

#TEXT0901ACShirleyHallmanNurse

#CODENC

Conflict between Ward Sister (Gill Hamblin) and Dr Barton and other nurses - mainly Shirley. Evidence of Gill and Dr Barton controlling things.

#ENDCODE

#CODENC

Shirley expressed concerns re. prescribing and administration of controlled drugs - does not appear to have reported this outside of ward - **Code A**

#ENDCODE

#CODENC

Some protocols and guidelines bad on Jubilee ward but interpretation different.

#ENDCODE

#CODENC

**Code A**

#ENDCODE

#CODENC

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).

#ENDCODE

#CODED8

On days Dryad Ward FT for nearly 3 years. Was team-leader. Manager was Gill Hamblin - she was off sick for some time so Shirley became Acting Manager for some time. Had bad experience with Gill Hamblin. Heard rumour that Gill did not want Senior Staff Nurse post and did not see need for role, so uphill struggle from start (for Shirley).

#ENDCODE

#CODED8

All other staff were aware of tension. Shirley was unable to develop her own role. Situation became worse after Shirley had acted up. She implemented number of changes inc. helping hospital get IIP. When Sister Hamblin came back Shirley 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 Hamblin cleared and mediation offered by trust to resolve conflict between 2 of them. However, even with these attempts to improve the working relationships - Shirley felt unable to stay so applied for other job. **Code A**

#ENDCODE

#CODED9

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#ENDCODE

#CODEB3

Mix of patients changed during Shirley time on Dryad. Continuity Care to rehab. Funding not in place to provide sufficient support staff and AHPs to meet PR need.

#ENDCODE

#CODEC3

Also facilities for number NOF patients not in place.

#ENDCODE

#CODEC4

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.

#ENDCODE

#CODEC4

Other staff were willing to help rehab (ie. the Physios and OTs) but did not have time.

#ENDCODE

#CODEG1

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.

#ENDCODE

#CODEG2

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.

#ENDCODE

#CODEC5

Patients arriving on ward - greeted by nurses and procedures explained.

#ENDCODE

#CODEG1

Sometimes patients were cold after their journey and had to be made comfortable. Dr Barton informed. Made sure relatives knew where patients were when moved from other hospitals.

#ENDCODE

#CODEG2

Sometimes patients were cold after their journey and had to be made comfortable. Dr Barton informed. Made sure relatives knew where patients were when moved from other hospitals.

#ENDCODE

#CODEG2

Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Dr Barton would talk to relatives as well and explain what was possible.

#ENDCODE

#CODEG1

Tried to talk to relatives over phone letting them know patients were in and would meet up with their relatives. Dr Barton would talk to relatives as well and explain what was possible.

#ENDCODE

#CODED7

MDT meetings took place regularly.

#ENDCODE

#CODEF1

Pain Control. If patients came in on inadequate medications, Dr Barton informed, to increase medication. Nurses would use judgements concerning patients pain status and this was conveyed to Dr B on her arrival at ward.

#ENDCODE

#CODEF2

Pain Control. If patients came in on inadequate medications, Dr Barton informed, to increase medication. Nurses would use judgements concerning patients pain status and this was conveyed to Dr B on her arrival at ward.

#ENDCODE

#CODEF1

There were several occasions when nurses on wards felt patients were given too much medications ie. prescribed too much. This was voiced to Sister Gill Hamblin who said nurses did not understand pain control and specialist advice was sought from Countess Mountbatten.

#ENDCODE

#CODEH1

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 Shirley had upset Dr Barton. Shirley asked Dr Barton if this was so and Dr Barton said she was not upset but thought that Shirley didn't appreciate what was being done on the ward.

#ENDCODE

#CODEF1

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#ENDCODE

#CODEF2

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#ENDCODE

#CODEF1

Shirley 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.

#ENDCODE

#CODEF2

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#ENDCODE

#CODEG2

Gave example of patient who came for rehab and this was son's expectation but patient was in a much more poorly condition. Felt son had been given unrealistic expectations from previous hospital.

#ENDCODE

#CODEF2

Pain control for patients was increased according to nurses assessment of adequate pain control - usually doubled - Dr Barton would be informed.

#ENDCODE

#CODEF1

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.

#ENDCODE

#CODEF1

Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

#ENDCODE

#CODEF2

Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

#ENDCODE

#CODEF1

Sometimes Shirley would go off at night and patient was comfortable - next day patient on syringe driver and when challenged was told patients condition had changed.

#ENDCODE

#CODEF2

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#ENDCODE

#CODED3

Nurses did question regime but were told they did not understand pain control. Nothing changed. Difficult for staff to challenge Dr Barton and Ward Sister - Gill Hamblyn.

#ENDCODE

#CODED7

<b>Code A</b>	<b>Code A</b>
<b>Code A</b>	Not about syringe driver issue.

#ENDCODE

#CODED9

<b>Code A</b>	<b>Code A</b>
<b>Code A</b>	Not about syringe driver issue.

#ENDCODE

#CODED7

Dr Barton had asked Shirley if she would be better at QA. Shirley assumed this was because she had challenged Dr Barton.

#ENDCODE

#CODED3

Sister Hamblyn liked total control!

#ENDCODE

#CODED3

During period Shirley acted up use of syringe-drivers and triple medication was better controlled.

#ENDCODE

#CODEF1

Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.

#ENDCODE

#CODEF2

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