.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Mon- 3.20pm-hando-mp	Patients in beds or in dayroom. Appeared to be receiving required help to drink tea.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Mon- 3.20pm-hando-mp	Some patients being given tea in dayroom.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Mon- 3.20pm-hando-mp	Ward relatively tidy - all areas clean and fresh-smelling.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-mon- 3.25pm-Hando-mm	Ladies sitting in lounge. Lounge T.V not on (small T.V)
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Thurs- MDT	Social/home situation mentioned briefly. Overall planning process superficial no discharge/review dates set, no record kept of actions, no one taking formal note. PT and Consultant did not even have a pen or paper. Code A seemed passable.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Wed- 7.35-8.55-break	Appeared to be a good well organised handover. HO board on wall. 8 bed blocking. Must have been seen by Social Services two at least "waiting to be discharged".

Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Wed- 7.35-8.55-break	In a ladies ward, one patient helped another to access food. Again, no sign of any supervision, left at 8.55. Patients still eating breakfast.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Deadalus-Wed- 12pm	If pt care at risk or they are refusing admissions - will use adverse event form, use event form reporting. Uses for inappropriate admission & pts admitted later in day so unable to be seen by doc. Logged under to send changes an event form.
Quality Indicators.C4 Organisation of care.	Site Interviews- Observation.Deadalus-Wed- 12pm	Ward observed at meal time. Appeared to be sufficient staff available to serve lunch and to assist patient feeding where required. Staff report noting down when patients appetite poor in records. Draw attention of senior nurses to patients not eating well.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	* White board in office, grid details against each patient name date referred to therapist, ss, date of home assessment, TTO's/transport etc. final column headed Bedblockers. 8 patients names ticked.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	On entering ward, 2 patients up, dressed and sitting in day room, one of whom watching news programme. Manager explains that divided into two teams and one initially concentrates on getting patients up out of bed in readiness for breakfast and then other team assist in feeding those who need.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Two sitting rooms/dinning, wallpapered. Variety of armchairs-heights and designs and some pressure relieving cushions. 1 footrest only in first sitting room. Little evidence of occupational opportunities- Mondays newspaper and October magazine in one room ;pile of jigsaw puzzles in one room small selection of large print books and library of regular books, Domestic size clocks.

Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Wed- 7.45-9am-handove	Breakfast service in dining room, choice of prunes, cereals, porridge, toast and tea/coffee. Four patients at one table and one patient sat on own at another table.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Daedalus-Wed- 7.45-9am-handove	Breakfast served 8.30am. <input type="text" value="Code A"/> states that if patient chooses they can have breakfast served later on.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Dryad-Wed- 7.50am	TVs were on but patients were all in bed. No drug administration seen.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Dryad-Wed-8am- break <input type="text" value="Code A"/>	Breakfast served to patients in bed so some very poorly positioned choice of prunes, cereals, porridge, toast and marmalade/jam and tea/coffee. Majority served in beaker cups
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Dryad-Wed-8am- break <input type="text" value="Code A"/>	No patient was up at this time
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Sultan-Mon	Sultan-Patients from Gp's in the community or from Eld Med and Acute Hopsital- need Gp approval
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Sultan-Mon	Sultan Gp's visit daily- different Gp's popping in to see own patients: GOSDPOC out of hours. Sultan Gp's visit daily- different Gp's popping in to see own patients: GOSDPOC out of hours. Daedalus- waiting list to get in consultant-led Stroke Rehab

		<p>Daedalus - Nice big bathroom- storage for wheel chairs Ward used to be cont care Activity room com dinning room Single room for independent living assessment/practcice Bright Dolphine Day unit-Mon-fri Some specific clinic PD/Falls/COPD/planned-blanace-TIA-continance Dolphine Day - most visit from home lots of information leaflets Dolphine Day - most visit from home lots of information leaflets Dolphine Day- food cooked on site at GWMH Dryad- 20 bed Locum cover- Code A Continuing care and palliative care Patients form acute eld med beds Dryad - loos not sexed 1 bed "shared" care + respite Special electric bed, plan to buy more Dryad- atmosphere: naval, 1500s onwards, built in to overcome challenge; defeatism not on the agenda.</p>
<p>Quality Indicators.C4 Organisation of care</p>	<p>Site Interviews- Observation.Sultan-Mon</p>	<p>Daedalus- waiting list to get in consultant-led (Code A) some Int Care beds. (90 NH beds closed last year)</p>
<p>Quality Indicators.C4 Organisation of care</p>	<p>Site Interviews- Observation.Sultan-Mon</p>	<p>Daedalus - Cont Care on Dryad Ward Day room occupied-even though an iller group 2 team (as Sultan) Stroke Rehab</p>
<p>Quality Indicators.C4</p>	<p>Site Interviews-</p>	

Organisation of care	Observation.Sultan-Mon	Dolphine Day unit-Mon-fri Some specific clinic PD/Falls/COPD/planned-blance-TIA-continence
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Sultan-Mon	Dolphine Day- food cooked on site at GWMH
Quality Indicators:C4 Organisation of care	Site Interviews- Observation.Sultan-Mon	Dryad- 20 bed Locum cover- Code A Continuing care and palliative care Patients form acute eld med beds
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Sultan-Mon-4pm	Several empty beds. Ward generally very clean, staff friendly. Good atmosphere. Plenty of visitors.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Sultan-Thurs-4pm	Several empty beds. Ward generally very clean, staff friendly. Good atmosphere. Plenty of visitors.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Therapy-Thurs	Have ADL suite - ie. bathroom/toilet (bath not plumbed in, although toilet is); Kitchen and Bedroom plus Treatment Room - being used by a Physio during our visit. Relatively spacious - very clean, bright and well decorated; well equipped.
Quality Indicators.C4 Organisation of care	Site Interviews- Observation.Therapy-Thurs	Eileen is responsible for Stroke Rehab on Daedalus, also Parks - good eg. in Day Hospital.
Quality Indicators.C5 Humanity of care	Site Interviews-Observation.3 wards-Wed-10pm-12pm- Code A	Daedalus. Patients mainly settled for night. Those wishing to stay up late are enabled to

		do so.
Quality Indicators.C5 Humanity of care	Site Interviews-Observation.3 wards-Wed-10pm-12pm- <small>Code A</small>	Patients appeared to be settled well for height with fluids and bell-call available to them.
Quality Indicators.C5 Humanity of care	Site Interviews-Observation.3 wards-Wed-10pm-12pm- <small>Code A</small>	Staff report making toast for patients if required during night.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Daedalus-Mon- 3.20pm-hando-mp	Ward appeared adequately staffed and staff observed talking to and dealing with patients appropriately.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Daedalus-mon- 3.25pm-Hando- <small>Code A</small>	Friendly atmosphere with ladies. HCSW is friendly with patient and easy communication with them. Spoke to disoriented patient. Lady difficult in reaching tea on table, out of her reach. Spilt tea continuously, clearly needed help, spilt on to trainers. No staff present to help move biscuit. Nurses encourage patients. Not enough chairs in lounge. Curtains round beds. T.V not on either lounge. No games activities. Patients not eating or drinking? Monitored. All beds full. A lot of apparently continued care patients, probably due to bed blocking. No sign of conventional intermediate care but there was a pre-discharge that were patients could make their own drinks, going into the lounge for needs
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Daedalus-Wed- 7.35-8.55-break	One or two patients appeared to be possibly terminally ill. Lounge no supervision of patients, including elderly gentleman ? at risk of falling of chair. Difficulty in feeding. Was not observed drinking. Needed at least friendly help. However, a busy time of the morning.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Daedalus-Thurs-	Appeared adequately staffed & nurses interacting with patients

	3.40pm	
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Ward appeared well staffed & staff interacting with pts appropriately.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Deadalus-Wed- 12pm	Ward observed at meal time. Appeared to be sufficient staff available to serve lunch and to assist patient feeding where required. Staff report noting down when patients appetite poor in records. Draw attention of senior nurses to patients not eating well.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Deadalus-Wed- 12pm	Meals appeared appetising & appropriate for individual patients. Staff report being able to order 3 sizes of portion for pts (sm, med, lrg) according to need and patients wishes.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Deadalus-Wed- 12pm	Patients encouraged to sit at table when possible & staff reported that they take care to ensure patients who are able to feed themselves maybe "shaky" - given privacy to save embarrassment.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Patients addressed by name (both first and surnames- mostly surnames)sometimes by staff approaching from behind and then bending over patient.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Sultan-Mon	Dryad- atmosphere: naval, 1500s onwards, built in to overcome challenge; defeatism not on the agenda.
Quality Indicators.C5 Humanity of care	Site Interviews- Observation.Therapy-Thurs	Physio - "gym" area well equipped, room with cubicles plus separate area of cubicles containing variety of electrical equipment, traction plus small room - used for

		gynaecology, urology and private consultation with patients/relatives to ensure privacy.
Quality Indicators.C6 Environment	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	Ward appeared calm and quiet. Patients offered night-time drinks.
Quality Indicators.C6 Environment	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	Dryad. Ward calm and quiet.
Quality Indicators.C6 Environment	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	Sultan. Ward quiet and calm.
Quality Indicators.C6 Environment	Site Interviews- Observation.Daedalus-Thurs- MDT	Saw ginger/white cat on ward - obviously at home. Colleague reported that cat had been sitting on a patient's lap when we arrived at the ward.
Quality Indicators.C6 Environment	Site Interviews- Observation.Daedalus-Wed- 7.35-8.55-break	TV on in lounge. Most people up, dressed by 7.45am. Handover was at 7.30am so saw two-thirds of it. ?? Lady who had difficulty with tea was managing well sitting at the table , eating breakfast (in fact another lady). 1 lady being helped by fellow patients to reach food. Gentlemen needs help with feeding. Both are in the lounge. Helped in bed, but not in lounge. Another lady not drinking her tea - out of reach?
Quality Indicators.C6 Environment	Site Interviews- Observation.Daedalus-Thurs- 3.40pm	Dryad - ward clean, warm & relatively tidy.
Quality Indicators.C6 Environment	Site Interviews- Observation.Daedalus-Thurs- 3.40pm	Sultan - ward clean, warm & relatively tidy. Fresh smelling. Patients flowers in evidence.
Quality Indicators.C6	Site Interviews-	

Environment	Observation.Deadalus-Wed-7.45-9am-handove	Attempt to provide information for the patients/rels- General information on wire rack, including complaint leaflet, how to find residential care, how to avoid falls etc. BUT too many leaflets stuffed in, wire rack quite high up and had to stretch for top row @ 5"8" Photos of staff on noticeboard round corner at entrance - small photocopied, so difficult to see. Physio info -stroke information - not layman's terms; falls leaflet very small.
Quality Indicators.C6 Environment	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	Call bells within reach.
Quality Indicators.C6 Environment	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	MAOI Dietary Guidelines sheet sellotaped on door of bay-labelled (in large writing with red marker pen) with patients name. (Confidentiality)
Quality Indicators.C6 Environment	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	Two sitting rooms/dinning, wallpapered. Variety of armchairs-heights and designs and some pressure relieving cushions. 1 footrest only in first sitting room. Little evidence of occupational opportunities- Mondays newspaper and October magazine in one room ;pile of jigsaw puzzles in one room small selection of large print books and library of regular books, Domestic size clocks.
Quality Indicators.C6 Environment	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	All bathroom and toilet facilities clean, several wheelchairs stored in corner of bathroom. 1 missing footrest. Toilets have option of dropdown rails on both sides; raised toilet seat, stock of pads alongside.
Quality Indicators.C6 Environment	Site Interviews-Observation.Deadalus-Wed-7.45-9am-handove	No odour noticed throughout ward
Quality Indicators.C6	Site Interviews-	

Environment	Observation.Daedalus-Wed-7.45-9am-handove	Ward opens out into contained courtyard - lovely environment with pond in middle & benches around about - also long variety of ground surfaces, so good for practising outdoor mobility.
Quality Indicators.C6 Environment	Site Interviews-Observation.Dryad-Wed-8am-break-jw	No smells
Quality Indicators.C6 Environment	Site Interviews-Observation.Sultan-Mon	Sultan 6 singles, one 6 bedded bay, rest 4 bedded bay can take bed into bathroom Day room:sitting /eating. Rehab/Palliative/Respite Bright/fluids by bed/visitors about day room empty
Quality Indicators.C6 Environment	Site Interviews-Observation.Sultan-Mon	Daedalus - Nice big bathroom- storage for wheel chairs Ward used to be cont care Activity room com dinning room Single room for independent living assessment/practice Bright
Quality Indicators.C6 Environment	Site Interviews-Observation.Sultan-Mon	Dryad - loos not sexed 1 bed "shared" care + respite Special electric bed, plan to buy more
Quality Indicators.C6 Environment	Site Interviews-Observation.Therapy-Thurs	Joint splinting room shared with Physio.
Quality Indicators.C6 Environment	Site Interviews-Observation.Therapy-Thurs	SLT Room - Pt SLT cover

Quality Indicators.C6 Environment	Site Interviews- Observation.Therapy-Thurs	Physio - "gym" area well equipped, room with cubicles plus separate area of cubicles containing variety of electrical equipment, traction plus small room - used for gynaecology, urology and private consultation with patients/relatives to ensure privacy.
Quality Indicators.C6 Environment	Site Interviews- Observation.Therapy-Thurs	All areas relatively spacious, well equipped, bright, airy, well decorated
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	Appeared to be adequately staffed.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews-Observation.3 wards-Wed-10pm-12pm-Code A	Appeared adequately staffed.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Appeared adequately staffed & nurses interacting with patients.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Ward busy with number if pts with complex needs.
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Observation.Deadalus-Wed- 12pm	Normal staffing 6-7am better when there are 7 but 6 acceptable. Establish 4-5pm shift . Egs 11 & 12 Dec 2001 - 5am (2 trained:3) Pm ok. 6 Dec 5am (2:3) Pm ok. Mornings most difficult because little time to make alternative arrangements to cover sickness. 2 nurses long time sick - 1 resigned - 1 (manager trying to help into different role).
Staffing & Accountability.D1 Wrkfrc & serv planning	Site Interviews- Observation.Deadalus-Wed-	7th Oct had week for sickness - eg 1 trained staff 12.10.01 5 untrained in ward for any

	12pm	shift.
Staffing & Accountability.D1 Wrkfr & serv planning	Site Interviews- Observation.Daedalus-Wed- 12pm	Use hospital bank - then agency, try other wards for help.
Staffing & Accountability.D1 Wrkfr & serv planning	Site Interviews- Observation.Sultan-Mon	Daedalus - Staff grade covers Daedalus and Dryad, in post 12/18
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews- Observation.Daedalus-Wed- 12pm	Code A - 17 yrs in hospital (Senior staff nurse explaining off duty rota). Vacancy estimated = 4.5 on scale 0-10 re: recruitment problems/difficulties. Don't offer flexi time but try to be as accommodating as possible. 2 shift patterns. Eg nurse being allowed to work special shifts to cope with child care problems.
Staffing & Accountability.D10 Recruitment & Retention	Site Interviews- Observation.Daedalus-Wed- 12pm	Use hospital bank - then agency, try other wards for help.
Staffing & Accountability.D11 Performance mang	Site Interviews- Observation.Daedalus-Wed- 7.45-9am-handove	Night staff handing over to day staff - referred throughout to: Mr/s....., the....(diagnosis, eg fractured not COPD). Basic run through of night time/physical condition of patients. Day Manager then also ran through diary for day, including staff training, tel calls to be made to relatives e.t.c.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Observation.Daedalus-Thurs- MDT	Follow up:- those patients already in receipt of OT appeared to have OT from elsewhere - both QA and Haslar mentioned need to check this out with Therapists. Please see other notes elsewhere that outline OT structure.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Observation.Therapy-Thurs	Met Code A (for OT Neuro Rehab). Code A on rotation (started Monday) and

		Management OT support worder covers Day Hospital.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Observation.Therapy-Thurs	[Code A] has refused to go to Haslar.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Observation.Therapy-Thurs	[Code A] is responsible for Stroke Rehab on Daedalus, also Parks - good eg. in Day Hospital.
Staffing & Accountability.D4 AHP accountability	Site Interviews- Observation.Therapy-Thurs	Met [Code A] Senior Physio, Neuro Physio and Physio who covers orthopaedics - and Mental Health.
Staffing & Accountability.D7 Team working	Site Interviews- Observation.Daedalus-Thurs- MDT	Present - Consultant [Code A] Staff Nurse OT - started Monday - on Basic Grade Rotation Physio
Staffing & Accountability.D7 Team working	Site Interviews- Observation.Daedalus-Thurs- MDT	Staff nurse led and outlined cases to diagnosis.
Staffing & Accountability.D7 Team working	Site Interviews- Observation.Daedalus-Wed- 7.45-9am-handove	White board in office, grid details against each patient name date referred to therapist, ss, date of home assessment, TTO's/transport etc. final column headed Bedblockers. 8 patients names ticked.
Staffing & Accountability.D8 Team working within a team	Site Interviews- Observation.Daedalus-Wed- 7.45-9am-handove	Second board in office titled physio and messages for OT including details of one patient level of mobility; dates for 3 OT home assessment and request for 3 other patients to have home assessments.

Staffing & Accountability.D8 Team working within a team	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Attempt to provide information for the patients/rels- General information on wire rack, including complaint leaflet, how to find residential care, how to avoid falls etc. BUT too many leaflets stuffed in, wire rack quite high up and had to stretch for top row @ 5"8" Photos of staff on noticeboard round corner at entrance - small photocopied, so difficult to see. Physio info -stroke information - not layman's terms; falls leaflet very small.
Guid Prac & Perf Mgmt.E5 Patient records	Site Interviews- Observation.Therapy-Thurs	EG of OT documentation provided used throughout OT service, throughout Trust.
Drugs.F2 Administration	Site Interviews-Observation.3 wards-Wed-10pm-12pm <small>Code A</small>	Observed drug round. Carried out well by two nurses, both qualified.
Drugs.F2 Administration	Site Interviews- Observation.Dryad-Wed-8.20- breakfast	Preadministration? Quite prolonged? Difficult, with language by nurse. Process was very slow, but <small>Code A</small> clearly supervising well? How long does Induction of Phillipino nurses take.
Comm and collaborations.G1 Patients	Site Interviews- Observation.Daedalus-Thurs- <small>Code A</small>	No patients/relatives present.
Comm and collaborations.G1 Patients	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Up to date info on notice boards
Comm and collaborations.G1 Patients	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Info available for patients but not on 'learn to complain' easily accessed.

Comm and collaborations.G1 Patients	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Attempt to provide information for the patients/rels- General information on wire rack, including complaint leaflet, how to find residential care, how to avoid falls etc. BUT too many leaflets stuffed in, wire rack quite high up and had to stretch for top row @ 5"8" Photos of staff on noticeboard round corner at entrance - small photocopied, so difficult to see. Physio info -stroke information - not layman's terms;falls leaflet very small.
Comm and collaborations.G1 Patients	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Call bells within reach.
Comm and collaborations.G1 Patients	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Patients addressed by name (both first and surnames- mostly surnames)sometimes by staff approaching from behind and then bending over patient.
Comm and collaborations.G1 Patients	Site Interviews- Observation.Sultan-Mon	Dolphine Day - most visit from home lots of information leaflets
Comm and collaborations.G2 Relative & carers	Site Interviews- Observation.Daedalus-Thurs- MDT	No patients/relatives present.
Comm and collaborations.G2 Relative & carers	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Up to date info on notice boards
Comm and collaborations.G2 Relative & carers	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Attempt to provide information for the patients/rels- General information on wire rack, including complaint leaflet, how to find residential care, how to avoid falls etc. BUT too many leaflets stuffed in, wire rack quite high up and had

		to stretch for top row @ 5"8" Photos of staff on noticeboard round corner at entrance - small photocopied, so difficult to see. Physio info -stroke information - not layman's terms; falls leaflet very small.
Comm and collaborations.G2 Relative & carers	Site Interviews- Observation.Sultan-Mon	Dolphine Day - most visit from home lots of information leaflets
Comm and collaborations.G3 Primary care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	Fiona not aware if a <input type="text" value="Code A"/> doctor is on or not "marvellous is one of them is on".
Comm and collaborations.G3 Primary care	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	MULBERRY - <input type="text" value="Code A"/> Practice. Out of hours - usually Healthcall for medical problem. If Psych. Then ring The Meadows where psychiatrists are.
Comm and collaborations.G3 Primary care	Site Interviews- Observation.Sultan-Mon	Sultan Gp's visit daily- different Gp's popping in to see own patients: GOSDPOC out of hours.
Comm and collaborations.G4 Acute	Site Interviews-Observation.3 wards Wed-10pm-12pm- <input type="text" value="Code A"/>	MULBERRY - <input type="text" value="Code A"/> Practice. Out of hours - usually Healthcall for medical problem. If Psych. Then ring The Meadows where psychiatrists are.
Comm and collaborations.G5 HA	Site Interviews- Observation.Deadalus-Thurs- 3.40pm	Pts appeared to have bells - easy reach.
Comm and collaborations.G7 Social services	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	White board in office, grid details against each patient name date referred to therapist, ss, date of home assessment, TTO's/transport etc. final column headed Bedblockers. 8 patients

		names ticked.
Comm and collaborations.G9 Joint working	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Night staff handing over to day staff - referred throughout to: Mr/s....., the....(diagnosis, eg fractured not COPD). Basic run through of night time/physical condition of patients. Day Manager then also ran through diary for day, including staff training, tel calls to be made to relatives e.t.c.
Comm and collaborations.G9 Joint working	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	White board in office, grid details against each patient name date referred to therapist, ss, date of home assessment, TTO's/transport etc. final column headed Bedblockers. 8 patients names ticked.
Comm and collaborations.G9 Joint working	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Second board in office titled physio and messages for OT including details of one patient level of mobility; dates for 3 OT home assessment and request for 3 other patients to have home assessments.
Comm and collaborations.G9 Joint working	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	Care plan folder left open on desk - no confidentiality way of identifying patient - no name visible.
Comm and collaborations.G9 Joint working	Site Interviews- Observation.Deadalus-Wed- 7.45-9am-handove	MAOI Dietary Guidelines sheet sellotaped on door of bay-labelled (in large writing with red marker pen) with patients name. (Confidentiality)
Comm and collaborations.G9 Joint working	Site Interviews- Observation.Therapy-Thurs	Close links with Day Hospital.
Comm and collaborations.G9	Site Interviews-	

Joint working	Observation.Therapy-Thurs	Joint splinting room shared with Physio.
Supervision & training.I3 AHP	Site Interviews- Observation.Therapy-Thurs	Staff competency levels chart on wall - needs updating but leaving as currently reorganising service.
Compliants.J2 Ward Mgnt	Site Interviews- Observation.Daedalus-Thurs- 3.40pm	Trust policies & procedures held in nurses station.
Clinical Governance.K2 Ward arrangements	Site Interviews- Observation.Daedalus-Mon- 3.20pm-hando-mp	Good arrangements for infection control - aprons, gloves etc readily available. Nurses observed washing hands properly.
Clinical Governance.K2 Ward arrangements	Site Interviews- Observation.Daedalus-Thurs- 3.40pm	Good facilities for infection control & nurses reporting treating all pts as if they are MRSA +, ie take preventative resumes.
Clinical Governance.K2 Ward arrangements	Site Interviews- Observation.Daedalus-Thurs- 3.40pm	Good facilities for infection control.
Clinical Governance.K2 Ward arrangements	Site Interviews- Observation.Daedalus-Thurs- 3.40pm	Policies & procedures available in nurses station.
CODE: NC No Code	Site Interviews-Observation.3 wards Wed-10pm-12pm <small>Code A</small>	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 <small>Code A</small>	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- <small>Code A</small>	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- <small>Code A</small>	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.
	Site Interviews-	

CODE: NC No Code	Observation.Therapy-Thurs	Margaret has involvement in Falls. Staff competency levels chart on wall - needs updating but leaving as currently reorganising service.
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CODE: nc NEW CODE.nc A1 leadership	Site Interviews- Tuesday: <input type="text" value="Code A"/>	Investor in people award, therapists and nurses. Date, IRP. 98 - League of friends - raided £200 000 pounds.
CODE: nc NEW CODE.nc A1 leadership	Site Interviews- Tuesday: <input type="text" value="Code A"/>	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 NEW CODE.nc A1 leadership	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc A1 leadership	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints Conveynor	Feels <input type="text" value="Code A"/> provides sense of openness style.
CODE: nc NEW CODE.nc A1 leadership	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints Conveynor	The board were always very visible which provided opportunity to communicate.
CODE: nc NEW CODE.nc A1 leadership	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc A1 leadership	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Trust has encouraged innovation but as always time constraints.
CODE: nc NEW CODE.nc A1 leadership	Site Interviews- Monday: <input type="text" value="Code A"/> District Nurse	Open culture.

CODE: nc NEW CODE.nc A1 leadership	Site Interview- Thursday <input type="text" value="Code A"/> IA	Good culture at Trust. Charismatic leadership style, value driven, focused on staff and users.
CODE: nc NEW CODE.nc A1 leadership	Site Interview- Wednesday <input type="text" value="Code A"/> Porter	Culture undergoing - not worse, not better. Attributable to some staff in place (small percentage). Others very caring.
CODE: nc NEW CODE.nc A2 Accountabilities	Site Interviews-Monday.07.01 <input type="text" value="Code A"/>	Cannot be completely sure if all wards, departments etc - are working as they should.
CODE: nc NEW CODE.nc A2 Accountabilities	Site Interviews- Monday <input type="text" value="Code A"/> Complaints Conveynor	*Top team. Board were very pleasant and team work.
CODE: nc NEW CODE.nc A2 Accountabilities	Site Interviews- Monday <input type="text" value="Code A"/> 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 NEW CODE.nc A2 Accountabilities	Site Interviews- Monday <input type="text" value="Code A"/> Complaints Conveynor	The board were always very visible which provided opportunity to communicate.
CODE: nc NEW CODE.nc A2 Accountabilities	Site Interview- Thursday <input type="text" value="Code A"/> GP	No apparent lines of communication at Trust in terms of workload/workforce planning, guideline/policy development or awareness.
CODE: nc NEW CODE.nc A3 Direction & Planning	Site Interviews- Tuesday <input type="text" value="Code A"/> 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 NEW CODE.nc A3 Direction & Planning	Site Interviews-Monday.07.01 Code A	Also borderline between legitimate presurre between inducements to meet targets and undue pressure.
CODE: nc NEW CODE.nc A3 Direction & Planning	Site Interviews-Monday. Code A	Culture - have valued boards people, partnering, performance.
CODE: nc NEW CODE.nc A3 Direction & Planning	Site Interviews-Monday. Code A	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 NEW CODE.nc A3 Direction & Planning	Site Interviews-Monday. Code A District Nurse	Impact on colleges who went into PCT. Personally not affected, worked with district and local authorities.
CODE: nc NEW CODE.nc A3 Direction & Planning	Site Interviews-Monday. Code A District Nurse	PCT Board nurses moving into PCT concerned about the move. - going into isolation => decreased networking communication of information may decline.
CODE: nc NEW CODE.nc A3 Direction & Planning	Site Interview-Thursday. Code A phy	Which posts gained + 2 senior + junior - gained those posts with new YC money.
CODE: nc NEW CODE.nc A4 health econ partnership	Site Interviews-Monday. Code A District Nurse	Community enabling service changed, focused - Sultan acute medical patients.
CODE: nc NEW CODE.nc A4 health econ partnership	Site Interview-Thursday. Code A GP	Bed Fund - for admitting people to Sultan. £67 per month for admin to Sultan.

CODE: nc NEW CODE.nc A4 health econ partnership	Site Interview- Thursday: <input type="text" value="Code A"/> HA	Good player in the local health economy - fight "vulnerable" care strongly.
CODE: nc NEW CODE.nc A5 Patient & public partne	Site Interviews- Tuesday: <input type="text" value="Code A"/> NursCl	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 NEW CODE.nc A5 Patient & public partne	Site Interviews- Monday: <input type="text" value="Code A"/> Chair	Patient focus care. CHC input. Around meetings - invite carers and users - eg Alzheimers, Parkinson.
CODE: nc NEW CODE.nc A5 Patient & public partne	Site Interviews- Monday: <input type="text" value="Code A"/> 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 NEW CODE.nc B1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints Conveynor	*Top team. Board were very pleasant and team work.
CODE: nc NEW CODE.nc B1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/> 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 NEW CODE.nc B1 Leadership	Site Interviews- Monday: <input type="text" value="Code A"/>	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.
	Site Interview-	

CODE: nc NEW CODE.nc B1 Leadership	Thursday: <input type="text" value="Code A"/> 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.
CODE: nc NEW CODE.nc B1 Leadership	Site Interview- Thursday: <input type="text" value="Code A"/> - phy	<input type="text" value="Code A"/> warning admitted December 2000.
CODE: nc NEW CODE.nc B1 Leadership	Site Interview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Generally aware of new policy before formal policy
CODE: nc NEW CODE.nc B1 Leadership	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> HCSWDryad	Supportive culture on ward - focus on core basic needs - examples given.
CODE: nc NEW CODE.nc B2 Accountabilities	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	are kept updated on whats happening by trust
CODE: nc NEW CODE.nc B2 Accountabilities	Site Interview- Thursday: <input type="text" value="Code A"/> 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.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interview-Friday.Text <input type="text" value="Code A"/> 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 NEW CODE.nc B3 Direction & planning	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	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 NEW CODE.nc B3 Direction & planning	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	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 NEW CODE.nc B3 Direction & planning	Site Interviews- Monday. <input type="text" value="Code A"/>	Proud of Adult Mental Health. Single entry point - phone "in my diary". admission at 24 hour. point of contact.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interviews- Monday. <input type="text" value="Code A"/>	Good relations with staff reps. Comms with other director. Regular programme of clinical teams coming to present to the board.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interview- Thursday. <input type="text" value="Code A"/> GP	Protocols - EMH not allowed in.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interview- Thursday. <input type="text" value="Code A"/> OT	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 <input type="text" value="Code A"/> referred 6 in one week and by nature of patients there are complex needs therefore no rehab, no occupational service budgeted for.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interview- Thursday. <input type="text" value="Code A"/> 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. <input type="text" value="Code A"/>

		<input type="text" value="Code A"/> will have access to the computer – fax TTOs, pharmacist.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interview- Wednesday: <input type="text" value="Code A"/> SenStafNursDryad	Patients - Daedalus, Q+A, Haslar, no direct admission. Admission -> faxed letter, Dr is informed staff grade, own assessment.
CODE: nc NEW CODE.nc B3 Direction & planning	Site Interview- Wednesday: <input type="text" value="Code A"/> 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 NEW CODE.nc B3 Direction & planning	Site Interview- Wednesday.MM: <input type="text" value="Code A"/> Nur seExStaffNurs	Involved in changes of care unit - were nurses involved - no not involved in decisions - no choice.
CODE: nc NEW CODE.nc B4 Service perf man	Site Interview- Friday: <input type="text" value="Code A"/> Telephone Int	Communications - people open with constructive criticism and praise.
CODE: nc NEW CODE.nc B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc B4 Service perf man	Site Interviews- Monday: <input type="text" value="Code A"/>	5 Open - no blame culture works and clear about accountability and empowerment.
CODE: nc NEW CODE.nc B4 Service perf man	Site Interview- Thursday: <input type="text" value="Code A"/> HA	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 NEW CODE.nc B4 Service perf man	Site Interview- Thursday: [Code A] DT	Falls check list-MDT tool-[Code A] OT Technician
CODE: nc NEW CODE.nc B4 Service perf man	Site Interview- Wednesday.AC [Code A] nNurseDryad	Some protocols and guidelines bad on Jubilee ward but interpretation different.
CODE: nc NEW CODE.nc B4 Service perf man	Site Interview- Wednesday [Code A]- SenStafNursDryad	Near misses - [not sure of definition] - no experienced
CODE: nc NEW CODE.nc B4 Service perf man	Site Interview- Wednesday: [Code A] Porter	How do contracted out staff engage with Trust and become involved in CG and practice. He did know about incident reporting.
CODE: nc NEW CODE.nc C1 Staff attitude	Site Interviews- Monday: [Code A]	Similar age (possibly one or two years older than [Code A] he suggests initially has a brusque manner?
CODE: nc NEW CODE.nc C1 Staff attitude	Site Interview- Thursday: [Code A] OT	We're human, we don't get it right and there are always budget constraints.
CODE: nc NEW CODE.nc C1 Staff attitude	Site Interview- Wednesday: [Code A] SenSt afNursDryad	Move to PCT welcomed.
CODE: nc NEW CODE.nc C1 Staff attitude	Site Interview- Wednesday: [Code A] StafNurseDryad	Generally good ward morale. No training for charge.

CODE: nc NEW CODE.nc C1 Staff attitude	Site Interview- Wednesday <input type="text" value="Code A"/> 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 NEW CODE.nc C1 Staff attitude	Site Interview- Wednesday <input type="text" value="Code A"/> Porter	Management awareness and action re. Poor attitude among some staff (uncaring and lazy).
CODE: nc NEW CODE.nc C1 Staff attitude	Site Interview- Wednesday <input type="text" value="Code A"/> StafNursSultan	Is a problem with new staff - not a better place to work.
CODE: nc NEW CODE.nc C2 Effectiveness & Outcome	Site Interview- Thursday <input type="text" value="Code A"/> Sp- LangThera	Nothing unusual about ward, patient and relatives.
CODE: nc NEW CODE.nc C2 Effectiveness & Outcome	Site Interview- Thursday <input type="text" value="Code A"/> PhysioA ss	Excellent continuity of care from Ward Physiotherapy to the community - step down facilities, stroke club.
CODE: nc NEW CODE.nc C2 Effectiveness & Outcome	Site Interview- Wednesday <input type="text" value="Code A"/> Nur 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 NEW CODE.nc C2 Effectiveness & Outcome	Site Interview- Wednesday <input type="text" value="Code A"/> 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 NEW CODE.nc C3 Access to services	Site Interview- Thursday <input type="text" value="Code A"/> PhysioA ss	Excellent continuity of care from Ward Physiotherapy to the community - step down facilities, stroke club.

CODE: nc NEW CODE.nc C3 Access to services	Site Interview- Wednesday <input type="text" value="Code A"/> SenStaffNursDryad	Access to external expertise
CODE: nc NEW CODE.nc C5 Humnaity of care	Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur 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 NEW CODE.nc C7 Pos Patient exp	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> SenStaffNursDaed	<input type="text" value="Code A"/> feels that a lot of the problems are guilt. Left presents for the staff etc.
CODE: nc NEW CODE.nc D1 Wrkfric & serv planning	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Have dual trained nurses on ward sometimes
CODE: nc NEW CODE.nc D1 Wrkfric & serv planning	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	4 consultants and staff X3 staff grade doctors and one part-time
CODE: nc NEW CODE.nc D1 Wrkfric & serv planning	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Talk of H Grade to work on other wards
CODE: nc NEW CODE.nc D1 Wrkfric & serv planning	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	9 fulltime cons, some part-time and prof (2 sessions).
CODE: nc NEW CODE.nc D1 Wrkfric & serv planning	Site Interviews- Monday <input type="text" value="Code A"/>	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 NEW CODE.nc D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> 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 NEW CODE.nc D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> 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 NEW CODE.nc D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> Daed	Appropriate clients for pain, nutrition, mental health and moving & handling.
CODE: nc NEW CODE.nc D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> 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 NEW CODE.nc D1 Wrkfrc & serv planning	Site Interview- Thursday: <input type="text" value="Code A"/> phy	Which posts gained + 2 senior + junior - gained those posts with new YC money.
CODE: nc NEW CODE.nc D1 Wrkfrc & serv planning	Site Interview- Wednesday:MM <input type="text" value="Code A"/> Nur seExStaffNurs	Ward high dependency care unit. New system of team working.
CODE: nc NEW CODE.nc D1	Site Interview- Wednesday:TL <input type="text" value="Code A"/> C	Aware, supports the blend of palliative, rehab, continued care. Unaware of out of hours

Wrkfr & serv planning	onsult	(practical arrangements). No anticipatory prescribing. Good clear support to staff grade Doctor. Liaison with relatives good.
CODE: nc NEW CODE.nc D10 recruitment& retention	Site Interview-Friday <small>Code A</small> Code A	Have filled sickness vacancies by going over budget
CODE: nc NEW CODE.nc D10 recruitment& retention	Site Interviews-Monday. <small>Code A</small> Code A	Since two years ago <small>Code A</small> 's strategy has reduced staff wastage by 1/2.
CODE: nc NEW CODE.nc D10 recruitment& retention	Site Interviews- Monday <small>Code A</small>	<small>Code A</small> when nursing recruitment problem in acute - money was found and put into strategies to resolve.
CODE: nc NEW CODE.nc D10 recruitment& retention	Site Interview- Wednesday <small>Code A</small> StafNurseDryad	Good staffing levels this week!! No holiday allowed!
CODE: nc NEW CODE.nc D10 recruitment& retention	Site Interview- Wednesday.MM <small>Code A</small> Nur seExStaffNurs	Shortage of staff? Underestablishment of sickness etc. - bit of everything - managed internally to cover 1st.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interview- Friday <small>Code A</small> SenNursCoord	<small>Code A</small> there is a poor performance issue with <small>Code A</small> - currently "off" sick. Focus on nursing practice, not multi-prof. practice and development. There has been a focus n nursing practice development.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interviews- Monday <small>Code A</small>	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 NEW CODE.nc D11 Performance mang	Site Interviews- Monday [Code A]	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 NEW CODE.nc D11 Performance mang	Site Interview- Thursday [Code A] HA	Speak to Reto Old DPH (initiated poorly performing doctors procedure and [Code A] detailed I/V.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interview- Wednesday.AC [Code A] nNurseDryad	Conflict between [Code A] ([Code A] and [Code A] and other nurses - mainly [Code A] Evidence of [Code A] and [Code A] controlling things.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interview- Wednesday.AC [Code A] nNurseDryad	Felt Trust took appropriate action re. her grievance.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interview- Wednesday [Code A] Porter	Know how to raise concerns but did not believe system would response or work.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interview- Wednesday [Code A] Porter	How do contracted out staff engage with Trust and become involved in CG and practice. He did know about incident reporting.
CODE: nc NEW CODE.nc D11 Performance mang	Site Interview- Wednesday.MM [Code A] Nur 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 - <input type="text" value="Code A"/> <input type="text" value="Code A"/>
CODE: nc NEW CODE.nc D2 medical accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Consultant since 1989 & <input type="text" value="Code A"/> since start of Trust (94). Acute pts, day hosp & OP at Petersfield. ?? for Trust Liaise with Dean. <input type="text" value="Code A"/> - almost 2 sessions (was I - increase reflects in > complexity)
CODE: nc NEW CODE.nc D2 medical accountability	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> - SenStaffNursDaed	Line manager <input type="text" value="Code A"/> Close working relationship. Does appraisals on all staff Team and ward meetings.
CODE: nc NEW CODE.nc D2 medical accountability	Site Interviews- Monday <input type="text" value="Code A"/>	Conflict between <input type="text" value="Code A"/> own clinician role - how are tensions managed? Volume of work can be a problem - has good support from clinical and managerial colleagues.
CODE: nc NEW CODE.nc D2 medical accountability	Site Interviews- Monday <input type="text" value="Code A"/>	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 NEW CODE.nc D2 medical accountability	Site Interviews- Monday <input type="text" value="Code A"/>	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 NEW CODE.nc D2 medical accountability	Site Interviews- Monday <input type="text" value="Code A"/>	Similar age (possibly one or two years older than Ian - he suggests initially has a brusque manner?

CODE: nc NEW CODE.nc D2 medical accountability	Site Interviews- Monday [Code A] [Code A]	[Code A] is lead for elderly and works independently and works with [Code A], one of the geriatricians.
CODE: nc NEW CODE.nc D2 medical accountability	Site Interview- Thursday [Code A] staffnurs SultanNt	Generally GPs are very good.
CODE: nc NEW CODE.nc D2 medical accountability	Site Interview- Thursday [Code A] OT	We're human, we don't get it right and there are always budget constraints.
CODE: nc NEW CODE.nc D2 medical accountability	Site Interview- Thursday [Code A] HA	[Code A] good but stretched.
CODE: nc NEW CODE.nc D2 medical accountability	Site Interview- Wednesday.MM [Code A] HCSWDryad	Not much clinician input - feeling v. hot.
CODE: nc NEW CODE.nc D3 Nursing accountability	Site Interview- Wednesday [Code A] 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 [Code A] is service manager.
CODE: nc NEW CODE.nc D4 AHP accountability	Site Interview- Thursday [Code A] 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.
	Site Interview-	

CODE: nc NEW CODE.nc D5 Other staff account	Friday. <input type="text" value="Code A"/> Pharma	Employed by Portsmouth Hospital Trust, not this Trust.
CODE: nc NEW CODE.nc D5 Other staff account	Site Interviews- Tuesday. <input type="text" value="Code A"/>	Has had to make a lot of workload changes to accommodate management function.
CODE: nc NEW CODE.nc D5 Other staff account	Site Interviews- Monday. <input type="text" value="Code A"/>	<input type="text" value="Code A"/> 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 NEW CODE.nc D5 Other staff account	Site Interview- Thursday. <input type="text" value="Code A"/> Personn	Until October responsible for provision of service Fareham and Gosport and East. 14,000 staff 26 hours and 2 staff. <input type="text" value="Code A"/> 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 NEW CODE.nc D6 Out of hours arragemen	Site Interview-Friday.Text <input type="text" value="Code A"/> -SenNursColW	Healthcall anticipatory prescribing Get doc in, theoretically Over weekend would use healthcall
CODE: nc NEW CODE.nc D6 Out of hours arragemen	Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Since 1994, has been on call 1 in 8 - has never been rung.

CODE: nc NEW CODE.nc D6 Out of hours arrangemen	Site Interview- Thursday: Code A GP	Arrangement was clearly with Code A (5 Code A 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 NEW CODE.nc D7 Team working	Site Interviews- Monday: Code A District Nurse	Sultan ward and DNT very good comm. in expertise and discharge.
CODE: nc NEW CODE.nc D7 Team working	Site Interview- Wednesday.MM: Code A Nurse seExStaffNurs	Ward high dependency care unit. New system of team working.
CODE: nc NEW CODE.nc D9 Staff welfare	Site Interview- Friday: Code A SenNursDayWard	Senior Management support pay rise. Management support and told not to worry about CHI.
CODE: nc NEW CODE.nc D9 Staff welfare	Site Interviews- Monday: Code A 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 NEW CODE.nc D9 Staff welfare	Site Interviews- Monday: Code A District Nurse	PCT Board nurses moving into PCT concerned about the move. - going into isolation => decreased networking communication of information may decline.
CODE: nc NEW CODE.nc D9 Staff welfare	Site Interview- Thursday: Code A Daed	Support post police Main RCN - excellent - areas got it v right and some wrong. Code A V Very Supportive

CODE: nc NEW CODE.nc D9 Staff welfare	Site Interview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Supportive culture on ward - focus on core basic needs - examples given.
CODE: nc NEW CODE.nc D9 Staff welfare	Site Interview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Workload pressures
CODE: nc NEW CODE.nc E1 patient transfer	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc E1 patient transfer	Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nurse ExStaffNurs	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 relative's care plans, Care plans used - ADL used. Discuss with staff and relatives done by bed when filling in care plan.
CODE: nc NEW CODE.nc E1 patient transfer	Site Interview- Wednesday.TL <input type="text" value="Code A"/> Consult	Lapse between Consultant assessor - actual transfer resulting in ill people arriving, sometimes need to be readmitted.
CODE: nc NEW CODE.nc E10 rehabilitation	Site Interview- Wednesday: <input type="text" value="Code A"/> - 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.
	Site Interview-	

CODE: nc NEW CODE.nc E11 Continuing care	Wednesday, Code A 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 NEW CODE.nc E2 DNR	Site Interview- Thursday, Code A staffnurs SultanNt	Care focused planning involved patients and relatives - DNR is not reviewed weekly, end of life.
CODE: nc NEW CODE.nc E2 DNR	Site Interview- Thursday, Code A OT	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 NEW CODE.nc E2 DNR	Site Interview- Wednesday, Code A StafNursDryad	DNR decisions. Of 19 patients on ward at moment, only 3 or 4 are DNR status.
CODE: nc NEW CODE.nc E3 Palliative care	Site Interviews- Monday, Code A	Palliation team: called in where complex case.
CODE: nc NEW CODE.nc E3 Palliative care	Site Interview- Thursday, Code A staffnurs 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 NEW CODE.nc E3 Palliative care	Site Interview- Wednesday, Code A 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 NEW CODE.nc E3	Site Interview- Wednesday, Code A	Palliative guidelines controlled drugs not written down.

Palliative care	StafNursSultan	
CODE: nc NEW CODE.nc E4 Nutrition & Fluids	Site Interview- Thursday: <input type="text" value="Code A"/> OT	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 NEW CODE.nc E4 Nutrition & Fluids	Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Systems Waterflow scores for pressure areas. Dybal nutrition scale.
CODE: nc NEW CODE.nc E7 Trust perf manag	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc E9 Control of infection	Site Interviews- Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Training CRR and Cont. of infection - need to maintain links. 2 aims - services safe -> PCTs, safe once got into PCTs.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Friday: <input type="text" value="Code A"/> Phar ma	Policy development - pharmacist always involved. Each policy has named Pharmacist included - check who it is for - syringe drivers?
CODE: nc NEW CODE.nc F1 prescribing	Site Interviews- Tuesday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	New pain control EMI?? Deliveries
CODE: nc NEW CODE.nc F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/>	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 NEW CODE.nc F1 prescribing	Site Interviews- Monday: <input type="text" value="Code A"/> - <input type="text" value="Code A"/>	Specialist Use - System can designate special medication to certain specialities. Eg special for ophthalmology.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> GP	Assessment of pain. What assessment tools in use on ward? Pain Control - <input type="text" value="Code A"/> wanted examples of what this meant. Relies on judgement eg. of patient not able to communicate. Not aware of guidelines.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Pain assessment chart - chart filled when admitted - assessment of sight, mental health, constant, intermittent - scale 1-10 - scale recorded in medical notes
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Pain management staff on other wards.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: <input type="text" value="Code A"/> - SenStafNursSultNt	Alternative medicine for Elderly care not used.
	Site Interview-	

CODE: nc NEW CODE.nc F1 prescribing	Thursday: [Code A] SenStafNursSultNt	No nurse involvement in pain management policy – awareness.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: [Code A] staffnurs 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 NEW CODE.nc F1 prescribing	Site Interview- Thursday: [Code A] staffnurs SultanNt	Out of hours will take verbal instruction on prescription of drugs (not controllable).
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: [Code A] staffnurs SultanNt	Concern about patient pain. It has increased as a result of analgesic ladder.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Thursday: [Code A] 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 NEW CODE.nc F1 prescribing	Site Interview- Thursday: [Code A] Daed	Documentation appears comprehensive and there are checking mechanisms for monitoring increase of dosages. New documentation is being adjusted as necessary.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Wednesday.AC [Code A] nNurseDryad	[Code A] 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 NEW CODE.nc F1 prescribing	Site Interview- Wednesday: [Code A] 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 NEW CODE.nc F1 prescribing	Site Interview- Wednesday [Code A] 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 NEW CODE.nc F1 prescribing	Site Interview- Wednesday [Code A] StafNursDryad	Control of pain: UKCC Guidelines.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Wednesday.MM [Code A] Nur 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.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Wednesday [Code A] s- StafNursSultan	Pain may?? Policy.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Wednesday [Code A] StafNursSultan	Pain control guidelines. Palliative Care QA? Controlled drugs.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Wednesday [Code A] StafNursSultan	Palliative guidelines controlled drugs not written down.
CODE: nc NEW CODE.nc F1 prescribing	Site Interview- Wednesday [Code A] StafNursSultan	Pharmacy - not give controlled drugs.
	Site Interview-Friday [Code A]	

CODE: nc NEW CODE.nc F2 Administration	Code A	Would like IT system to captivate data e.g hand held help analysis Its presented BCs for improving pharmacy IT.
CODE: nc NEW CODE.nc F2 Administration	Site Interviews- Tuesday Code A SenStaffNursDaed	Came from Community Trust, F grade night shift ward. Supervision - Code A G grade. Before G grade nights G grade day accountability to was not clear.
CODE: nc NEW CODE.nc F2 Administration	Site INterview- Wednesday.MM Code A Nur 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.
CODE: nc NEW CODE.nc F3 review	Site Interviews- Monday Code A Code A	Some audit undertaken on his services, simplification of regimes. But struggle to provide the basic services.
CODE: nc NEW CODE.nc F3 review	Site Interviews- Monday Code A Code A	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 NEW CODE.nc F3 review	Site INterview- Wednesday.MM Code A Nur 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.

CODE: nc NEW CODE.nc F3 review	Site Interview- Wednesday.MM: Code A Nurse seExStaffNurs	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?
CODE: nc NEW CODE.nc G1 Pateints	Site Interviews- Monday: Code A Code A	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 NEW CODE.nc G2 Realtive & carers	Site Interviews-Monday.07.01 Code A	Tries to offer families (complaints) realistic perspective of what can be acheived and what NHS can offer.
CODE: nc NEW CODE.nc G2 Realtive & carers	Site Interviews- Monday: Code A	Patient focus care. CHC input. Around meetings - invite carers and users - eg Alzheimers, Parkinson.
CODE: nc NEW CODE.nc G2 Realtive & carers	Site Interview- Thursday: Code A PhysioAs ss	Relatives and patient involved in planning for physiotherapy including watching gym activities. Maintained regular contact with relatives.
CODE: nc NEW CODE.nc G2 Realtive & carers	Site Interview- Wednesday.MM: Code A Nurse seExStaffNurs	Discuss with staff and relatives done by bed when filling in care plan.
CODE: nc NEW CODE.nc G2 Realtive & carers	Site Interview- Wednesday.MM: Code A Nurse 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 NEW CODE.nc G7 Social Services	Site Interview- Thursday, <input type="text" value="Code A"/> 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 NEW CODE.nc G9 Joint working	Site Interviews- Tuesday, <input type="text" value="Code A"/>	One Dr (Consultant) newly appointed 0 gave regular sessions for joint ward rounds.
CODE: nc NEW CODE.nc G9 Joint working	Site Interviews- Tuesday, <input type="text" value="Code A"/>	Strengthened formal links and reviews of patients.
CODE: nc NEW CODE.nc G9 Joint working	Site Interviews- Monday, <input type="text" value="Code A"/> District Nurse	Sultan ward and DNT very good comm. in expertise and discharge.
CODE: nc NEW CODE.nc G9 Joint working	Site Interviews- Monday, <input type="text" value="Code A"/> District Nurse	Discharge. Senior Ward Nurse telephone call -> DN and community clerk filling out form to inform DN.
CODE: nc NEW CODE.nc G9 Joint working	Site Interviews- Monday, <input type="text" value="Code A"/> District Nurse	Interchange between community nurse and ward? Nurses forum with community ward nurse in forum.
CODE: nc NEW CODE.nc G9 Joint working	Site Interviews- Monday, <input type="text" value="Code A"/> District Nurse	No barriers to communication.
	Site Interviews-	

CODE: nc NEW CODE.nc G9 Joint working	Monday: <input type="text" value="Code A"/> District Nurse	Very good rapport with house visitors.
CODE: nc NEW CODE.nc G9 Joint working	Site Interview- Thursday: <input type="text" value="Code A"/> PhysioA ss	Team working good. Attends ward meetings. Involved in care meetings including where physio inappropriate in particular patients.
CODE: nc NEW CODE.nc G9 Joint working	Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Ward Meetings - quite frequently. Stroke team meeting + ward meetings with Phillip every 6/8 weeks.
CODE: nc NEW CODE.nc G9 Joint working	Site Interview- Wednesday.TL <input type="text" value="Code A"/> C 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 NEW CODE.nc H1 Patient care	Site Interview-Friday.Text <input type="text" value="Code A"/> SenNursColW	Chaplain visits weekly-takes an interest Sees terminally ill people Not involved in care plans
CODE: nc NEW CODE.nc H2 Relatives & carers	Site Interview- Thursday: <input type="text" value="Code A"/> staffnurs SultanNt	Good bereavement counselling for relatives.
CODE: nc NEW CODE.nc H2 Relatives & carers	Site Interview- Wednesday.TL <input type="text" value="Code A"/> C 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 NEW CODE.nc H4	Site Interviews- Monday: <input type="text" value="Code A"/>	chaplain is very supportive. Patient affairs coordinator. Ethnic minority - not a big issue.

Cultural,spiritual need		
CODE: nc NEW CODE.nc H5 Expectation of death	Site Interviews- Monday <input type="text" value="Code A"/> -Complaints Conveynor	Expectation of health status - expecting people to go into hospital and be discharged well.
CODE: nc NEW CODE.nc I1 Medical	Site Interviews- Monday <input type="text" value="Code A"/>	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 NEW CODE.nc I1 Medical	Site Interview- Thursday <input type="text" value="Code A"/> GP	No training on transfers.
CODE: nc NEW CODE.nc I1 Medical	Site Interview- Wednesday <input type="text" value="Code A"/> SenStafNursDryad	No formal system for reflective practice. [Taken on so much info in short space of time].
CODE: nc NEW CODE.nc I2 Nursing	Site Interview- Wednesday <input type="text" value="Code A"/> - 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 NEW CODE.nc I2 Nursing	Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	Training needs which went along with that - programme to support.
CODE: nc NEW CODE.nc I2 Nursing	Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs	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?

CODE: nc NEW CODE.nc I2 Nursing	Site Interview- Wednesday.MM: Code A Nur seExStaffNurs	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 NEW CODE.nc I2 Nursing	Site Interview- Wednesday.TL: Code A C onsult	Training of nurses, by possibly rotating with Mulberry Ward, nurses contemplated? Dr banks to lead. Awareness of nurses anxieties needed.
CODE: nc NEW CODE.nc I3 AHP	Site Interview- Thursday: Code A 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 NEW CODE.nc I4 Other staff	Site Interview-Friday.Text Code A 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 NEW CODE.nc I4 Other staff	Site Interviews- Monday: Code A Coporate Risk Advi	Your own training? HNC in Public Administration whilst doing legal role - attended anything relevant.
CODE: nc NEW CODE.nc I4 Other staff	Site Interviews- Monday: Code A Code A	Training CRR and Cont. of infection - need to maintain links. 2 aims - services safe -> PCTs, safe once got into PCTs.
CODE: nc NEW CODE.nc I4 Other staff	Site Interviews- Monday: Code A District Nurse	Believes DN point of view PHT very supportive of training.
	Site Interviews-	

CODE: nc NEW CODE.nc I4 Other staff	Monday <input type="text" value="Code A"/> -District Nurse	DN Clinical supervision. Meet month to every weeks.
CODE: nc NEW CODE.nc I4 Other staff	Site Interview- Thursday <input type="text" value="Code A"/> 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 NEW CODE.nc I4 Other staff	Site Interview- Thursday <input type="text" value="Code A"/> 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 NEW CODE.nc I4 Other staff	Site Interview- Wednesday <input type="text" value="Code A"/> - StafNurseDryad	Generally good ward morale. No training for charge.
CODE: nc NEW CODE.nc I4 Other staff	Site Interview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Excellent practitioner - ??? induction - sufficient training/support/emotional support, bit lacking on dementia training/support care and consent training and restraining.
CODE: nc NEW CODE.nc I4 Other staff	Site Interview- Wednesday.MM <input type="text" value="Code A"/> HCSWDryad	Since Sept 1998 and HCSW was doing training - long gap. Dryad.
CODE: nc NEW CODE.nc I5 Induction	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> -SenStaffNursDaed	Induction - was continuing care ward.
CODE: nc NEW CODE.nc I7 Joint training	Site Interview- Thursday <input type="text" value="Code A"/> 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.

<p>CODE: nc NEW CODE.nc I7 Joint training</p>	<p>Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs</p>	<p><input type="text" value="Code A"/> - developing rehabilitation on stroke patients.</p>
<p>CODE: nc NEW CODE.nc J1 Trust management</p>	<p>Site Interview- Friday. <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>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.</p>
<p>CODE: nc NEW CODE.nc J1 Trust management</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/></p>	<p>"Infallible but not criminal".</p>
<p>CODE: nc NEW CODE.nc J1 Trust management</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>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 <input type="text" value="Code A"/>s complaint bypassed the normal procedure & went straight to the police. Not ?? to what happening & police & <input type="text" value="Code A"/> has actively campaigned through press. <input type="text" value="Code A"/> <input type="text" value="Code A"/> actively campaigning in hospital, so been difficult to investigate in usual way.</p>
<p>CODE: nc NEW CODE.nc J1 Trust management</p>	<p>Site Interviews- Tuesday. <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>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</p>

CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/>	Care groups. Divisional reviewer. Quality sector - includes complaints and compliments about 85 complaints a year.
CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/>	Try and diffuse complaints.
CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/>	Qualitative aspect -> Awareness of feelings involved in complaints?
CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/>	Review and monitoring changes.
CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/>	1998- Reviews - 3 or 4.
CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/> Coporate Risk Advi	Whilst involved in handling Trust Insurance - she does not recall there being any issues on the three wards (check with <input type="text" value="Code A"/>
CODE: nc NEW CODE.nc J1 Trust management	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Some complaints - just have no resolution - how manage to pull off? Take step back.
CODE: nc NEW CODE.nc J1 Trust management	Site Interview- Thursday <input type="text" value="Code A"/> Patient Affairs	Will do a compensation claim. Laundry system, problems, as things go missing
CODE: nc NEW CODE.nc J2 Ward management	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	He was involved with Police Inquiry to explain controlled Drug records. Pharmacy have had limited involvement "not outrageous quantities" being used. <input type="text" value="Code A"/> 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 NEW CODE.nc J2 Ward management	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Each service has lead consultation also used them for advice - this is how 1998 complaints dealt with.
CODE: nc NEW CODE.nc J2 Ward management	Site Interview- Thursday <input type="text" value="Code A"/> 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 NEW CODE.nc J3 trust lessons	Site Interviews- Monday <input type="text" value="Code A"/>	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 NEW CODE.nc J3 trust lessons	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Lessons learnt - how that happen? Individual complaint and then broad lessons. Complaint - investigation done - eg manager elsewhere - would talk to clinicians. * guidance on conducting investigating may or may not be an action plan. Every complaint recorded and comp rep x 3 months and then review action plan would be discussed at review meeting.
CODE: nc NEW CODE.nc J3 trust lessons	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	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 NEW CODE.nc J3 trust lessons	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	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 NEW CODE.nc K1 Trust arrangements	Site Interviews- Tuesday. <input type="text" value="Code A"/>	Many groups - LITs etc are feeding into clinical governance.
CODE: nc NEW CODE.nc K1 Trust arrangements	Site Interviews-Monday. <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Member on risk management. Liaises with clinical management etc, confusion is key.
CODE: nc NEW CODE.nc K1 Trust arrangements	Site Interviews- Monday. <input type="text" value="Code A"/> Coporate Risk Advi	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: Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive. Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive. Risk Assessment Process. Annual h + s developed to be more ongoing under RA process eg h + S and clinical risk
CODE: nc NEW CODE.nc K1 Trust arrangements	Site Interviews- Monday <input type="text" value="Code A"/> Coporate Risk Advi	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 NEW CODE.nc K1 Trust arrangements	Site Interviews- Monday <input type="text" value="Code A"/> Coporate Risk Advi	Community Nursing and Therapies are low reporters. About to launch the 'Home Workers Risk Assessment Guide'.
CODE: nc NEW CODE.nc K1 Trust arrangements	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> and an independent nurse investigator and CE sec. to team. (managed database and logs).

<p>CODE: nc NEW CODE.nc K1 Trust arrangements</p>	<p>Site Interviews- Monday, <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Managed/delivered training for front line staff. Caseloads - <input type="text" value="Code A"/> and <input type="text" value="Code A"/> divided services up - <input type="text" value="Code A"/> for Gost and Fareham and GWMH.</p>
<p>CODE: nc NEW CODE.nc K1 Trust arrangements</p>	<p>Site Interviews- Monday, <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>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.</p>
<p>CODE: nc NEW CODE.nc K1 Trust arrangements</p>	<p>Site Interviews- Monday, <input type="text" value="Code A"/> Clin Risk Adivsor</p>	<p>Incident forms usually OK, some are not crisp.</p>
<p>CODE: nc NEW CODE.nc K1 Trust arrangements</p>	<p>Site Interview- Wednesday.MM <input type="text" value="Code A"/> Nur seExStaffNurs</p>	<p>Risk assessment - can't remember.</p>
<p>CODE: nc NEW CODE.nc K2 Ward arrangements</p>	<p>Site Interviews- Monday, <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>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.</p>
<p>CODE: nc NEW CODE.nc K3 PCT arrangements</p>	<p>Site Interviews-Monday, <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>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.</p>
	<p>Site Interviews-</p>	

<p>CODE: nc NEW CODE.nc K3 PCT arrangements</p>	<p>Monday <input type="text" value="Code A"/> Coporate Risk Advi</p>	<p>Her choice of which PCT to move to influenced by number of Trust Senior Managers who have gone to E Hants.</p>
<p>CODE: nc NEW CODE.nc K3 PCT arrangements</p>	<p>Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/></p>	<p>Corporate risk and clinical risk strategy. PCT devolved out services.</p>
<p>CODE: nc NEW CODE.nc K3 PCT arrangements</p>	<p>Site Interviews- Monday <input type="text" value="Code A"/> District Nurse</p>	<p>Impact on colleges who went into PCT. Personally not affected, worked with district and local authorities.</p>

CODE: NC No Code	Site Interview- Friday: <input type="text" value="Code A"/> - manager	In Post since 1996-qualified in 1990-Staff Nurse and Acute Eldelry medicine-Senior Staff Nurse-managed community Hospital ? and OPD and minor injuries In Gosport 2 and half years as ward manager-June 1999 No other ward involvement Worked occasional night duty Network with other wards, need or in meetings. Some staff rotates due to staff shortages.
CODE: NC No Code	Site Interview- Friday: <input type="text" value="Code A"/> - Complaints	12 hours a week-'spare part' worker mostly worked at Acute Hospital 1996 Started on complaints procedure Works single handed 1998 worked with <input type="text" value="Code A"/> 050percent workload
CODE: NC No Code	Site Interview- Friday: <input type="text" value="Code A"/>	Sharing learning, common membership of review teams, who did review teams?
CODE: NC No Code	Site Interview- Friday: <input type="text" value="Code A"/>	Community hospitals have contracted group both bits of patch good practice. Internal networks.
CODE: NC No Code	Site Interview- Friday: <input type="text" value="Code A"/>	Broader themes - nutrition.
CODE: NC No Code	Site Interview- Friday: <input type="text" value="Code A"/> SenNursDayW ard	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 [Code A] 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 [Code A] Telephone Int	Been at GWMH year and a half - new to the trust.
CODE: NC No Code	Site Interview-Friday.Text [Code A] SenNursColW	Result because concern medical wards too early
CODE: NC No Code	Site Interview-Friday.Text [Code A] SenNursColW	works well with resources
CODE: NC No Code	Site Interview-Friday.Text [Code A] SenNursColW	Mulberry Ward is? Royal Collingwood
CODE: NC No Code	Site Interview-Friday.Text [Code A] SenNursColW	Disengage with this and 'they'
CODE: NC No Code	Site Interview-Friday.Text [Code A] SenNursColW	Line Manager [Code A] [Code A] and [Code A] Very recent change Southeast Hants V fragmented
CODE: NC No Code	Site Interviews- Tuesday [Code A] [Code A]	[Code A] Elderly Medicine, Portsmouth Healthcare NHS Trust.

CODE: NC No Code	Site Interviews- Tuesday [Code A]	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. [Code A] [Code A] was [Code A] Training Managers - communication written communications prog.
CODE: NC No Code	Site Interviews- Tuesday [Code A] [Code A]	Busy year - dissolution of Trust, PFI at QA (131 acute beds), govt? policies eg. NHS Plan.
CODE: NC No Code	Site Interviews- Tuesday [Code A] [Code A]	Local press have not helped the local community through this.
CODE: NC No Code	Site Interviews- Tuesday [Code A] [Code A]	Jubilee House pilot NHS N Home.
CODE: NC No Code	Site Interviews- Tuesday [Code A] HCSW Sult Ngt	[Code A] 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). [Code A] 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 [Code A] Ex- StaffNursDaed	[Code A] 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: <input type="text" value="Code A"/> NursClt	Ward understood notion of teamwork in 1997/8? Team not as united as could have been.
CODE: NC No Code	Site Interviews- Tuesday: <input type="text" value="Code A"/> 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: <input type="text" value="Code A"/> NursClt	Checking good practice implemented?
CODE: NC No Code	Site Interviews- Tuesday: <input type="text" value="Code A"/>	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: <input type="text" value="Code A"/>	Movement of nurses
CODE: NC No Code	Site Interviews- Tuesday: <input type="text" value="Code A"/> -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
CODE: NC No Code	Site Interviews- Tuesday: <input type="text" value="Code A"/> HC SWDaed	Wants CHI to confirm??
CODE: NC No Code	Site Interviews- Tuesday: <input type="text" value="Code A"/> 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 <input type="text" value="Code A"/> <input type="text" value="Code A"/> 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 <input type="text" value="Code A"/> Close working relationship. Does appraisals on all staff Team and ward meetings.
CODE: NC No Code	Site Interviews- Tuesday <input type="text" value="Code A"/> <input type="text" value="Code A"/> StaffNursDeadNgt	On holiday in 1998 for <input type="text" value="Code A"/> incidents. Not sure staff have had support - esp ?? <input type="text" value="Code A"/> ?? ??? ???.
CODE: NC No Code	Site Interviews- Tuesday <input type="text" value="Code A"/>	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 <input type="text" value="Code A"/>	Been independent of Portsmouth and Southampton.
CODE: NC No Code	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Fareham and Gosport elderly care - good.
CODE: NC No Code	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Practice Examples
CODE: NC No Code	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	How quality issues are communicated to board or director? Example
CODE: NC No Code	Site Interviews-Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Not top down view. How are tensions resolved?

CODE: NC No Code	Site Interviews- Monday: <input type="text" value="Code A"/>	<input type="text" value="Code A"/> - accommodation problems.
CODE: NC No Code	Site Interviews- Monday: <input type="text" value="Code A"/>	A ward of??? for Alzhemiers
CODE: NC No Code	Site Interviews- Monday: <input type="text" value="Code A"/> -Complaints Conveynor	*1998 - non executive for three years.
CODE: NC No Code	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints Conveynor	How does the cohesiveness of Top team translate down to front line staff?
CODE: NC No Code	Site Interviews- Monday: <input type="text" value="Code A"/> Complaints Conveynor	CHI information with <input type="text" value="Code A"/> as a lay member.
CODE: NC No Code	Site Interviews-Monday: <input type="text" value="Code A"/> <input type="text" value="Code A"/> 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: <input type="text" value="Code A"/>	How Top team works
	Site Interviews-	

CODE: NC No Code	Monday <input type="text" value="Code A"/>	Where would hot issues be translated into actions?
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/>	*Communications - how do you know policy is working?
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/>	What mechanisms will stop acute dumping beds.
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/>	How do you know about good practice / bad practice?
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	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 <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Active service is in MAU and Medicine - help check patients in and help with discharge.
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> Coporate Risk Advi	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 <input type="text" value="Code A"/> 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. <input type="text" value="Code A"/> just appointed as replacement in this Trust. Directly manages one staff - data input.
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> Coporate Risk Advi	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 <input type="text" value="Code A"/> Coporate Risk Adv	Any Communication to staff copied to <input type="text" value="Code A"/>
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> Coporate Risk Adv	<input type="text" value="Code A"/> d/w Service Manager - what do staff get back?
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	<input type="text" value="Code A"/> March 97 -> June 01 - app Gen Man. Elderly Medicine
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> <input type="text" value="Code A"/>	Current trends - clinical management / staff attitude
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	District Nurse 18 month Gosport, Community SE Hants and Portsmouth. Worked for two Dr's practices. Outside and inside GWMH. <input type="text" value="Code A"/> - general manager.
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> District Nurse	Dryad - no dealings with. Very rare for District Nurse as most people go into nursing.
CODE: NC No Code	Site Interviews- Monday <input type="text" value="Code A"/> 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 <input type="text" value="Code A"/> District Nurse	Case conferencing asap to enable someone to come home and die.
	Site Interviews-	

CODE: NC No Code	Monday: <input type="checkbox"/> Code A <input type="checkbox"/> District Nurse	Resuscitation on older patients
CODE: NC No Code	Site Interviews- Monday: <input type="checkbox"/> Code A <input type="checkbox"/> District Nurse	Quality of nursing practice.
CODE: NC No Code	Site Interviews- Monday: <input type="checkbox"/> Code A <input type="checkbox"/> District Nurse	Terms of Reference - medication
CODE: NC No Code	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> Sp-LangThera	Recent arrival, experience in different care settlings.
CODE: NC No Code	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> Sp-LangThera	<p>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.</p>
CODE: NC No Code	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> GP	Accompanied by <input type="checkbox"/> Code A <input type="checkbox"/> Senior Partner in local GP practice. Accompanied in role as "friend".
CODE: NC No Code	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> GP	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: <input type="checkbox"/> Code A <input type="checkbox"/> GP	Specialist skills?
CODE: NC No Code	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> GP	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: <input type="checkbox"/> Code A <input type="checkbox"/> GP	<input type="checkbox"/> Code A and <input type="checkbox"/> Code A 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: <input type="checkbox"/> Code A <input type="checkbox"/> - 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: <input type="checkbox"/> Code A <input type="checkbox"/> - 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: <input type="checkbox"/> Code A <input type="checkbox"/> - SenStafNursSultNt	CHI Report – to write a glowing report, pointing to good examples, nothing.
CODE: NC No Code	Site Interview- Thursday: <input type="checkbox"/> Code A <input type="checkbox"/> -	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 <input type="checkbox"/> Code A Senior Personn	Workforce planning recruitment
CODE: NC No Code	Site Interview-Thursday <input type="checkbox"/> Code A <input type="checkbox"/> Code A ExSisterSultan	Retied June 1999
CODE: NC No Code	Site Interview-Thursday <input type="checkbox"/> Code A <input type="checkbox"/> Code A ExSisterSultan	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 <input type="checkbox"/> Code A staffnurs 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 <input type="checkbox"/> Code A staffnurs SultanNt	Differences between wards - difference not sure only works on Sultan.
CODE: NC No Code	Site Interview- Thursday <input type="checkbox"/> Code A HCSW	<input type="checkbox"/> Code A ensures she is on circulation list for report.
CODE: NC No Code	Site Interview- Thursday <input type="checkbox"/> Code A OT	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 <input type="checkbox"/> Code A phy	9 years, community work, 8 physios, stroke unit - 9 hours insufficient.
CODE: NC No Code	Site Interview- Thursday <input type="checkbox"/> Code A	Ward Clerk, November 2001

	WardClerk	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: <input type="text" value="Code A"/> WardClerk	Clinical coding - <input type="text" value="Code A"/>
CODE: NC No Code	Site Interview- Wednesday: <input type="text" value="Code A"/> nNurseDryad	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: <input type="text" value="Code A"/> SenSt afNursDryad	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: <input type="text" value="Code A"/> StafNurseDryad	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: <input type="text" value="Code A"/> CltDryad	Sometimes I don't know how we can do it, but we do it.
CODE: NC No Code	Site Interview- Wednesday: <input type="text" value="Code A"/> 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 <input type="checkbox"/> Code A SenStafNursDryad	No called <input type="checkbox"/> - does not do nights so cannot comment on healthcall.
CODE: NC No Code	Site Interview- Wednesday <input type="checkbox"/> Code A StafNursDryad	Dryad split in two (Mary rose and Warrior)
CODE: NC No Code	Site Interview- Wednesday <input type="checkbox"/> Code A Porter	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 <input type="checkbox"/> Code A Porter	Now employed by "Rentokill" but doing same job as before ie. service contracted out.
CODE: NC No Code	Site Interview- Wednesday.MM <input type="checkbox"/> Code A Nur seExStaffNurs	No info. Either way.
CODE: NC No Code	Site Interview- Wednesday.MM <input type="checkbox"/> Code A Nur seExStaffNurs	Surprised at police investigation.
CODE: NC No Code	Site Interview- Wednesday.MM <input type="checkbox"/> Code A Nur seExStaffNurs	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 <input type="checkbox"/> Code A StafNursSultan	Ancillary process - non-nursing duties: "Can you come & get the meal, xray....." Good qual.

CODE: NC No Code	Site Interview- Wednesday.TL Code A onsult	In post 1 year. Consultant geriatrician. Trained as specialist Registrar.
CODE: NC No Code	Site Interview- Wednesday. Code A StafNursSultan	15th year at GWMH. On female. 1998 moved new hospital male and female - always worked on SP ward.

2

Trust Strategic Management.A1 Leadership	Doc25	Indifferent management by the Portsmouth Healthcare Trust.
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Community Health Council.txt	Much confidence in Code A big strength of trust
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Interview with SERO.19.11.txt	Problem with accountability of Code A 'never tackled head on"; nor were problems of recruiting and retaining medical staff for elderly wards at GWM; 'might have been a bit lax with performance management of consultants there'
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	Don't know if any other union steward who could ring chief executive confidently and speak to him openly
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	Trust aspiring to be a very good employer
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	They'll own up if they make mistakes. (Senior managers)
Trust Strategic Management.A1 Leadership	Statutory Stakeholder. Code A Code A .txt	We are caring organisations but some management less caring than others
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Tele Int- Code A	Leadership Very positive, good professional staff
Trust Strategic	Statutory Stakeholder.Tele Int-	

Management.A1 Leadership	Code A .txt	There is also considerable anxiety about change of management/structure next April; staff happy with current senior management - very worried about the prospect of new people coming in who will not be as sympathetic#
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Tele Int-Code A .txt	GWM has a good record in supporting staff at senior management level; not so sure about behaviour of middle managers. 'Why pick on such a good trust to investigate?'
Trust Strategic Management.A1 Leadership	Statutory Stakeholder.Tele Int-Code A .txt	in hindsight, thinks that some of the problems at GWM might have been averted or minimised if there hadn't been so much attention on Queen Alexandra, particularly in 2000 ; concerned that health authority, in particular 'took its eye off the ball, concentrating all attention on the QA and not paying enough attention to GWM
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Community Health Council.txt	Code A 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
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Interview with SERO.19.11.txt	Problem with accountability of Code A 'never tackled head on"; nor were problems of recruiting and retaining medical staff for elderly wards at GWM; 'might have been a bit lax with performance management of consultants there'
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Interview with SERO.19.11.txt	Much confusion around responsibility for care of elderly in Gosport as it is divided between Portsmouth health authority and Portsmouth Hospitals trusts

Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder. Code A Code A.txt	They'll own up if they make mistakes. (Senior managers)
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder. Code A Code A.txt	At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff
Trust Strategic Management.A2 Accountabilities	Statutory Stakeholder.Tele Int- Code A	Accountabilities If regular concern - pick up through divisional reviews. Also have an open invitation.
Trust Strategic Management.A3 Direction & planning	Doc25	In this instance the staff at the GWMH have been made the scapegoats for a decision by the Healthcare Trust to change the role of the GWMH without providing adequate facilities.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder. Code A Code A.txt	Team brief keeps staff well informed - good communication for nursing staff
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder. Code A Code A.txt	Different managers doing their own thing - joint training instigated to address this
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Interview. Code A Code A 22.	very active discussion about use of rehab beds in Sultan by GP board directors at GWM
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Interview. Code A Code A 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

Trust Strategic Management.A3 Direction & planning	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)
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A Code A.txt	Why did this go wrong? How can things be changed? People are given a second chance in appropriate cases
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A Code A.txt	a very enlightened organisation - even prepared to enter in an open dialogue over finance and pay
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A Code A.txt	We are on the farside of being too collaborative
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A Code A.txt	Trust issues regional but Heads of department meetings informal communications
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder Code A Code A.txt	At unions suggestion there is ward briefing file with regular updates on issues & matters affecting staff

Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder. Code A Code A txt	We are caring organisations but some management less caring than others
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- Code A	Direction & Planning GP ward - Sultan - GP's taking lead on more and more departments. Patients transferred to GWMH from Haslar / acute rather than home. PCG would like to do more, encourage.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- Code A	Direction & Planning Proposal 24 beds - one option is redesignation 18 GP + 6 elderly care consultants. Delicate negotiation stage.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- Code A txt	major crisis in local health economy about numbers of community beds; fewer available in last few years because of more frequent closure of nursing homes; RCN dealing with quite a lot of redundancies in independent sector
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Tele Int- Code A txt	5 years ago nursing homes were a booming business; now many are closing because of rising costs and greater pressure from inspectorate which is imposing tougher standards. 'maybe it is forcing some of the cowboys out of the business which is a good thing but it also means that there are fewer places for older people to go to'
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Telephone Interview- Code A	Increasingly concerned re-pressure our beds locally- trying to develop schemes to ease bed pressures.
Trust Strategic Management.A3 Direction & planning	Statutory Stakeholder.Telephone Interview- Code A	Care be more joint commission and management opportunity for implementation

Trust Strategic Management.A4 Health econ partnerships	Stakeholder 4	Last May 2000 Code A was unable to walk - Code A could not manage so arranged for him to go to Haslar. Was in high dependency bed but Haslar said could not spare bed for someone not acutely ill. Moved him to War Memorial Hospital.
Trust Strategic Management.A4 Health econ partnerships	Stakeholder 9	Complained about lack of cooperation between different hospitals. Code A was going to four different hospitals for different things with no link between them.
Trust Strategic Management.A4 Health econ partnerships	Stakeholder 12	Community hospital- GWMH and St Christopher's would meet once a month too.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Community Health Council.txt	Elderly medicine in district under considerable pressure
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Community Health Council.txt	Sense of isolation among people walking in community hospitals sense that little of no back up because of concentration on big acute hospitals
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Code A G	Particular problems in communications between acute trusts and LMC Elderly medicine is the department which GPs locally would agree is 'a darn sight better than anything else' in secondary care in Portsmouth area; disappointing that CHI focussing on this area as he feels real problems are in acute general and emergency medicine
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Code A G	Serious bed crisis in Portsmouth area and signs are it will get worse: 250 beds to be lost in area by 2002; he predicts even greater move to 'dump' patients in community hospitals; 'we're not being given the resources we need to deliver services; pressure to get patients out of acute hospital beds (probably fuelled by pressure to increase FCE completions)

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	All GPs employed by community trust (41) have admitting rights to Sultan ward
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	GPs/LMC don't have much to do with Dryad and Daedalus wards except that they will have patients in those wards under consultants' care
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	There are problems getting patients in and getting them back out again: eg 6 weeks' delay while patient waiting to have social worker assigned to them
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	It is definitely our hospital; we are involved in selecting senior staff (head nurses, team leaders
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	problems at GWM magnified by vidrtual closure of Haslar
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	Consultant geriatricians work with GP surgeries locally; greater cooperation between GPs and geriatricians than any other specialist consultants
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	Portsmouth is a 'failing' health authority; big trolley wait problem
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	GWM has suffered because of wider changes in local health economy, especially Haslar closure and bed pressures in acute hospitals

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with Code A 22.1	Unless there's change at the top, nothing will change lower down in community hospitals; describes trust as 'understaffed, overworked' with little understanding by management of the problems or desire to bring in expertise from outside; when it's offered, often ignored
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview with SERO.19.11.txt	SERO attends regular elderly care meetings in Portsmouth attended by PCG reps, HA
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview Code A 22.	When with GWM, she would have regular meetings with the health authority; however discussion tended to focus on activity figures (ie bed occupancy, FCEs)
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview Code A 22.	Any discussion of quality of care to patients at GWM were relatively superficial and about physical facilities and environment
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview Code A 22.	* 'we were quite frustrated as we wanted to discuss outcomes of care and the views of patients'; however those issues weren't the agenda for health authorities at the time
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview Code A 22.	In that role, she monitors activity and instigates developmental work to remedy problems identified in monitoring (eg current work in reducing delayed discharges)
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview Code A 22.	HA has set up a district-wide screening group underpinned by multi-disciplinary local implementation teams; much work at same time in consulting service users and carers

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview: Code A Code A 22.	HiMP: belongs to primary care group and trusts; must report annually on how they plan to improve care of elderly in their area; that plan must be linked to NSF, LMR and SaFF targets
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview: Code A Code A 22.	Top priority in elderly care in acute sector is to prevent bed blockages and reduce delayed discharges
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview: Code A Code A 22.	Evert bit of local health economy is overspent (but same is true of whole region)
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Interview: Code A Code A 22.	Monthly meeting of all leads from each health authority and social service authorities; Regional office policy leads: meetings consist of policy update and report back on local activity' each member of this group liaises with colleagues in rest of region about local proposals to ensure consistency- very effective network
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder: Code A Code A.txt	contrast between culture at Portsmouth Healthcare Trust and with Portsmouth Hospitals systems analysis approach at Healthcare Trust
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder: Code A Code A.txt	Unhappiness about losing bits of trust to Portsmouth and East Herts
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- Code A	Health econ partnerships Good working relationships with Portsmouth Healthcare Trust - joint work re development of intermediate care.

Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- Code A	Health econ partnerships GP's good relationship with GP's locally. 7 out of 11 practices have someone on PCG Board.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- Code A	Health econ partnerships Group of GP's who use War Memorial. GP's perception good - GP each practice who use WMH have <??> in to.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Tele Int- Code A	Health econ partnerships HA - very much an open door policy. <??> to PCG than elsewhere - eg Now second locality HIMP.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	Wards would notify him that patient becoming more stable and ready for move back home.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP-Tony's team would have greater contact even sultan.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	Increasingly concerned re-pressure our beds locally- trying to develop schemes to ease bed pressures.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	Improving care pathways NB and working on the supply side of problem in terms of community beds.

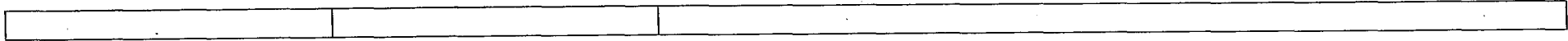
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	PCT- it will have impact on local social services; I would hope that it provides us with more positive opportunities.
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	Care be more joint commission and management opportunity for implementation
Trust Strategic Management.A4 Health econ partnerships	Statutory Stakeholder.Telephone Interview- Code A	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong enough
Trust Strategic Management.A5 patient & public partners	Doc 31	She feels that the GWMH does not have an "open method of welcoming volunteers", that it is something of a closed shop.
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Programme of quality visiting try to visit every NHS site over 3 years
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	If there are several complaints during the 3 years, CHC will do an ad hoc visit.
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Last visit to GWMH was in 98 (Code A) was involved)
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Have not been notified by office that there's any reason for special visit.

Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Code A 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
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Code A CHC has no longer been doing one-to-one complaints since the autumn (31 Oct 2000) level decision by Dept of Health
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Contacts Chief Executive of Trust in Dec 99 then contacts again in Jan/Feb 2000 unable to speak to him - thinks she may have left message with receptionist saying she had concerns
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	CHC did special visit to elderly ward at Queen Alexandra – produced a very critical report which evoked very positive response from trust management They would have made a similar visit to Gosport if there hadn't been police inquiry
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	Description of chair is that theres a very good feeling about War Memorial
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Community Health Council.txt	We tend to leave people in peace until we need something specific
Trust Strategic Management.A5 patient &	Statutory Stakeholder.Tele Int- Code A	Patient & Public Partners

public partners		PCG - patients users group - going several months. Survey work commissioned on quality of primary care development. Trust have well established user groups - rationalise what exists to improve.
Trust Strategic Management.A5 patient & public partners	Statutory Stakeholder.Tele Int- Code A txt	Very pleased with GWM: 'The trust has positively tried to embrace partnership working with the RCN and other unions'

Service Strategic Managemen.B1 Leadership	Stakeholder 12	Line managers have study days to learn how to appraised staff.
Service Strategic Managemen.B1 Leadership	Statutory Stakeholder.Interview with [Code A] [Code A] G	Clinical assistants supported by their LMC which negotiates contracts for them and advises when problems arise
Service Strategic Managemen.B1 Leadership	Statutory Stakeholder.Interview with SERO.19.11.txt	[Code A] is SERO's policy lead for older people and related NSF
Service Strategic Managemen.B1 Leadership	Statutory Stakeholder.Interview. [Code A] [Code A] 22.	HA board know about and, in some cases, are involved in NSF for older people; at health authority level, some of the non-exec directors actively involved ; ' I have no reason to think board members are any less active in Fareham and Gosport
Service Strategic Managemen.B1 Leadership	Statutory Stakeholder.Tele Int- [Code A] txt	treatment of elderly a very sensitive issue locally, particularly at QA following 2000 incident : 'nursing staff feel that they weren't and aren't being supported by management but being made scapegoats'
Service Strategic Managemen.B2 Accountabilities	Statutory Stakeholder.Interview with SERO.19.11.txt	Any of the work done by SERO on this case would have been done by [Code A] [Code A] in liaison with his opposite number at Portsmouth health authority ([Code A])with support from Roy Greenwood (nursing director SERO)
Service Strategic Managemen.B2 Accountabilities	Statutory Stakeholder.Interview with SERO.19.11.txt	SERO performance manager's role would be to instigate and facilitate meetings between key actors in area; doesn't take a proactive role in serious incidents like this
Service Strategic	Stakeholder 12	

Managemen.B3 Direction & planning		Networking was encourages. An example was Elderly Care- Ace inhibitors trails in Dolphin
Service Strategic Managemen.B3 Direction & planning	Stakeholder 12	This was passed around and Pharmacy at Q & A adopted the findings and utilised them in age prescription.
Service Strategic Managemen.B3 Direction & planning	Statutory Stakeholder.Interview <input type="checkbox"/> Code A <input type="checkbox"/> 22.	HA has set up a district-wide screening group underpinned by multi-disciplinary local implementation teams; much work at same time in consulting service users and carers
Service Strategic Managemen.B3 Direction & planning	Statutory Stakeholder.Interview <input type="checkbox"/> Code A <input type="checkbox"/> 22.	6 district wide implementation teams: strokes; falls; equipment; single assessment process; pharmacy and prescribing; older people and mental health problems each locality sends rep to each team
Service Strategic Managemen.B3 Direction & planning	Statutory Stakeholder.Interview <input type="checkbox"/> Code A <input type="checkbox"/> 22.	we're attempting to join up a very complex set of targets for NSF and local modernisation review -it's about improving practive to national standards rather than criticising local services
Service Strategic Managemen.B3 Direction & planning	Statutory Stakeholder.Interview <input type="checkbox"/> Code A <input type="checkbox"/> 22.	Fareham & Gosport have produced very good written material; also produced very good gap analysis for stroke service with action plan for change; not as good on falls; they were one of the first localities to start user and carer involvement work; only locality with community implementation strategy
Service Strategic Managemen.B3 Direction & planning	Statutory Stakeholder.Interview <input type="checkbox"/> Code A <input type="checkbox"/> 22.	Top priority in elderly care in acute sector is to prevent bed blockages and reduce delayed discharges



Quality Indicators.C1 Staff attitude	Doc 26	But never once was anyone less than kind and caring towards him.
Quality Indicators.C1 Staff attitude	Doc 28	I received such kindness and help from all the staff at all times.
Quality Indicators.C1 Staff attitude	Doc 29	Everyone was so very kind and caring to him in both Daedalus and Dryad wards.
Quality Indicators.C1 Staff attitude	Doc 30	I felt that the Nursing Care itself was excellent and much appreciated.
Quality Indicators.C1 Staff attitude	Stakeholder 1	Sunday 2nd August- [Code A] was in his wheelchair in the garden. [Code A] noticed that [Code A]'s ankles were swollen. [Code A] took [Code A] back inside immediately and approached the three nurses that were around the nurses' station. But [Code A] said that the nurses did pay attention to [Code A] concerns about [Code A]'s ankles, but there was no immediate response, they just continued their conversation. That evening when [Code A] returned bandages were present on [Code A]'s ankles.
Quality Indicators.C1 Staff attitude	Stakeholder 2	Waited 40 minutes for nurse to come asked to step outside - not happy
Quality Indicators.C1 Staff attitude	Stakeholder 2	Staff attitude a problem - very uncaring
Quality Indicators.C1 Staff attitude	Stakeholder 2	In QA had really good relationship - George Ward helped feed ?? etc

Quality Indicators.C1 Staff attitude	Stakeholder 2	Nurses thought [Code A] had left - and had been talking about her
Quality Indicators.C1 Staff attitude	Stakeholder 2	Scared to speak out in case take it out on [Code A] when they were not there
Quality Indicators.C1 Staff attitude	Stakeholder 3	[Code A] worried to raise concern in case nasty to her again.
Quality Indicators.C1 Staff attitude	Stakeholder 5	As a whole the ward was lovely and he had no complaints against the staff.
Quality Indicators.C1 Staff attitude	Stakeholder 7	Lump a certain age group as no hopes - each patient individual care - try to keep rehabilitated for a week.
Quality Indicators.C1 Staff attitude	Stakeholder 8	One lovely nurse on Dryad - went to say hello to every patient before even got coat off.
Quality Indicators.C1 Staff attitude	Stakeholder 9	They seemed to catheterise everyone - [Code A] was not incontinent - heard lots of patients ask to go to the toilet. Nurse said it was done mostly to save time.
Quality Indicators.C1 Staff attitude	Stakeholder 9	Staff seemed to concentrate on room where patients who were recovering were and ignored sicker patients.
Quality Indicators.C1 Staff	Stakeholder 9	

attitude		Very concerned re mixed ward clothes and bed trolleys because of risk of infection. Agency nurses always blamed for mix-up.
Quality Indicators.C1 Staff attitude	Stakeholder 10	Main concern is culture on Ward especially manner of staff with patients and relatives
Quality Indicators.C1 Staff attitude	Stakeholder 10	Asked for nurses help in taking Mr D to toilet 3 separate occasions – did not receive help for a long time and staff complained.
Quality Indicators.C1 Staff attitude	Stakeholder 10	On one visit [Code A] wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. [Code A] came close to tears 6/8 Feb told off for using buzzers
Quality Indicators.C1 Staff attitude	Stakeholder 10	9 Feb - rang ward to ask if she could visit and take clothing, phone was slammed down
Quality Indicators.C1 Staff attitude	Stakeholder 10	Had promised to leave cards at reception - they weren't there Told that she would have to go and collect them herself
Quality Indicators.C1 Staff attitude	Stakeholder 10.	I was made to feel an inconvenience & nuisance because we asked questions - seen as a threat
Quality Indicators.C1 Staff attitude	Stakeholder 10	Staff never introduced themselves to or wore name badges
Quality Indicators.C1 Staff	Stakeholder 12	

attitude		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)
Quality Indicators.C1 Staff attitude	Stakeholder 13	One or two nurses excellent
Quality Indicators.C1 Staff attitude	Stakeholder 13	Whoever picked her up from fall - didn't do anything about it
Quality Indicators.C1 Staff attitude	Stakeholder 13	Doctor leaned on wall and said next thing chest infection and that will be it.
Quality Indicators.C1 Staff attitude	Stakeholder 14	Staff Attitude Put meals on tray, walk away and came back and took untouched food away.
Quality Indicators.C1 Staff attitude	Stakeholder 17	Staff Attitude Got feeling had dementia and therefore her feelings didn't count.
Quality Indicators.C1 Staff attitude	Stakeholder 17	Staff Attitude
Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Interview Code A Code A 22.	Staff at GWM had difficult time in coping with arrival of greater number of acutely ill patients with serious mobility problems; found it difficult to get patients up and moving around; some of the staff were not used to being assertive with patients

Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Tele Int- Code A	Staff Attitude Hospital is brilliant
Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Tele Int- Code A	Staff Attitude Good relationship with wards, Sultan, Daedalus and Dryad.
Quality Indicators.C1 Staff attitude	Statutory Stakeholder.Tele Int- Code A	Staff Attitude Very favourable impression. Very kind and caring.
Quality Indicators.C1 Staff attitude	Stakeholder 18	Staff Attitude Received 100's of letters and donations full of praise.
Quality Indicators.C1 Staff attitude	Stakeholder 19	
Quality Indicators.C1 Staff attitude	Vol Stakeholder.Tele Int - Code A	Staff Attitude Nurses are kind to them.
Quality Indicators.C1 Staff attitude	Vol Stakeholder.Tele Int - Code A	Staff Attitude Is cared for well.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Code A was catheterised- Code A seemed agitated by catheterisation - so Code A was sedated during

		this procedure.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Within the next 24hours his health deteriorated.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Code A were happy with his condition that even considering that he had, had two sedations.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Code A was placed in a private room, which was near the nurses' reception. Code A Code A spoke about how Code A appeared comatose and there was a do not disturb sign on his door.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 1	Code A felt that Code A should have received Rehabilitation, but no attempt was made to rehabilitate Code A
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 7	Lump a certain age group as no hopes - each patient individual care - try to keep rehabilitated for a week.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 9	They seemed to catheterise everyone - my husband was not incontinent - heard lots of patients ask to go to the toilet. Nurse said it was done mostly to save time.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	three month project to improve, and raise awareness of why people fall

Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	There was also a research and development day to show the good and bad types research assuring evidence based practice
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	Evidence based practice was welcomed generally.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	This was passed around and Pharmacy at Q & A adopted the findings and utilised them in age prescription.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 12	The fall policy was another example of how networking happens.
Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 13	Is this bad practice. Does this pre-empt way patients treated by nurses.
Quality Indicators.C2 Effectiveness & outcomes	Statutory Stakeholder.Interview with SERO.19.11.txt	[Code A] said that [Code A] is said to have a good reputation locally in palliative care
Quality Indicators.C2 Effectiveness & outcomes	Statutory Stakeholder.Interview [Code A] [Code A] 22.	Continence was used as predictor of outcome and was considered a reliable indicator: if a patient could achieve 7 full days of continence, full recovery would be predicted, all others were classified as 'slow streamers'
Quality Indicators.C2 Effectiveness & outcomes	Statutory Stakeholder.Tele Int- [Code A]	Effectiveness & Outcomes Hospital is brilliant

Quality Indicators.C2 Effectiveness & outcomes	Stakeholder 18	Effectiveness and Outcomes Received 100's of letters and donations full of praise.
Quality Indicators.C3 Access to services	Stakeholder 3	Physio good when go it, but patchy access
Quality Indicators.C3 Access to services	Stakeholder 4	GP recommended that Code A receive physiotherapy care, get up and move around. Four days wait for a physiotherapist - no treatment for bursitis on elbows and knees (except for an armrest) - physio not given for fear his swellings would burst with subsequent harm to him.
Quality Indicators.C3 Access to services	Stakeholder 6	Otherwise aware of only 2 staff at any one time at night only one
Quality Indicators.C4 Organisation of care	Stakeholder 3	Named nurse, but very rarely seen.
Quality Indicators.C4 Organisation of care	Stakeholder 3	Catheterisation - Next time saw her straight away had catheter in.
Quality Indicators.C4 Organisation of care	Stakeholder 4	16:30 - patients weren't up and washed, they had not been fed. Gents toilets were said to be very dirty and unkempt.
Quality Indicators.C4 Organisation of care	Stakeholder 6	What nourishment was she given at GWMH? Code A thinks she had none and became dehydrated when, he believes, was the true cause of her death

Quality Indicators.C4 Organisation of care	Stakeholder 6	She was mobile before transfer, alert and capable of feeding herself. She certainly was not in pain prior to transfer to GWMH
Quality Indicators.C4 Organisation of care	Stakeholder 6	Otherwise aware of only 2 staff at any one time at night only one
Quality Indicators.C4 Organisation of care	Stakeholder 9	Code A had no physio-therapy at War Memorial.
Quality Indicators.C4 Organisation of care	Stakeholder 10	Noted inconsistent practice & care between nurses. Told me reason was that different nurse did things differently
Quality Indicators.C4 Organisation of care	Stakeholder 13	Kidney failure - asked nurse to change catheter bag - solidified gunge in bottom of bag - can't change it unless full.
Quality Indicators.C4 Organisation of care	Stakeholder 14	Organisation of Care No named nurse
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Community Health Council.txt	Amount of morphine and lack of care and treatment
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Community Health Council.txt	Patients not getting fed ad properly cared for also complaints about relatives dying suddenly after they had appeared quite well

Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	All GPs employed by community trust (41) have admitting rights to Sultan ward
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	Gosport-area GPs have always worked together on GWM LMC to develop and agree protocols on admitting to Sultan ward
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	GPs/LMC don't have much to do with Dryad and Daedalus wards except that they will have patients in those wards under consultants' care
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	GPs/LMC don't have much to do with Dryad and Daedalus wards except that they will have patients in those wards under consultants' care Patients in Sultan ward don't need intensive or high dependency care; most of them need physiotherapy or respite care; also occasionally used for patients with MS or even children. Patients also admitted for tests
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	All three elderly wards at GWM 'have been used to offload patients from Haslar and QA'; not appropriate in Dr W's view to move very ill patients there (ie 'offloads' from Haslar and QA): 'they are not designed to be strip-down beds. Patients should not require too much medical or nursing care...the beds on the wards have been abused because of district bed crisis. It results in more work than the GWM staff can cope with. 'It's the source of less than perfect care' at GWM
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	When LMC is made aware of such referrals, tend to complain to consultant at QA

		There is a clear admitting protocol, at least for GPs; try to admit patients before 12 to allow instructions to be given to nursing staff
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with [Code A] [Code A] 22.1	There's no reason why terminally ill patients can't go in to GWM. I would put elderly patients in there who live on their own if they didn't need intensive care or IV drip, if their only requirement is getting basic medication, some nursing care and diamorphine if they have pain
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with [Code A] [Code A] 22.1	Sultan is the busiest of the three wards (nurses there are always very busy); the other two wards have a calmer ambience. (re Dryad and Daedulus): 'it's a little bit out of sight, out of mind'
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview with [Code A] [Code A] 22.1	Under current proposals recommended by LMC, one third of GWM beds will be for GPs and a third for consultants (with GP permission) and remainder consultant -controlled
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview [Code A] [Code A] 22.	* 'we were quite frustrated as we wanted to discuss outcomes of care and the views of patients'; however those issues weren't the agenda for health authorities at the time
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview [Code A] [Code A] 22.	in early 90s when [Code A] started working ther, the trust was very spread out and fragmented (St Mary's, QA. GWM); there was separate nurse manager for each site: 'it was very difficult to achieve commonality among different hospitals'; allocation of patients to different hospitals depended on acuity of illness and prospects for recovery and rehabilitation; 'retrievable' patients were sent to GWM
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview [Code A]	Dryad & Daedalus: they had 8 or 9 stroke beds for 'slow stream stroke patients'

	Code A 22.	
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A 22.	Continence was used as predictor of outcome and was considered a reliable indicator: if a patient could achieve 7 full days of continence, full recovery would be predicted, all others were classified as 'slow streamers'
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A 22.	A consultant was in the lead for multi-disciplinary group working on elderly wards (sister in charge, nurse from each ward, AHPs from different services)
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A 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
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A 22.	Daedalus was designated 'geriatricians' ward for patients referred by consultants; Dryad designated continuing care ward
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A 22.	Staff at GWM had difficult time in coping with arrival of greater number of acutely ill patients with serious mobility problems; found it difficult to get patients up and moving around; some of the staff were not used to being assertive with patients
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Interview. Code A Code A 22.	we're attempting to join up a very complex set of targets for NSF and local modernisation review -it's about improving practice to national standards rather than criticising local services

Quality Indicators.C4 Organisation of care	Statutory Stakeholder. Code A Code A.txt	Aspect of care really under valued in Code A view is basic care to patients
Quality Indicators.C4 Organisation of care	Statutory Stakeholder. Code A Code A.txt	Type of patients in wards has changed recently much more dependent much more sickness on wards for longer
Quality Indicators.C4 Organisation of care	Statutory Stakeholder.Tele Int- Code A	Organisation of Care Nurses good and take him through notes and care plans. Notes good.
Quality Indicators.C5 Humanity of care	Stakeholder 2	Unable to summon help - unable to press buzzer
Quality Indicators.C5 Humanity of care	Stakeholder 3	Majority of time on her own, couldn't reach buzzer and not shout
Quality Indicators.C5 Humanity of care	Stakeholder 3	On ward on own - being sick - had sick bowl - hair and clothing wet - sweat plastic chair.
Quality Indicators.C5 Humanity of care	Stakeholder 3	Commode behind curtain, should be able to be taken to the toilet got a <?> and told able to do in the bed - even when said wanted commode
Quality Indicators.C5 Humanity of care	Stakeholder 3	Day room sling - no underwear - exposed. Asked please make sure blanket around her - there were plenty free, rarely had cover on legs.
Quality Indicators.C5	Stakeholder 8	

Humanity of care		<code>Code A</code> in chair - water out of reach and too heavy.
Quality Indicators.C5 Humanity of care	Stakeholder 8	When go to Daedalus - couldn't reach anything. <code>Code A</code> wouldn't raise with nurses. Very reserved.
Quality Indicators.C5 Humanity of care	Stakeholder 8	Moved trolley table away and not put back.
Quality Indicators.C5 Humanity of care	Stakeholder 8	<code>Code A</code> never incontinent until went into Daedalus. Emergency button never able to reach so wet herself and then put pads on and now permanent.
Quality Indicators.C5 Humanity of care	Stakeholder 9	I was quite horrified by lack of care.
Quality Indicators.C5 Humanity of care	Stakeholder 9	Patients put in very uncomfortable chairs in lounge and just left.
Quality Indicators.C5 Humanity of care	Stakeholder 9	On another occasion left alone in lounge for hours.
Quality Indicators.C5 Humanity of care	Stakeholder 9	They were never in their own clothes.
Quality Indicators.C5 Humanity of care	Stakeholder 10	<code>Code A</code> told that he would be permanently disabled, staff were very kind and supportive – provided excellent care – he was making good progress, spent several weeks there (St Marys)

Quality Indicators.C5 Humanity of care	Stakeholder 10	19 Feb – When he was transferred, he was naked from the waist down apart from piece of padding
Quality Indicators.C5 Humanity of care	Stakeholder 10	Ambulance crew drew her attention to it and said how mortified they were – nursing staff at Haslar agreed
Quality Indicators.C5 Humanity of care	Stakeholder 10	Alert bell inaccessible left hand paralysed and could not reach bell to operate it
Quality Indicators.C5 Humanity of care	Stakeholder 10	Told that she was not allowed to go into ward while treatment in progress
Quality Indicators.C5 Humanity of care	Stakeholder 10	Put outside one day though he didn't want to go
Quality Indicators.C5 Humanity of care	Stakeholder 10	Not allowed to wear own clothing even though he had plenty
Quality Indicators.C5 Humanity of care	Stakeholder 10	No right to make a choice
Quality Indicators.C5 Humanity of care	Stakeholder 10	Other people's relatives weren't asked to leave room during treatment of Code A
Quality Indicators.C5	Stakeholder 10	

Humanity of care		Asked to leave ward when Code A was eating as it made other patients embarrassed to have her there
Quality Indicators.C5 Humanity of care	Stakeholder 11	'The attitude was that these are old people who've had their life, they're taking up beds, so what does it matter any more what happens to them?' Totally uncaring atmosphere, totally cold
Quality Indicators.C5 Humanity of care	Stakeholder 13	Transferred on a sheet back to GWMH - no poles to transfer. Like a sack of potatoes - imagine position of hip - started to scream with pain
Quality Indicators.C5 Humanity of care	Stakeholder 13	Didn't die as would have wished - death as a result of what happened to her - last thoughts of terrible pain.
Quality Indicators.C5 Humanity of care	Stakeholder 13	Kidney failure - asked nurse to change catheter bag - solidified gunge in bottom of bag - can't change it unless full.
Quality Indicators.C5 Humanity of care	Stakeholder 13	Basic care lacking in last few days eg moistening mouth - clean pillow cases
Quality Indicators.C5 Humanity of care	Statutory Stakeholder. Code A Code A .txt	Aspect of care really under valued in Code A view is basic care to patients
Quality Indicators.C5 Humanity of care	Statutory Stakeholder.Tele Int- Code A	Humanity of Care Patients from GWM all physically well - clean and tidy and well enough to be discharged

		to nursing home.
Quality Indicators.C5 Humanity of care	Stakeholder 19	Humanity of care One of patients given a bell - expected him to ring with teeth.
Quality Indicators.C6 Environment	Stakeholder 2	Unable to summon help - unable to press buzzer
Quality Indicators.C6 Environment	Stakeholder 3	"An old ladies smell"
Quality Indicators.C6 Environment	Stakeholder 4	16:30 - patients weren't up and washed, they had not been fed. Gents toilets were said to be very dirty and unkempt.
Quality Indicators.C6 Environment	Stakeholder 5	As a whole the ward was lovely and he had no complaints against the staff.
Quality Indicators.C6 Environment	Stakeholder 6	The place was clean and tidy
Quality Indicators.C6 Environment	Stakeholder 8	Told standing by of bed and left her. Stained floor not cleaned up - did smell. Told was an old stain.
Quality Indicators.C6 Environment	Stakeholder 9	I was quite impressed with all their decor -

Quality Indicators.C6 Environment	Stakeholder 13	Tea making place in lounge in Daedalus and café etc.
Quality Indicators.C6 Environment	Stakeholder 13	Was surrounded by curtains drawn so unable to attract attention
Quality Indicators.C6 Environment	Statutory Stakeholder.Community Health Council.txt	So impressed by atmosphere at GWM "conversation clusters of patientsö
Quality Indicators.C6 Environment	Statutory Stakeholder.Interview. Code A Code A 22.	Any discussion of quality of care to patients at GWM were relatively superficial and about physical facilities and environment
Quality Indicators.C7 Pos patient exp	Doc22	She has nothing but praise for the care and attention her mother was given.
Quality Indicators.C7 Pos patient exp	Doc24	Letter 'Service with a Smile three cheers for the NHS' Generally has a v. positive feedback concerning Code A and his treatment.
Quality Indicators.C7 Pos patient exp	Doc 26	Code A could not have had better treatment if he had been in the most expensive nursing home.
Quality Indicators.C7 Pos patient exp	Doc27	We would like to say a big thank you for the excellent care and attention that was given to him.

Quality Indicators.C7 Pos patient exp	Doc 28	I was entirely satisfied with the treatment that they both received.
Quality Indicators.C7 Pos patient exp	Doc 29	No nursing home however good or expensive could have given him better care or attention.
Quality Indicators.C7 Pos patient exp	Stakeholder 3	Always looked clean and bed made
Quality Indicators.C7 Pos patient exp	Statutory Stakeholder.Tele Int- Code A	Positive Patient Experience Patient feedback - generally positive - patients often say can I go with War Memorial - quiet, cleaner, v comfortable, food seems reasonable, staff constant.
Quality Indicators.C7 Pos patient exp	Statutory Stakeholder.Tele Int- Code A	Positive patient experience Nothing but praise for hospital - happy place.
Quality Indicators.C8 Neg patient exp	Stakeholder 1	Nat wanted to go home he was not happy in hospital.
Quality Indicators.C8 Neg patient exp	Stakeholder 3	GWMH - most miserable and wretched time she'd ever spent - miserable
Quality Indicators.C8 Neg patient exp	Stakeholder 8	Told Code A take Code A home - not happy with care. Code A took note and said not happen again.

Quality Indicators.C8 Neg patient exp	Stakeholder 8	Care 200% better than at Dryad.
Quality Indicators.C8 Neg patient exp	Stakeholder 8	Upset by treatment at Daedalus - got careless - had 2 falls - one not sure they knew about.
Quality Indicators.C8 Neg patient exp	Stakeholder 9	I definitely was not happy about lack of care in hospital.
Quality Indicators.C8 Neg patient exp	Stakeholder 10	19 Feb – When he was transferred, he was naked from the waist down apart from piece of padding
Quality Indicators.C8 Neg patient exp	Stakeholder 11	<p>[Code A] stayed at hospital constantly until she died so had a good opportunity to see nursing care which [Code A] describes as 'very poor'; they were having real difficulties and didn't know how to handle the situation'</p> <p>Dealt mostly with [Code A] and an agency nursed called [Code A] for whom [Code A] has very high praise</p>
Quality Indicators.C8 Neg patient exp	Statutory Stakeholder.Community Health Council.txt	Drugs admin and care and treatment
Quality Indicators.C8 Neg patient exp	Statutory Stakeholder.Community Health Council.txt	Information problems and poor communication with relatives resulted in all 3 complaints

Staffing & Accountability.D1 Wrkfrc & serv planning	Statutory Stakeholder; Code A Code A.txt	IPR process doesn't work well everywhere, sometimes just because of turnover of line managers
Staffing & Accountability.D1 Wrkfrc & serv planning	Statutory Stakeholder; Code A Code A.txt	Nursing input into policy development - Code A has had major contribution
Staffing & Accountability.D1 Wrkfrc & serv planning	Statutory Stakeholder.Community Health Council.txt	Poor level of domestic services at time of incidents
Staffing & Accountability.D1 Wrkfrc & serv planning	Statutory Stakeholder.Interview; Code A Code A.22.	Staff at GWM had difficult time in coping with arrival of greater number of acutely ill patients with serious mobility problems; found it difficult to get patients up and moving around; some of the staff were not used to being assertive with patients
Staffing & Accountability.D1 Wrkfrc & serv planning	Statutory Stakeholder; Code A Code A.txt	Trust aspiring to be a very good employer
Staffing & Accountability.D2 Medical accountability	Stakeholder 4	One day nurses were unable to wake him as was Code A requested that a Doctor be sought immediately - not available but summoned - waited for 5 hours - told only 7 emergency doctors for whole of South.
Staffing & Accountability.D2 Medical accountability	Stakeholder.10	Appointment arranged for 27 Feb never given name of consultant he was under - told he didn't have one
Staffing & Accountability.D2 Medical accountability	Statutory Stakeholder.Interview with Code A Code A	Clinical assistant contract (ie GPs employed part-time in hospitals like Code A is a fairly nebulous, not very robust contract which has been around for about 30 years -

		simply arrangement where GPs with specialist expertise in particular field help out on short-staffed wards; most GPs who do this sort of work prefer a 'hospital practitioner' contract which are much clearer and allow for more hands-on, supervisory work
Staffing & Accountability.D2 Medical accountability	Statutory Stakeholder.Interview with Code A Code A :22.1	Getting access to consultants: procedure is that 1) ask that short letter requesting consultant visit be put in patients' notes and request passed to consultant's secretary; 2) button-hole in corridor; 3) ring them up directly
Staffing & Accountability.D2 Medical accountability	Statutory Stakeholder.Interview with Code A Code A :22.1	Consultants department 'always accessible'; they always come back to me quickly not too difficult to get GWM consultants to attend patient when requested; more problematic getting consultants from other hospitals
Staffing & Accountability.D3 Nursing accountability	Stakeholder. 1	Code A felt that nurses could do what they wanted.
Staffing & Accountability.D3 Nursing accountability	Stakeholder 4	No nurse identified with responsibility for Code A 's care. Code A 's impression was most were nursing auxiliaries. "I don't blame any of the doctors" - very few fully qualified nurses evident - Doctor would come around each evening to Sultan Ward (Code A 's GP).
Staffing & Accountability.D3 Nursing accountability	Stakeholder 4	Was not under the care a nurse with specific responsibility for him. According to Code A most of the nurses who dealt with him were nursing auxiliaries - very few fully qualified nurses appeared to be on duty in ward
Staffing & Accountability.D3 Nursing accountability	Stakeholder 14	Nursing Accountability Nurses should be checked performing as they should.

Staffing & Accountability.D3 Nursing accountability	Statutory Stakeholder. [Code A] [Code A].txt	Reflective practice - ward in 97/98 in Havant. Younger nurses took it on board seriously but older nurses a bit wary of clinical supervision and resistant to reflective practice (not needed because we talk about things anyway so why we doing it)
Staffing & Accountability.D5 Other staff accountability	Statutory Stakeholder.Community Health Council.txt	Poor level of domestic services at time of incidents
Staffing & Accountability.D5 Other staff accountability	Statutory Stakeholder. [Code A] [Code A].txt	managers or middle managers moving in that direction informally some still working in old way
Staffing & Accountability.D6 Out of hours arrangements	Stakeholder 11	5. 11 August, 2001: [Code A] admitted to GWM with note from consultant saying that she was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff 6. Shortly after arrival at GWM, put on heavy sedation; became groggy; nurse said that she wasn't lucid 7. [Code A] came to visit soon after and told that 'she'd had a little fall'; neice asked why no X-ray; seen by a [Code A] who worked at same surgery as [Code A] who recommended morning Xray; family confused as fall apparently happened at 1:30 pm and GWM Xray dept open at that time
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder.Interview with [Code A] [Code A]	Out of hours arrangements: GPs responsible for ensuring appropriate cover; many use deputising services monitored by LMC, particularly for response times

Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder Interview with Code A	Out of hours arrangements: GPs responsible for ensuring appropriate cover; many use deputising services monitored by LMC, particularly for response times Particularly concerned about Healthcall which is used by many Portsmouth-area services which relies increasingly on standby doctor as becoming more difficult to fill regular rota
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder Interview with Code A 22.1	Out-of-hours arrangements: patients covered by an on-call GP from patients' own family practice
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder Interview with Code A 22.1	Can't handle emergencies out-of-hours: admit them straight away to QA A&E
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder Interview with Code A 22.1	Healthcall doctors don't have access to GWM beds out of hours
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder Interview with Code A 22.1	A lot of hours medicine practised pragmatically and not by the book
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder: Code A txt	Working time directive (EWTD) Management has invested a lot of time educating staff about working hours & benefits of EWTD
Staffing & Accountability.D6 Out of hours arrangements	Statutory Stakeholder Tele Int- Code A	Out of hours arrangements Out of hours - used to cover stopped - now. Healthcall called in - GP told is excellent.
Staffing & Accountability.D7	Statutory Stakeholder: Code A	

Team working	Code A txt	No 'us and them' feeling between unions and management at GWM
Staffing & Accountability.D7 Team working	Statutory Stakeholder.Interview Code A Code A 22.	Protocols for cot sides developed in late 90s (need to check date): it was a good example of pulling together all staff involved in elderly care
Staffing & Accountability.D9 Staff Welfare	Doc 25	Characterised by a complete lack of support from her employers.
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder Code A Code A txt	No 'us and them' feeling between unions and management at GWM
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder Code A Code A txt	Lots of support systems for staff (counselling in wards) in house training
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder Code A Code A txt	Term-time contracts to enable patients to look after children- more family - friendly working- now largely adopted.
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder Code A Code A txt	Staff don't mind whistle blowing - they know they will be given support. Its taken very very seriously
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder Code A Code A txt	Domestic abuse policy - used as benchmark around the country
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder Code A Code A txt	Occupational health easily accessible for staff facing difficulties

Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Code A has supported nurses with police inquiry to the full
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder.Community Health Council.txt	Staff have taken a real bashing at Gosport
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Staff at GWM feeling very battered And bruised'
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Trust has gone out of its way year after years to meet pay results
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Trust has always allowed employees who wished to can move from CP To Whitley Council Concept
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Working time directive (EWTD) Management has invested a lot of time educating staff about working hours & benefits of EWTD
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Immediate support from Code A for OT's when problems rise.
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder: Code A Code A.txt	Immediate support from Code A for OT's when problems rise. Independent counselling service for staff completely independent of trust (up to 6 counselling sessions available)

Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder. Code A Code A.txt	Chaplainancy service - intergrated into teams - open accessible & visible
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder. Code A Code A.txt	Human scale - people know each other - like a family unit
Staffing & Accountability.D9 Staff Welfare	Statutory Stakeholder.Tele Int- Code A.txt	GWM has a good record in supporting staff at senior management level; not so sure about behaviour of middle managers. 'Why pick on such a good trust to investigate?'

Staffing & Accountability.D11 Performance mang	Statutory Stakeholder: Code A Code A.txt	IPR process doesn't work well everywhere, sometimes just because of turnover of line managers
Staffing & Accountability.D11 Performance mang	Statutory Stakeholder: Code A Code A.txt	Appraisal cycle process trust is 'Investor In People' centred
Staffing & Accountability.D11 Performance mang	Statutory Stakeholder: Code A Code A.txt	Approval cycle built into business process - all staff have IPR's

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 1	Code A rang Code A 's GP to let him know that Code A had been transferred to the GWMH, however, there has been no reply to his phone call.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	- optimistic.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Last May 2000 Code A was unable to walk - Code A could not manage so arranged for him to go to Haslar. Was in high dependency bed but Haslar said could not spare bed for someone not acutely ill. Moved him to War Memorial Hospital.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Breathing irregular and at one point appeared to stop. Code A 's relatives told that Code A 's condition 'very, very serious', "massive mid-brain stroke". Requested that he be sent to Haslar - Code A in dreadful pain throughout journey to Haslar.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Code A rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslar for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Q & A spoke to family to prepare them about their father never returning home but would move onto a nursing home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Code A was being sent to GWMH for rehabilitation and reoperation. The Q & A felt that he could not do anymore

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Father was transported by passenger transport, which took 1-1/2 hours wars to ward. - This was the largest distance he will have travelled so he felt very frightened.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Code A questions why Code A was moved from Q & A if he was so ill.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Code A questions why Code A was moved from Q & A if he was so ill. The family felt that if the family had known that Code A was so ill they would not have had him moved from the Q & A.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 6	Hospital claimed that Code A is very serious pain following her transfer from Q & A.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 7	Transfer - Haslar - GW - next day 12/11/98. 8 1/2 hours oral morphine 20 mg - if that poorly why transfer? Did not ask Code A 's name and address. By Tuesday in coma.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 7	Make sure patients physically fit to transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 10	Readmitted to Haslar
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 10	Concerned about transfer from GWM to Haslar

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	5. 11 August, 2001: [Code A] admitted to GWM with note from consultant saying that she was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	[Code A] had not been treated as a patient for remobilization as she should have been according to advice from consultant geriatrician at Haslar, 3 days after her hip operation
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	Also upset about the arrangements for her second transfer from Haslar to GWM when she was carried on nothing more than a sheet; there was also nothing on her notes on arrival at GWM to indicate that she had pneumonia
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Had physio - eating properly and having normal conversation. Walking with a frame at Haslar.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Convalescence with view to discharge to nursing home
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Discharge note from Haslar - was about convalescence
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Transferred on a sheet back to GWMH - no poles to transfer. Like a sack of potatoes - imagine position of hip - started to scream with pain
Guid Prac & Perf Mgnt.E1	Stakeholder 13	

Patient transfer		Discharge letter from Haslar to GWMH - now fully weight bearing and zimmer needs total care, is continent - and explanation of fidgeting = need toilet and recommended more physio.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 14	Patint Transfer Waited all day for mother to be moved. When got to St Mary's had "terrible procedure." Therefore GWMH neglected her.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 17	Patient Transfer Dislocated hip at Gosport War Memorial Hospital before 2:00 pm - transferred to Haslar at 10:00
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Community Health Council.txt	Vice chairs has picked out concerns about GP's when patients at War Memorial hanging on to beds there and making discharge more difficult
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A	They get correspondence out quickly; usually see and sort out patients due for discharge efficiently; communications between GWM and primary care not frequent but 'generally good': 'We're not left carrying the can'
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A	GWM discharge summaries are timely and clear and do not leave GPs to sort things out
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A	Serious bed crisis in Portsmouth area and signs are it will get worse: 250 beds to be lost in area by 2002; he predicts even greater move to 'dump' patients in community hospitals; 'we're not being given the resources we need to deliver services; pressure to get patients out of acute hospital beds (probably fuelled by pressure to increase FCE completions)

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A	Inappropriate discharge of acutely ill patients into low intensity beds; there are 'many' such patients in GWM wards
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.1	All three elderly wards at GWM 'have been used to offload patients from Haslar and QA'; not appropriate in Code A 's view to move very ill patients there (ie 'offloads' from Haslar and QA): 'they are not designed to be strip-down beds. Patients should not require too much medical or nursing care...the beds on the wards have been abused because of district bed crisis. It results in more work than the GWM staff can cope with. 'It's the source of less than perfect care' at GWM
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.1	Very critical of 'inappropriate referrals' of patients by SHOs at the QA
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.1	problems at GWM magnified by virtual closure of Haslar feel that trust administrators 'after our beds all the time'. Have a much lower bed occupancy at GWM (82-84%) than other hospitals in trust (Queen Alexandra is 110%).
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview Code A 22. Code A	GWM would not accept patients for step down from acute hospitals unless patient capable of moving from bed to chair - they later abandoned this policy reluctantly
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview Code A 22. Code A	Majority of patients from acute care moved to GWM came from Haslar or St Mary's; seldom referred by geriatrician until intermediate care policy intro'd and more liaison between GWM and Haslar consultants

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Code A	Patient Transfer Transfer - hospital organises - either family bring or ambulance/taxi - no prob. Works well
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Code A	Patient Transfer No complaints about discharge War Mem. - patients and happy quite happy to stay at WMH. Not that keen to come out.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Code A	Patient Transfer Arrangements to visit GWMH. Pre-referral work well for assessment.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Wards would notify him that patient becoming more stable and ready for move back home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Consultant view, OT, nursing staff, physiotherapist would also Care management assessment would be don't and placement either at home or nursing home
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP- Code A 's team would have greater contact even sultan.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Concerned me that vision was transferred between QA and WMH especially where patient moved out of district.

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	We would prefer patients to be placed locally
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Nursing trust homes down sized considerably
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Private owners pushed out because of new housebuilding policy
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Significant delays in discharge because of difference in finding placement on vacancies
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Trying to develop intermediate facilities to move people out of hospital block purchasing beds in nursing homes-facing problems of cost as many properties putting prices up as demand rises resets market price The social services department has to meet any price for nursing home bed
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	GWM staff through social services should get patients out faster, but real problem getting beds in community
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Very concerned about inappropriate discharges- banding an preferentially unsure practice
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong

		enough
Guid Prac & Perf Mgnt.E2 DNR	Stakeholder 9	Did not explain DNR policy at War Memorial.
Guid Prac & Perf Mgnt.E3 Palliative care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	There's no reason why terminally ill patients can't go in to GWM. I would put elderly patients in there who live on their own if they didn't need intensive care or IV drip, if their only requirement is getting basic medication, some nursing care and diamorphine if they have pain
Guid Prac & Perf Mgnt.E3 Palliative care	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	GWM elderly wards 'not as specialist as true palliative care' centres although 'staff at GWM more than capable of providing that care - I feel more than comfortable about their staff in dealing with that sort of care
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 2	Mum made sure there every meal time - to help - if not wouldn't eat Left vitamin drinks out of reach - on one occasion Left there for 3 days
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Downhill quite quickly, had help feeding and drinking - in notes didn't happen never seen patients helped to eat, bell rarely near her to access. Only one in ward.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Overloaded fluid - ballooned and on nebulizer and diuretics - legs broke. Out - bandaged and then no physio.
Guid Prac & Perf Mgnt.E4	Stakeholder 4	

Nutrition & Fluids		GWMH phone [Code A] up asked to bring thickener, milk shakes - took it up in the fridge - still be there and throw it away.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	[Code A] on the bring in some fish for lunch - already had her lunch
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Not given anything to drink, choking Last four to six weeks no liquid in throat - thirsty, did swab mouth Notes said couldn't talk - no saliva
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Lack of food let to deterioration and fluid overload
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Tube and peg - did get asked for consent - gave it
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	[Code A] rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslan for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 6	As far as [Code A] is aware his mother was not given any food until the time she died- believes she died of starvation and dehydration
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 7	Visitor friend told her dehydrating? - went to sister/nurse - why not on drip? - not one available on ward - security ejected.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 7	29/11 - no food/liquid - died 3/11.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 8	Food on table and left, no one helped her to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	care. Only saw him helping patients eat twice.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	They would wheel patients to dining tables, just put the dinner in front of them and then leave. There did not appear to be any shortage of staff and they were gathered around nurses station laughing and chatting.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	At no time, did I see any staff in the dining room to help patients to eat. Nurses would then clean plates away and patients would have nothing to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 10	although he'd only just been weaned off pureed foods, they insisted on giving him sandwiches every night, wasn't allowed a knife to cut them up in small pieces
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 10	Asked to leave ward when Code A was eating as it made other patients embarrassed to have her there
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 11	8. After Xray at GWM which found dislocation but no fracture Code A taken back to

		Haslar where doctors queried fact that she was de-hydrated; after eating full breakfast she went back to GWM; family happy with decision for her to return there
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 11	Wonders why she wasn't put on a drip for nutrition and fluids; contacted [Code A] [Code A] to find out; [Code A] told them that [Code A] would have explained reasons to them (she had not)
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 13	No water and food for last four days of life - not able to speak
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 14	Nutrition and Fluids Nursing notes say note eaten 8 days - no fluid drank. In notes said depressed. Nursing notes say had been sick.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 14	Nutrition and Fluids Dietician support needed. Do the paperwork but not helped to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Statutory Stakeholder.Community Health Council.txt	Patients not getting fed ad properly cared for also complaints about relatives dying suddenly after they had appeared quite well
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 7	In medical notes - arrested trying to feed mother. Her assault. Discrepancies between Medical Records and nursing notes.
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 11	Obtained [Code A]'s medical notes from both Haslar and GWM; Halar's a 'very high

		standard; with lots of detail' whereas GWM's 'absolutely abysmal' - nothing seemed to be in order; concerned about discrepancies in recording time of [Code A]'s fall at GWM and in the administration of drugs; dates don't tally; some notes appear to have been written after her death; recorded that she had eaten porridge for breakfast on the day of her death when that would have been physically impossible
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 13	1st entry on admission sheet - happy for death certification. Was going in post-op 'well' patient for convalescence. Written by Doctor. Is this a cover for hospital with no 24 hour cover
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 5	At the GWMH [Code A] was on an intravenous drip that was administered on the Friday and he was also catheterised.
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Decided he needed re – catheterising
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Nurse performed procedure and didn't do it properly started bleeding profusely from penis
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Kept bleeding – consultant at Haslar Didn't know why it had happened
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Asked for nurses help in taking [Code A] to toilet 3 separate occasions – did not receive help for a long time and staff complained.
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	On one visit [Code A] wished to use commode – nurse refused & became irritated saying that

		he's asked 5 or 6 times. <u>Code A</u> came close to tears 6/8 Feb told off for using buzzers
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 11	When she arrived at GWM she was mobile (with aid of nurses or zimmer), continent (wanted to go to toilet and asked nurses) and could make herself understood
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 13	More to be added with team Information given from the family eg difficult to know when needed toilet eg agitated and then given oramorph. How info passed on? - continent before.
Guid Prac & Perf Mgnt.E9 Control of Infection	Stakeholder 4	Lady next door has mothers nightdress on - co-infection - lady had infested sore
Guid Prac & Perf Mgnt.E9 Control of Infection	Stakeholder 9	Set aside special toilets for patients with MRSA but saw staff moving in and out without washing hands.

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 1	Code A rang Code A's GP to let him know that Code A had been transferred to the GWMH, however, there has been no reply to his phone call.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 3	- optimistic.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Last May 2000 Code A was unable to walk - Code A could not manage so arranged for him to go to Haslar. Was in high dependency bed but Haslar said could not spare bed for someone not acutely ill. Moved him to War Memorial Hospital.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Breathing irregular and at one point appeared to stop. Code A's relatives told that Code A's condition 'very, very serious', "massive mid-brain stroke". Requested that he be sent to Haslan - Code A in dreadful pain throughout journey to Haslan.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 4	Code A rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslan for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Q & A spoke to family to prepare them about Code A never returning home but would move onto a nursing home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	Code A was being sent to GWMH for rehabilitation and reoperation. The Q & A felt that he could not do anymore

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	[Code A] was transported by passenger transport, which took 1-1/2 hours wars to ward. - This was the largest distance he will have travelled so he felt very frightened.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	[Code A] questions why [Code A] was moved from Q & A if he was so ill.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 5	[Code A] questions why [Code A] was moved from Q & A if he was so ill. The family felt that if the family had known that [Code A] was so ill they would not have had him moved from the Q & A.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 6	Hospital claimed that [Code A] is very serious pain following her transfer from Q & A.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 7	Transfer - Haslar - GW - next day 12/11/98. 8 1/2 hours oral morphine 20 mg - if that poorly why transfer? Did not ask [Code A] name and address. By Tuesday in coma.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 7	Make sure patients physically fit to transfer.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 10	Readmitted to Haslar
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 10	Concerned about transfer from GWM to Haslar

Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	5. 11 August, 2001: Code A admitted to GWM with note from consultant saying that she was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	Code A had not been treated as a patient for remobilization as she should have been according to advice from consultant geriatrician at Haslar, 3 days after her hip operation
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 11	Also upset about the arrangements for her second transfer from Haslar to GWM when she was carried on nothing more than a sheet; there was also nothing on her notes on arrival at GWM to indicate that she had pneumonia
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Had physio - eating properly and having normal conversation. Walking with a frame at Haslar.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Convalescence with view to discharge to nursing home
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Discharge note from Haslar - was about convalescence
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 13	Transferred on a sheet back to GWMH - no poles to transfer. Like a sack of potatoes - imagine position of hip - started to scream with pain
Guid Prac & Perf Mgnt.E1	Stakeholder 13	

Patient transfer		Discharge letter from Haslar to GWMH - now fully weight bearing and zimmer needs total care, is continent - and explanation of fidgeting = need toilet and recommended more physio.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 14	Patint Transfer Waited all day for Code A to be moved. When got to St Mary's had "terrible procedure." Therefore GWMH neglected her.
Guid Prac & Perf Mgnt.E1 Patient transfer	Stakeholder 17	Patient Transfer Dislocated hip at Gosport War Memorial Hospital before 2:00 pm - transferred to Haslar at 10:00
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Community Health Council.txt	Vice chairs has picked out concerns about GP's when patients at War Memorial hanging on to beds there and making discharge more difficult
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A Code A	They get correspondence out quickly; usually see and sort out patients due for discharge efficiently; communications between GWM and primary care not frequent but 'generally good': 'We're not left carrying the can'
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A Code A	GWM discharge summaries are timely and clear and do not leave GPs to sort things out
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A Code A	Serious bed crisis in Portsmouth area and signs are it will get worse: 250 beds to be lost in area by 2002; he predicts even greater move to 'dump' patients in community hospitals; 'we're not being given the resources we need to deliver services; pressure to get patients out of acute hospital beds (probably fuelled by pressure to increase FCE completions)

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A	Inappropriate discharge of acutely ill patients into low intensity beds; there are 'many' such patients in GWM wards
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.1	All three elderly wards at GWM 'have been used to offload patients from Haslar and QA'; not appropriate in Code A 's view to move very ill patients there (ie 'offloads' from Haslar and QA): 'they are not designed to be strip-down beds. Patients should not require too much medical or nursing care...the beds on the wards have been abused because of district bed crisis. It results in more work than the GWM staff can cope with. 'It's the source of less than perfect care' at GWM
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.1	Very critical of 'inappropriate referrals' of patients by SHOs at the QA
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.1	problems at GWM magnified by virtual closure of Haslar feel that trust administrators 'after our beds all the time'. Have a much lower bed occupancy at GWM (82-84%) than other hospitals in trust (Queen Alexandra is 110%).
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.	GWM would not accept patients for step down from acute hospitals unless patient capable of moving from bed to chair - they later abandoned this policy reluctantly
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Interview with Code A 22.	Majority of patients from acute care moved to GWM came from Haslar or St Mary's; seldom referred by geriatrician until intermediate care policy intro'd and more liaison between GWM and Haslar consultants

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Code A	Patient Transfer Transfer - hospital organises - either family bring or ambulance/taxi - no prob. Works well
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Code A	Patient Transfer No complaints about discharge War Mem. - patients and happy quite happy to stay at WMH. Not that keen to come out.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Tele Int- Code A	Patient Transfer Arrangements to visit GWMH. Pre-referral work well for assessment.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Wards would notify him that patient becoming more stable and ready for move back home.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Consultant view, OT, nursing staff, physiotherapist would also Care management assessment would be don't and placement either at home or nursing home
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP- Code A 's team would have greater contact even sultan.
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- Code A	Concerned me that vision was transferred between QA and WMH. especially where patient moved out of district.

Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	We would prefer patients to be placed locally
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	Nursing trust homes down sized considerably
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	Private owners pushed out because of new housebuilding policy
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	Significant delays in discharge because of difference in finding placement on vacancies
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	Trying to develop intermediate facilities to move people out of hospital block purchasing beds in nursing homes-facing problems of cost as many properties putting prices up as demand rises resets market price The social services department has to meet any price for nursing home bed
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	GWM staff through social services should get patients out faster, but real problem getting beds in community
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	Very concerned about inappropriate discharges- banding an preferentially unsure practice
Guid Prac & Perf Mgnt.E1 Patient transfer	Statutory Stakeholder.Telephone Interview- <input type="text" value="Code A"/>	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong

		enough
Guid Prac & Perf Mgnt.E2 DNR	Stakeholder 9	Did not explain DNR policy at War Memorial.
Guid Prac & Perf Mgnt.E3 Palliative care	Statutory Stakeholder.Interview with Code A 22.1	There's no reason why terminally ill patients can't go in to GWM. I would put elderly patients in there who live on their own if they didn't need intensive care or IV drip, if their only requirement is getting basic medication, some nursing care and diamorphine if they have pain
Guid Prac & Perf Mgnt.E3 Palliative care	Statutory Stakeholder.Interview with Code A 22.1	GWM elderly wards 'not as specialist as true palliative care' centres although 'staff at GWM more than capable of providing that care - I feel more than comfortable about their staff in dealing with that sort of care
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 2	Code A made sure there every meal time - to help - if not wouldn't eat Left vitamin drinks out of reach - on one occasion Left there for 3 days
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Downhill quite quickly, had help feeding and drinking - in notes didn't happen never seen patients helped to eat, bell rarely near her to access. Only one in ward.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Overloaded fluid - ballooned and on nebulizer and diuretics - legs broke. Out - bandaged and then no physio.
Guid Prac & Perf Mgnt.E4	Stakeholder 3	

Nutrition & Fluids		Code A - on the bring in some fish for lunch - already had her lunch
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Not given anything to drink, choking Last four to six weeks no liquid in throat - thirsty, did swab mouth Notes said couldn't talk - no saliva
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 3	Lack of food let to deterioration and fluid overload
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 4	Code A rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslan for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 6	As far as Code A is aware Code A was not given any food until the time she died- believes she died of starvation and dehydration
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 7	Visitor friend told her dehydrating? - went to sister/nurse - why not on drip? - not one available on ward - security ejected.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 7	29/11 - no food/liquid - died 3/11.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 8	Food on table and left, no one helped her to eat.

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	care. Only saw him helping patients eat twice.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	They would wheel patients to dining tables, just put the dinner in front of them and then leave. There did not appear to be any shortage of staff and they were gathered around nurses station laughing and chatting.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 9	At no time, did I see any staff in the dining room to help patients to eat. Nurses would then clean plates away and patients would have nothing to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 10	although he'd only just been weaned off pureed foods, they insisted on giving him sandwiches every night, wasn't allowed a knife to cut them up in small pieces
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 10	Asked to leave ward when [Code A] was eating as it made other patients embarrassed to have her there
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 11	8. After Xray at GWM which found dislocation but no fracture [Code A] taken back to Haslar where doctors queried fact that she was de-hydrated; after eating full breakfast she went back to GWM; family happy with decision for her to return there
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 11	Wonders why she wasn't put on a drip for nutrition and fluids; contacted [Code A] [Code A] to find out; [Code A] told them that [Code A] would have explained reasons to them (she had not)

Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 13	No water and food for last four days of life - not able to speak
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 14	Nutrition and Fluids Nursing notes say not eaten 8 days - no fluid drank. In notes said depressed. Nursing notes say had been sick.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Stakeholder 14	Nutrition and Fluids Dietician support needed. Do the paperwork but not helped to eat.
Guid Prac & Perf Mgnt.E4 Nutrition & Fluids	Statutory Stakeholder.Community Health Council.txt	Patients not getting fed and properly cared for also complaints about relatives dying suddenly after they had appeared quite well
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 7	In medical notes - arrested trying to feed [Code A] Her assault. Discrepancies between Medical Records and nursing notes.
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 11	Obtained [Code A]'s medical notes from both Haslar and GWM; Halar's a 'very high standard; with lots of detail' whereas GWM's 'absolutely abysmal' - nothing seemed to be in order; concerned about discrepancies in recording time of [Code A]'s fall at GWM and in the administration of drugs; dates don't tally; some notes appear to have been written after her death; recorded that she had eaten porridge for breakfast on the day of her death when that would have been physically impossible
Guid Prac & Perf Mgnt.E5 Patient records	Stakeholder 13	1st entry on admission sheet - happy for death certification. Was going in post-op 'well'

		patient for convalescence. Written by Doctor. Is this a cover for hospital with no 24 hour cover
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 5	At the GWMH [Code A] was on an intravenous drip that was administered on the Friday and he was also catheterised.
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Decided he needed re – catheterising
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Nurse performed procedure and didn't do it properly started bleeding profusely from penis
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Kept bleeding – consultant at Haslar Didn't know why it had happened
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	Asked for nurses help in taking [Code A] to toilet 3 separate occasions – did not receive help for a long time and staff complained.
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 10	On one visit [Code A] wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. [Code A] came close to tears 6/8 Feb told off for using buzzers
Guid Prac & Perf Mgnt.E6 Continence	Stakeholder 11	When she arrived at GWM she was mobile (with aid of nurses or zimmer), continent (wanted to go to toilet and asked nurses) and could make herself understood
Guid Prac & Perf Mgnt.E6	Stakeholder 13	

Continence		More to be added with team Information given from the family eg difficult to know when needed toilet eg agitated and then given oramorph. How info passed on? - continent before.
Guid Prac & Perf Mgnt.E8 Service perf mgnt	Stakeholder 3	GWMH phone [Code A] up asked to bring thickener, milk shakes - took it up in the fridge - still be there and throw it away.
Guid Prac & Perf Mgnt.E8 Service perf mgnt	Stakeholder 3	Tube and peg - did get asked for consent - gave it
Guid Prac & Perf Mgnt.E8 Service perf mgnt	Stakeholder 9	Set aside special toilets for patients with MRSA but saw staff moving in and out without washing hands.
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Stakeholder 3	Lady next door has [Code A] nightdress on - co-infection - lady had infested sore
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Statutory Stakeholder [Code A] [Code A] txt	IPR process doesn't work well everywhere, sometimes just because of turnover of line managers
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Statutory Stakeholder [Code A] [Code A] txt	Appraisal cycle process trust is 'Investor In People' centred
Guid Prac & Perf Mgnt.E9 Staff perf mgnt	Statutory Stakeholder [Code A] [Code A] txt	Approval cycle built into business process - all staff have IPR's

Drugs.F1 prescribing	Doc26	No question of any drugs being used to sedate him, he was given only the medication prescribed by the doctors.
Drugs.F1 prescribing	Stakeholder 1	[Code A] questioned who was authorised to prescribe the drugs.
Drugs.F1 prescribing	Stakeholder 1	[Code A] asked about [Code A]'s condition and the Nurse commented on [Code A] being sedated.
Drugs.F1 prescribing	Stakeholder 1	Monday 3rd August- [Code A] was sedated all day and no visitors were allowed in.
Drugs.F1 prescribing	Stakeholder 1	Wednesday 5th August- [Code A] had been placed on a morphine syringe drive.
Drugs.F1 prescribing	Stakeholder 3	When old people go to hospital should be in contact with GP - cover about medicines
Drugs.F1 prescribing	Stakeholder 4	Given high dose of painkillers.
Drugs.F1 prescribing	Stakeholder 4	Concerned that [Code A] was given diamorphine which she felt was inappropriate because he had suffered form serious attack of osteo-arthritis.
Drugs.F1 prescribing	Stakeholder 6	[Code A] considers that auto system giving diamorphines to all patients 'Close to manslaughter of minds'

Drugs.F1 prescribing	Stakeholder 6	Don't ask whether patients are in pain or discomfort, whether they need analgesic.
Drugs.F1 prescribing	Stakeholder 6	Assured by GWMH that shadow on the lung was fluid and catheterised (cause for putting her on diamorphine)
Drugs.F1 prescribing	Stakeholder 7	26/10/98 hip bone - Haslar - op. Ok - did need zimmel and help feeding. Not demented - no pain killers at Haslar.
Drugs.F1 prescribing	Stakeholder 7	Didn't tell him what drugs Code A on. Good idea to tell us when admin opiates.
Drugs.F1 prescribing	Stakeholder 9	As far as she knows, the day of his death was the first time he had been given diamorphine.
Drugs.F1 prescribing	Stakeholder 13	Amazing on admission notes that can have aramorh before Code A was seen.
Drugs.F1 prescribing	Stakeholder 13	Main concern - because of pre-certification and falls needed morphine.
Drugs.F1 prescribing	Stakeholder 16	Prescribing Concern about diamorphine

Drugs.F1 prescribing	Statutory Stakeholder.Community Health Council.txt	Drugs administration
Drugs.F1 prescribing	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	Prescribing/administering drugs recorded on standard drug cardexes: GPs write out prescribing instructions which nursing staff follow in administering drugs
Drugs.F1 prescribing	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	Nurses will fax GP if test result indicates change in medication necessary; medication changes sometimes agreed over the phone as long as GP attends within 2 working days
Drugs.F1 prescribing	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	Nurses would administer iopiates/other controlled drugs on doctor's prescription
Drugs.F1 prescribing	Statutory Stakeholder.Interview with <small>Code A</small> <small>Code A</small> 22.1	GP would administer first dose of such drugs inter-muscularly or any which might trigger an anaphylactic reaction;
Drugs.F1 prescribing	Statutory Stakeholder.Interview <small>Code A</small> <small>Code A</small> 22.	'all nurses would know on continuing care ward what they were allowed to prescribe'
Drugs.F1 prescribing	Stakeholder 20	Prescribing Relatives never get told about drugs - only if have cheek to ask.
Drugs.F1 prescribing	Stakeholder 20	Prescribing On benperidol - not over 75 / heart troubles / vertigo - never should have been given it. May now have reduced the dose.

Drugs.F1 prescribing	Stakeholder 20	Prescribing Unable to walk now - asleep nearly all the time.
Drugs.F1 prescribing	Stakeholder 20	Prescribing Doctors should disclose all drugs and why and what side effects are. Should be more honesty.
Drugs.F1 prescribing	Stakeholder 20	Prescribing Patients can be overdressed - no need to be out cold altogether.
Drugs.F2 Administration	Doc 30	Would like CHI to take account of the supervision of drug administration (it seemed to me that too much responsibility was placed on the Nurses).
Drugs.F2 Administration	Stakeholder 4	Code A rang the following morning to ask about his condition. Told he had not had stroke but an analgesic coma and severe dehydration. Stayed in Haslan for a couple of days - could not keep him there longer as needed the bed - said they would send him back to War Memorial.
Drugs.F2 Administration	Stakeholder 4	Took him almost a year to recover. "He was on a drugs high - he was hallucinating". Doctors explained that had been morphine.
Drugs.F2 Administration	Stakeholder 4	Concerned that Code A was given diamorphine which she felt was inappropriate

		because he had suffered form serious attack of osteo-arthritis.
Drugs.F2 Administration	Stakeholder 4	[Code A] concerned about the fact that [Code A] given diamorphine, given that he had had a serious attack of osteoarthritis and she understood that drugs like diamorphine shouldn't be administered
Drugs.F2 Administration	Stakeholder 5	On the Wednesday- At the Gwmh he was seen by medical professionals and placed in a bed and administered with drugs to calm him down.
Drugs.F2 Administration	Stakeholder 5	During time under sedation and made little sense
Drugs.F2 Administration	Stakeholder 5	[Code A] said he visited [Code A] was in a comatose state.
Drugs.F2 Administration	Stakeholder 5	By Friday he was completely sedated
Drugs.F2 Administration	Stakeholder 5	Main interest in medical records would be the administration of the drugs to [Code A] [Code A]
Drugs.F2 Administration	Stakeholder 6	[Code A] considers that auto system giving diamorphines to all patients 'Close to manslaughter of minds'
Drugs.F2 Administration	Stakeholder 6	

		Immediately put on sedation on arrival at GWMH
Drugs.F2 Administration	Stakeholder 6	She was mobile before transfer, alert and capable of feeding herself. She certainly was not in pain prior to transfer to GWMH
Drugs.F2 Administration	Stakeholder 6	P arrived at Sultan ward at Mid-day [Code A] arrived at 2 pm to find her under sedation- [Code A] told that she was very ill and unlikely to survive very long.
Drugs.F2 Administration	Stakeholder 6	Why weren't milder analgesics given before administration of diamorphine?
Drugs.F2 Administration	Stakeholder 9	Charge nurse gave [Code A] an injection shortly before he died. [Code A] had reported pain in groin after catheter procedure within 10 - 15 minutes he had died.
Drugs.F2 Administration	Stakeholder 9	I was often the only relative there at mealtimes and had seen patients left with meals but with no nurses help to eat. Did not complain to hospital until after he died. I don't know why they gave him diamorphine - he seemed not to be suffering htat much pain after catheter procedure.
Drugs.F2 Administration	Stakeholder 9	Consultant was nearby but had no part in giving injection. Nor did SHO who felt that his blood pressure was normal.
Drugs.F2 Administration	Stakeholder 11	5. 11 August, 2001: [Code A] admitted to GWM with note from consultant saying that she

		<p>was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff</p> <p>6. Shortly after arrival at GWM, put on heavy sedation; became groggy; nurse said that she wasn't lucid</p>
Drugs.F2 Administration	Stakeholder 11	11. When family objected to administration of diamorphine, [Code A] reacted angrily saying that [Code A] was her patient and that it was her decision to make; there was no reference to fact that mother had haematoma at that stage; family wanted to get her back to Haslar
Drugs.F2 Administration	Stakeholder 13	Permission was given by [Code A] for morphine for [Code A]
Drugs.F2 Administration	Statutory Stakeholder.[Code A] [Code A].txt	Drug administration policy - major nursing input
Drugs.F2 Administration	Statutory Stakeholder.Community Health Council.txt	Were not in a position to judge whether or not drugs been given properly
Drugs.F2 Administration	Statutory Stakeholder.Interview with [Code A] [Code A].22.1	Prescribing/administering drugs recorded on standard drug cardexes: GPs write out prescribing instructions which nursing staff follow in administering druges
Drugs.F2 Administration	Statutory Stakeholder.Interview with [Code A] [Code A].22.1	Top 3 drugs administered in Sultan are anti-depressants, diuretics and anti-hypertension remedies
Drugs.F2 Administration	Statutory	

	Stakeholder Interview [Code A] [Code A] 22.	Trust's elderly care acute team took responsibility for problems with medication
Drugs.F2 Administration	Statutory Stakeholder Interview [Code A] [Code A] 22.	there were apparently 2 or 3 critical incidents at Queen Alexandra re the administration of drugs and the maintenance of drug charts
Drugs.F2 Administration	Statutory Stakeholder Interview [Code A] [Code A] 22.	most of the work in the drugs area done by the acute group but had trust wide relevance
Drugs.F2 Administration	Statutory Stakeholder Interview [Code A] [Code A] 22.	[Code A] particularly concerned about potential for drug administration errors on GP wards like Sultan
Drugs.F2 Administration	Statutory Stakeholder Interview [Code A] [Code A] 22.	'all nurses would know on continuing care ward what they were allowed to prescribe'
Drugs.F2 Administration	Statutory Stakeholder Interview [Code A] [Code A] 22.	dangerous & controlled drugs: NP says very robust policy in acute sector . People treat this area very seriously. I was reassured by how strict and robust procedures were and how seriously staff responded to misdemeanours.' When based at Petersfield, [Code A] herself suspended a nurse for failing to follow protocol
Drugs.F3 Review	Stakeholder 8	Staff nurse [Code A] - told him [Code A] overdosing - sister reviewed medication. [Code A] not know reviewing medication. [Code A] told him and he said he'd investigate.
Drugs.F3 Review	Statutory Stakeholder Interview [Code A] [Code A] 22.	Trust's elderly care acute team took responsibility for problems with medication

Drugs.F3 Review	Statutory Stakeholder Interview. [Code A] [Code A] 22.	dangerous & controlled drugs: [Code A] says very robust policy in acute sector . People treat this area very seriously. I was reassured by how strict and robust procedures were and how seriously staff responded to misdemeanours.' When based at Petersfield, [Code A] herself suspended a nurse for failing to follow protocol
Drugs.F4 Recording	Stakeholder 6	[Code A] queries cause of death of mothers' death certificate (carcinomatosis)
Drugs.F4 Recording	Statutory Stakeholder Interview with [Code A] [Code A] 22.1	Nurses would than be required to note on Cardex; 'I would only allow trusted nurses to administer these drugs'; I have not had any problem with drug administration at GWM- although 'occasional' problems with nurses refusing to follow cardex from another hospital (in [Code A]'s view, 'patient care is being compromised' in such cases) GWM staff won't give transferred patients the drugs they're used to until we write them up on GWM cardex
Drugs.F4 Recording	Statutory Stakeholder Interview. [Code A] [Code A] 22.	there were apparently 2 or 3 critical incidents at Queen Alexandra re the administration of drugs and the maintenance of drug charts
Drugs.F4 Recording	Statutory Stakeholder Interview. [Code A] [Code A] 22.	'all nurses would know on continuing care ward what they were allowed to prescribe'

Comm and collaborations.G1 Patients	Stakeholder 2	Code A - also not put in the picture, about care
Comm and collaborations.G1 Patients	Stakeholder 10	Main concern is culture on Ward especially manner of staff with patients and relatives
Comm and collaborations.G1 Patients	Stakeholder 10	On one visit Code A wished to use commode – nurse refused & became irritated saying that he's asked 5 or 6 times. Code A came close to tears 6/8 Feb told off for using buzzers
Comm and collaborations.G1 Patients	Stakeholder 12	In the Dolphin ward this was through patient questionnaires, specialist groups and carers day.
Comm and collaborations.G2 Relative & carers	Doc 28	I was kept fully informed about how they were and the treatment needed.
Comm and collaborations.G2 Relative & carers	Stakeholder 1	Code A asked if Code A was being treated as terminally ill the nurse appeared flustered and avoided eye contact with Code A
Comm and collaborations.G2 Relative & carers	Stakeholder 1	The nurse returned after speaking to a colleague and confirmed that Nat was being treated as if he was terminally ill.
Comm and collaborations.G2 Relative & carers	Stakeholder 2	Nurses not talked to family about care
Comm and collaborations.G2	Stakeholder 2	

Relative & carers		Had seen different care in other hospitals Georges Ward - completely different eg. way they spoke to [Code A] so much better
Comm and collaborations.G2 Relative & carers	Stakeholder 2	[Code A] - also not put in the picture, about care
Comm and collaborations.G2 Relative & carers	Stakeholder 3	[Code A] on the bring in some fish for lunch - already had her lunch
Comm and collaborations.G2 Relative & carers	Stakeholder 3	"An old ladies smell" Fell out of wheelchair not told [Code A] Potassium - hated it Other patients said had been unkind to [Code A] - if not drink potassium wont put nebuliser on.
Comm and collaborations.G2 Relative & carers	Stakeholder 5	Thursday morning- [Code A] taken to side by the sister and told [Code A] that [Code A] would die within a week. This was within 24hrs of coming to the GWMH and then he died that Sunday night.
Comm and collaborations.G2 Relative & carers	Stakeholder 6	Family received no support from GWMH staff after told them that she would die.
Comm and collaborations.G2 Relative & carers	Stakeholder 6	Nurse just said ' I'm surprised that she lasted this long'
Comm and collaborations.G2 Relative & carers	Stakeholder 7	Didn't tell him what drugs [Code A] on. Good idea to tell us when admin opiates.

Comm and collaborations.G2 Relative & carers	Stakeholder 8	Code A - not able to see her - shyed her away. Used words did not understand.
Comm and collaborations.G2 Relative & carers	Stakeholder 9	Code A asked if he could come home or go into care home. He wasn't an invalid before. Consultant told her it would take a long time to arrange care package and he would die anyway. Seemed they wanted her out of the way. Suggested she go on holiday.
Comm and collaborations.G2 Relative & carers	Stakeholder 9	Saw Ward Sister on two occasions - told her no question of his ever coming home but advised her to go on holiday and build up strength for when he came home.
Comm and collaborations.G2 Relative & carers	Stakeholder 9	Two days before he died, took Code A off all antibiotics, said his condition was all clear. Speech therapist rang Code A and suggested Code A go home, saying it could be quickly arranged. Night before Code A died charge nurse said only two nurses on. There never seemed any shortage of staff. Rarely saw ward sister.
Comm and collaborations.G2 Relative & carers	Stakeholder 10	Had promised to leave cards at reception - they weren't there Told that she would have to go and collect them herself
Comm and collaborations.G2 Relative & carers	Stakeholder 10	I wasn't trying to be awkward and I just wanted best care for my husband and wanted it to be consistent
Comm and collaborations.G2 Relative & carers	Stakeholder 10	Inability to communicate reluctance to share information – mistrust arose – information denied

Comm and collaborations.G2 Relative & carers	Stakeholder 10	Asked to leave ward when [Code A] was eating as it made other patients embarrassed to have her there
Comm and collaborations.G2 Relative & carers	Stakeholder 10	15 Feb asked to see consultant nurse said he'd arranged it but never did
Comm and collaborations.G2 Relative & carers	Stakeholder 11	<p>5. 11 August, 2001; [Code A] admitted to GWM with note from consultant saying that she was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff</p> <p>6. Shortly after arrival at GWM, put on heavy sedation; became groggy; nurse said that she wasn't lucid</p> <p>7. Neice came to visit soon after and told that 'she'd had a little fall'; neice asked why no X-ray; seen by a [Code A] who worked at same surgery as [Code A] who recommended morning Xray; family confused as fall apparently happened at 1:30 pm and GWM Xray dept open at that time</p>
Comm and collaborations.G2 Relative & carers	Stakeholder 11	11. When family objected to administration of diamorphine, [Code A] reacted angrily saying that [Code A] was her patient and that it was her decision to make; there was no reference to fact that [Code A] had haematoma at that stage; family wanted to get her back to Haslar
Comm and collaborations.G2 Relative & carers	Stakeholder 11	[Code A] recommends that Staff need training in dealing with next of kin; need for sensitivity about treating families and patients with dignity eg right to wear own clothes (eg Health care assistant insisted that [Code A] eat a dinner she'd ordered from the canteen despite the fact that [Code A] upset as

		Code A was dying)
Comm and collaborations.G2 Relative & carers	Stakeholder 13	Convalescence with view to discharge to nursing home
Comm and collaborations.G2 Relative & carers	Stakeholder 13	Permission was given by Code A for morphine for Code A
Comm and collaborations.G2 Relative & carers	Stakeholder 13	Information given from the family eg difficult to know when needed toilet eg agitated and then given oramorph. How info passed on? - continent before.
Comm and collaborations.G2 Relative & carers	Stakeholder 14	Relatives and Carers Communication with family was appalling. Was rude. St Mary's where she died.
Comm and collaborations.G2 Relative & carers	Stakeholder 14	Relatives and Carers Never given impression would not come home - was surely to get back on her feet again.
Comm and collaborations.G2 Relative & carers	Stakeholder 14	Relatives and Carers Nurses should keep patients and families up to date. Explain care plan to family.
Comm and collaborations.G2 Relative & carers	Stakeholder 15	Relatives and Carers Learnt Collingwood dealt with dementia - 1st heard of it. Spoke to Alzheimer's Association.

Comm and collaborations.G2 Relative & carers	Stakeholder 16	No-one told him what drug was. Not able to question and discuss with sister.
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Community Health Council.txt	CHC has concerns about communication between staff & partners & staff & relatives
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Community Health Council.txt	Many elderly patients at War Memorial coming from outside local area which may have resulted problems over getting informatio to relatives about patients as GP not nearby
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Interview. Code A Code A 22.	When at Gosport, Code A spent 'a lot of time on communications with relatives'
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Interview. Code A Code A 22.	Fareham & Gosport have produced very good written material; also produced very good gap analysis for stroke service with action plan for change; not as good on falls; they were one of the first localities to start user and carer involvement work; only locality with community implementation strategy
Comm and collaborations.G2 Relative & carers	Statutory Stakeholder.Tele Int- Code A	Relatives & Carers Door open to contact families if have concerns. Next of kin environment.
Comm and collaborations.G2 Relative & carers	Stakeholder 20	Relatives and Carers Relatives never get told about drugs - only if have cheek to ask.
Comm and collaborations.G2 Relative & carers	Stakeholder 20	Relatives & Carers Air of secrecy - not nurses - it's the doctors.

Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with <small>Code A</small> Code A	They get correspondence out quickly; usually see and sort out patients due for discharge efficiently; communications between GWM and primary care not frequent but 'generally good': 'We're not left carrying the can'
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with <small>Code A</small> Code A	GWM discharge summaries are timely and clear and do not leave GPs to sort things out
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	Gosport-area GPs have always worked together on GWM LMC to develop and agree protocols on admitting to Sultan ward
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	When LMC is made aware of such referrals, tend to complain to consultant at QA There is a clear admitting protocol, at least for GPs; try to admit patients before 12 to allow instructions to be given to nursing staff Describes communications between GWM and local GPs as 'generally poor' Eg of patient admitted after 4; impossible for GP to see her so patient sent home
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	Nurses will fax GP if test result indicates change in medication necessary; medication changes sometimes agreed over the phone as long as GP attends within 2 working days
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview with <small>Code A</small> Code A 22.1	trust directors rarely attend LMC meetings; things would be better between trust and GPs if trust clinical governance lead attended

Comm and collaborations.G3 Primary care	Statutory Stakeholder.Interview; Code A Code A 22.	in some areas, like Petersfield, very good procedure for dealing with GPs
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Telephone Interview- Code A	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP Code A's team would have greater contact even sultan.
Comm and collaborations.G3 Primary care	Statutory Stakeholder.Telephone Interview- Code A	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong enough
Comm and collaborations.G4 Acute	Stakeholder 11	5. 11 August, 2001: Code A admitted to GWM with note from consultant saying that she was fully mobile; She was placed in a room on her own in Daedalus ward facing onto corridor and in sight of nursing staff
Comm and collaborations.G4 Acute	Stakeholder 12	Q & A PDF contributed to the GWMH PD programme.
Comm and collaborations.G4 Acute	Stakeholder 12	Two groups would meet at least once a month
Comm and collaborations.G4 Acute	Statutory Stakeholder.Interview with Code A Code A 22.1	When LMC is made aware of such referrals, tend to complain to consultant at QA
Comm and collaborations.G6 Haslar	Stakeholder 13	Discharge note from Haslar - was about convalescence

Comm and collaborations.G6 Haslar	Stakeholder 13	Discharge letter from Haslar to GWMH - now fully weight bearing and zimmer needs total care, is continent - and explanation of fidgeting = need toilet and recommended more physio.
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	Wards would notify him that patient becoming more stable and ready for move back home.
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	Consultant view, OT, nursing staff, physiotherapist would also Care management assessment would be don't and placement either at home or nursing home
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	Look to enablement team PCG led service- to support patient care at home in teams of enablement for settle at home. Links with GP- Code A team would have greater contact even sultan.
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	GWM staff through social services should get patients out faster, but real problem getting beds in community
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	Also face recruitment/retention crisis- problem getting social workers and care staff
Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	Improving care pathways NB and working on the supply side of problem in terms of community beds.

Comm and collaborations.G7 Social services	Statutory Stakeholder.Telephone Interview- Code A	Intermediate care pathway because its breaking down-behavioural culture of dodgy transfer and discharge develops not sure that communication over primary care strong enough
Comm and collaborations.G9 Joint working	Documentation Code A d	You asked how the Trust communicates with Staff and as I sorted this policy out I realised it was one of the occasions when the Trust utilised the Pay-System to get important messages / new information about changes/ introduce new policies etc to staff, leaflets outlining the policy etc are attached to all Staff Members Pay-slips so everyone receives the information on the same day and no one is missed as we all receive a pay slip, the Trust has used this as a form of communication for some years now.

End of life.H1 Patient care	Doc 22	She was only given enough to allow her to "die with dignity".
End of life.H1 Patient care	Stakeholder 6	What nourishment was she given at GWMH? [Code A] thinks she had none and became dehydrated when, he believes, was the true cause of her death
End of life.H1 Patient care	Stakeholder 6	As far as [Code A] is aware [Code A] was not given any food until the time she died- believes she died of starvation and dehydration
End of life.H1 Patient care	Stakeholder 5	Had [Code A] - 20/11 [Code A] - happy for nursing staff to confirm death. Reconfirmed 28/11 - 29/11 drip out, [Code A]
End of life.H1 Patient care	Stakeholder 9	Charge nurse gave [Code A] an injection shortly before he died. [Code A] had reported pain in groin after catheter procedure within 10 - 15 minutes he had died.
End of life.H1 Patient care	Stakeholder 9	When [Code A] queried cause of death 'Louis Body Dementia' - [Code A] queried as unlikely. Coroner did post-mortem found that cause of death was pneumonia. Post mortem found organs normal but Post Mortem certificate found that he had recovered from pneumonia.
End of life.H1 Patient care	Stakeholder 11	Particularly upsetting when a health care assistant came in to [Code A]s room, asked for a dress, and suggested that her mother get up and dressed; family had just been told that [Code A] was dying

End of life.H1 Patient care	Stakeholder 11	<u>Code A</u> recommends that Staff need training in dealing with next of kin; need for sensitivity about treating families and patients with dignity eg right to wear own clothes (eg Health care assistant insisted that <u>Code A</u> eat a dinner she'd ordered from the canteen despite the fact that <u>Code A</u> upset as <u>Code A</u> was dying)
End of life.H1 Patient care	Stakeholder 13	1st entry on admission sheet - happy for death certification. Was going in post-op 'well' patient for convalescence. Written by Doctor. Is this a cover for hospital with no 24 hour cover
End of life.H1 Patient care	Stakeholder 13	Notes checked - no Drs entered room in last days of life.
End of life.H1 Patient care	Stakeholder 13	Basic care lacking in last few days eg moistening mouth - clean pillow cases
End of life.H2 Relatives & carers	Doc 22	All the staff on the ward were extremely caring at all times both to <u>Code A</u> and to her <u>Code A</u>
End of life.H2 Relatives & carers	Doc 23	I did give my consent while later, I felt awful about, and felt it should not have been put to me.
End of life.H2 Relatives & carers	Stakeholder 6	Family received no support from GWMH staff after told them that she would die.
End of life.H2 Relatives &	Stakeholder 6	

carers		Nurse just said 'I'm surprised that she lasted this long'
End of life.H2 Realtives & carers	Stakeholder 5	Sit down with relatives - more pragmatic - not shining lights of nursing home - false expectations. Gave up too easy on [Code A] Ends here
End of life.H2 Realtives & carers	Stakeholder 9	At no time did Consultant come onto ward when husband near to death.
End of life.H2 Realtives & carers	Stakeholder 9	Did not explain DNR policy at War Memorial.
End of life.H2 Realtives & carers	Stakeholder 10	- 3 days after [Code A] died, nurse from GWM rang & asked if [Code A] was ok. Perhaps you just want to be alone & put the phone down – it was a bit late to nurture a caring relationship
End of life.H2 Realtives & carers	Stakeholder 11	12. [Code A] told them that nothing could be done for [Code A] and that she would have to put on a syringe driver for administration of pain relief
End of life.H2 Realtives & carers	Stakeholder 11	Breaking of the news of [Code A]'s imminent death by GWM staff was abrupt and terribly amateur...there was no empathy, no compassion; shied away from discussing death or dying directly ([Code A] asked how long [Code A] had left, [Code A] from the whole thing. She said that the 'next thing will be a chest infection'; first time any such thing had been mentioned
End of life.H2 Realtives & carers	Stakeholder 11	Particularly upsetting when a health care assistant came in to [Code A]'s room, asked for a

		dress, and suggested that [Code A] get up and dressed; family had just been told that [Code A] was dying
End of life.H2 Realtives & carers	Stakeholder 11	Cause of death recorded on death certificate as pneumonia; no reference to any of the other things affecting [Code A] and never mentioned to family. [Code A] signed it and sister queried it but would not agree to a post mortem and [Code A] was cremated
End of life.H2 Realtives & carers	Stakeholder 11	[Code A] recommends that Staff need traqining in dealing with next of kin; need for sensitivity about treating families and patients with dignity eg right to wear own clothes (eg Health care assistant insisted that [Code A] eat a dinner she'd ordered from the canteen despite the fact that [Code A] upset as [Code A] was dying)
End of life.H2 Realtives & carers	Stakeholder 13	How was bad news broken? As soon as syringe driver - realised not <??> were told about syringe driver by.
End of life.H2 Realtives & carers	Stakeholder 16	Relatives and Carers After [Code A] died - waiting in waiting room 11/2 - 2 hours for the Doctor - did not arrive.
End of life.H3 Staff	Stakeholder 6	'I thought wad staff adopted a policy re suit themselves'
End of life.H3 Staff	Stakeholder 6	I never saw the staff they just weren't there

Supervision & training.I1 Medical	Stakeholder 12	All GWMH is based on elderly medicine so PDF programme was applicable to the all of the GWMH
Supervision & training.I1 Medical	Statutory Stakeholder: Code A Code A .txt	Complaints are taken very seriously
Supervision & training.I1 Medical	Statutory Stakeholder.Interview: Code A Code A 22.	Just before she let GWM, there was a big drive to improve nursing skills; training in auto-defibrillators, Alert course (to train nurses to recognise when patients were at risk of dying); all nurses and GPs sent on courses; Code A believes Alert training had a very positive impact on staff; many felt much more confident about dealing with seriously ill patients
Supervision & training.I2 Nursing	Stakeholder 12	Nurses had access to library-collection services
Supervision & training.I2 Nursing	Stakeholder 12	All GWMH is based on elderly medicine so PDF programme was applicable to the all of the GWMH
Supervision & training.I2 Nursing	Statutory Stakeholder: Code A Code A .txt	Lots of support systems for staff (counselling in wards) in house training Staff nursing - all staff (HCA) encouraged to do Level 2 NNVQ subsidised by the trust
Supervision & training.I2 Nursing	Statutory Stakeholder: Code A Code A .txt	Actually encouraged staf to do additional training
Supervision & training.I2 Nursing.	Statutory Stakeholder: Code A Code A .txt	Usually funding & found For any training staff want to do

		Book issued annually to staff about training opportunities
Supervision & training.I2 Nursing	Statutory Stakeholder. Code A Code A txt	General nurses wont have same level of supervision As a specialist nurses
Supervision & training.I2 Nursing	Statutory Stakeholder. Code A Code A txt	Gerontology training Programme (with Southampton Centre) Gosport staff heavily involved
Supervision & training.I2 Nursing	Statutory Stakeholder. Interview. Code A Code A 22.	Just before she let GWM, there was a big drive to improve nursing skills; training in auto-defibrillators, Alert course (to train nurses to recognise when patients were at risk of dying); all nurses and GPs sent on courses; NP believes Alert training had a very positive impact on staff; many felt much more confident about dealing with seriously ill patients
Supervision & training.I3 AHP	Stakeholder 12	All GWMH is based on elderly medicine so PDF programme was applicable to the all of the GWMH
Supervision & training.I3 AHP	Statutory Stakeholder. Code A Code A txt	Actually encouraged staf to do additional training
Supervision & training.I3 AHP	Statutory Stakeholder. Code A Code A txt	Usually funding & found For any training staff want to do Book issued annually to staff about training opportunities
Supervision & training.I3 AHP	Statutory Stakeholder. Code A Code A txt	Workers at health care support level difficult to persuade to take interest

Supervision & training.I4 Other staff	Stakeholder 12	All GWMH is based on elderly medicine so PDF programme was applicable to the all of the GWMH
Supervision & training.I4 Other staff	Stakeholder 12	Line managers have study days to learn how to appraised staff.
Supervision & training.I4 Other staff	Statutory Stakeholder: Code A Code A txt	Usually funding & found For any training staff want to do Book issued annually to staff about training opportunities
Supervision & training.I4 Other staff	Statutory Stakeholder: Interview: Code A Code A 22.	Just before she let GWM, there was a big drive to improve nursing skills; training in auto-defibrillators, Alert course (to train nurses to recognise when patients were at risk of dying); all nurses and GPs sent on courses; Code A believes Alert training had a very positive impact on staff; many felt much more confident about dealing with seriously ill patients
Supervision & training.I4 Other staff	Statutory Stakeholder: Code A Code A txt	Trust has set up joint training with unions - eg, course in employment on enlightened managers will listen
Supervision & training.I5 Induction	Statutory Stakeholder: Code A Code A txt	Code A attends all inductions

Compliants.J1 Trust Mgnt	Stakeholder 4	Complained directly to [Code A] at Portsmouth Health Authority after three months received a qualified apology. Not offered an opportunity to meet with Doctor to discuss [Code A] s treatment.
Compliants.J1 Trust Mgnt	Stakeholder 4	Not offered an opportunity to discuss his case and concerns with a doctor.
Compliants.J1 Trust Mgnt	Stakeholder 4	Never told about the independent review process although [Code A] from Health Authority said she would put her complaint into NHS scheme.
Compliants.J1 Trust Mgnt	Stakeholder 4	[Code A] were unaware that help available from Community Health Council - as far as they are concerned there have been no improvements in care at War Memorial.
Compliants.J1 Trust Mgnt	Stakeholder 5	Made no formal complaint but did visit Hospitals Trust and spoke to [Code A] and [Code A] [Code A] wrote to [Code A] has now given [Code A] the right to view [Code A] s medical records.
Compliants.J1 Trust Mgnt	Stakeholder.5	3/2/99 - meeting [Code A]
Compliants.J1 Trust Mgnt	Stakeholder 12	Links with complaints and the PDF Programme.
Compliants.J1 Trust Mgnt	Stakeholder 12	The channel for complaints was there but not transferred on a formal teaching basis at the hospital.

		Complaints would be monitored through audit.
Compliants.J1 Trust Mgnt	Stakeholder 13	Raised unhappiness in handwritten notes
Compliants.J1 Trust Mgnt	Stakeholder 14	Trust Management Complaint - After meeting had lots of apologies. Last letter received - page missing from it.
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	3 complaints, 3 month period about GWMH
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	Information problems and poor communication with relatives resulted in all 3 complaints
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	After Autumn/Winter 99, more complaints came through and encouraged them to put them through scheme
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	No qualitative data monitoring of care on wards to check that improvements are actually taking place
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	I don't feel that they are trying to hide things – they held a very open, approving about sharing things.
Compliants.J1 Trust Mgnt	Statutory	

	Stakeholder.Community Health Council.txt	[Code A] sent in a dummy complaint and got a very fast response, very detailed
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	Trust responses to complaints quite defensive says chief officers & dismissive – think that it has improved
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Community Health Council.txt	[Code A] very good at responding says chief offices
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Interview [Code A] [Code A] 22.	When at Gosport, [Code A] spent 'a lot of time on communications with relatives'
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Interview [Code A] [Code A] 22.	[Code A] only able to comment on complaints handling as it was dealt with at Petersfield where she later worked: common theme emerging from complaints during her time at trust behaviour and attitude of staff, impact of changeover, discontinuity in nursing car
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Interview [Code A] [Code A] 22.	'We used such complaints to develop changes in procedure. One good example was always moving patients to the same wards when they came back to GWM. Complaints were anonymised and we took the learning points out of them and circulated them to all staff on the wards'; where relevant, sent learning points to staff at Gosport but [Code A] not sure how that information was used there (simply sent info to general manager at GWM); would try to share good practice around the trust whenever possible
Compliants.J1 Trust Mgnt	Statutory Stakeholder.Interview [Code A] [Code A] 22.	'We used such complaints to develop changes in procedure. One good example was always moving patients to the same wards when they came back to GWM. Complaints were anonymised and we took the learning points out of them and circulated them to all staff on the wards'; where relevant, sent learning points to staff at Gosport but [Code A] not sure how that information was used there (simply sent info to general manager at GWM); would try

		<p>to share good practice around the trust whenever possible</p> <p>* in her role as Health Authority officer responsible for elderly care, [Code A] would visit general manager if she heard that GWM wards having problems to pass concerns on to them</p>
Compliants.J1 Trust Mgnt	Statutory Stakeholder Interview [Code A] [Code A] 22.	'we're trying to promote a culture in which older people can complain'
Compliants.J2 Ward Mgnt	Stakeholder 3	Did have meeting with doctor - [Code A]
Compliants.J2 Ward Mgnt	Stakeholder 3	Complaints leaflet - did see [Code A] - listened to complaints but not acted
Compliants.J2 Ward Mgnt	Stakeholder 8	Everyone wants to talk to him - had to get that drastic before anyone wants to listen to him.
Compliants.J2 Ward Mgnt	Stakeholder 14	Ward Management Trust complaints - had a meeting with admitting GP - Nurse [Code A] Trust wrote and apologised.
Compliants.J3 Trust lessons	Stakeholder 5	now changing consultation to every week instead of fortnightly. Meeting June cancelled. Medical Records destroyed - ombudsman supported and criticised them. - [Code A] [Code A] had same letter, [Code A] had same letter. HSC never called on of his witnesses. Haslar - drugs - odeama

Compliants.J3 Trust lessons	Stakeholder 12	Links with complaints and the PDF Programme.
Compliants.J3 Trust lessons	Statutory Stakeholder Interview: Code A Code A 22.	Code A only able to comment on complaints handling as it was dealt with at Petersfield where she later worked: common theme emerging from complaints during her time at trust behaviour and attitude of staff, impact of changeover, discontinuity in nursing car
Compliants.J3 Trust lessons	Statutory Stakeholder Interview: Code A Code A 22.	'We used such complaints to develop changes in procedure. One good example was always moving patients to the same wards when they came back to GWM. Complaints were anonymised and we took the learning points out of them and circulated them to all staff on the wards'; where relevant, sent learning points to staff at Gosport but Code A not sure how that information was used there (simply sent info to general manager at GWM); would try to share good practice around the trust whenever possible
Compliants.J4 Ward lessons	Stakeholder 14	Ward Lessons Had they learn a lesson? - no was waffle. Did say have a named nurse from now on.
Compliants.J5 Training	Stakeholder 12	The channel for complaints was there but not transferred on a formal teaching basis at the hospital. Complaints would be monitored through audit.

Clinical Governance.K1 Trust arrangements	Stakeholder 12	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 12	Clinical Governance (CG) agenda Code A 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 12	CG was then tailored to specific areas of trust.
Clinical Governance.K1 Trust arrangements	Stakeholder 12	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 12	Round days- Nursing staff, OT, Physio and CG reporter.
Clinical Governance.K1 Trust arrangements	Stakeholder 12	All audit have to be evidence based and would be done on a formal and informal basis.
Clinical Governance.K1 Trust arrangements	Statutory Stakeholder Code A Code A 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	Code A 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 Code A 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 Code A 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 Code A 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 Code A messages about trust business getting through to staff
Clinical Governance.K2 Ward arrangements	Stakeholder 5	The family also question the sedated state of Code A was on diamorphine.
Clinical Governance.K2 Ward arrangements	Stakeholder 12	Every ward had a CG board.
Clinical Governance.K2 Ward arrangements	Stakeholder 12	The downfalls were that it should have been accessible at ward level.
Clinical Governance.K2 Ward arrangements	Stakeholder 12	Everybody had a valued input into an issue At ward level Daedulus was multi disciplinary. CG implementation- nurse led but a good level of medical input.
Clinical Governance.K2 Ward arrangements	Stakeholder 12	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. Code A Code A 22.	Code A feels that GP wards (including Sultan) 'sometimes left out of the loop'

Clinical Governance.K2 Ward arrangements	Statutory Stakeholder.Interview Code A Code A 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- Code A	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 Code A Code A.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 Code A Code A 22.1	Expects GP influence to decline after PCT comes into being

Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Interview: Code A Code A 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 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 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 Code A.txt	Confident that NB messages about trust business getting through to staff
Clinical Governance.K3 PCT arrangements	Statutory Stakeholder.Tele Int- Code A	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- Code A	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- Code A	PCT- it will have impact on local social services; I would hope that it provides us with more positive opportunities.
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CODE: NC No Code	Stakeholder.13	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 Code A Code A .22.1	In LMC's view, Code A 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	<ul style="list-style-type: none"> * 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	<ul style="list-style-type: none"> * How would SERO know that GWM is safe for patients? 1) look at numbers of SUIs and discern trends over time; 2) pick up concerns through local intelligence, primarily through meetings between health authority and region at managerial and professional level; 3) look at clinical governance reports - 'best we can do is to know that the processes are good'; civil servant in charge of complaints said that SERO hadn't been monitoring numbers of complaints from GWM * SERO will send controls assurance and drugs handling protocols * How would region learn from complaints? "We don't!" * There hasn't been convenor training in area for last two years; lay chairs are trained but that's a trust responsibility