#TEXT1101ACIanPiper/FionaCameron
#CODEA5
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
#ENDCODE
#CODEK1
Massive piece of work in terms of audit in Gosport - next step analysis of work.
#ENDCODE
#CODEA5
Gerentological 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.
#ENDCODE
#CODED10
Recruitment and retention stat - copy to us.   Personnel Strategy - pay and remuneration panel.
#ENDCODE
#CODED10
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.
#ENDCODE
#CODED10
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?
#ENDCODE
#CODED10
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.
#ENDCODE
#CODED9
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.
#ENDCODE
#CODED9
New PCT will set up on working lives group.
#ENDCODE
#CODED10
New PCT will set up on working lives group.
#ENDCODE
#CODEI2
Gill Hamblin, ward manager, 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.
#ENDCODE
#CODED11
Gill Hamblin, ward manager, 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.
#ENDCODE
#CODED11
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.
#ENDCODE
#CODED11
Toni Scannel 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 Toni.
#ENDCODE
#CODED11
Ginny Day is a cohort of staff - have to break that up. Dealing with bullying and harassment - part of gerentological programme - attitudes and beliefs and the care.
#ENDCODE
#CODEI2
Ginny Day is a cohort of staff - have to break that up. Dealing with bullying and harassment - part of gerentological programme - attitudes and beliefs and the care.
#ENDCODE
#CODEJ1
Complaints - formal learning system. Reported through individual review - TB in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.
#ENDCODE
#CODEJ3
Complaints - formal learning system. Reported through individual review - TB in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.
#ENDCODE
#CODEK1
Complaints - formal learning system. Reported through divisional review - TB in performance indicators - action plan in divisional reports info. Ushered in. Loop closed in the service.
#ENDCODE
#CODEJ1
HYPO x 3 complaints - poor customer care - now pick up? IP would know through divisional review. Would pick up themes.
#ENDCODE
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divisional review. Would pick up themes.
#ENDCODE
#CODENC
Sharing learning, common membership of review teams, who did review teams?
#ENDCODE
#CODEK1
RM group. Divisional lever - lead in divisional areas. Supported by NED - for really critical incidents. Process to review critical incidents info. Circulated to CRM and handover to MD and ND.
#ENDCODE
#CODEJ1
Serious attitude problem.   If formal complaints trend might not be identified. R use memory - would take up with Jan Peach - see all formal complaints. Action plan ongoing, dynamic.
#ENDCODE
#CODEJ1
Clinical Governance Panel - reviews all critical incidents down to divisions. Would begin to plan up to themes.
#ENDCODE
#CODEK1
How to ensure safe practice? Huge raft of ways if not safe eg. results from audits.
#ENDCODE
#CODENC
Community hospitals have contracted group both bits of patch good practice. Internal networks.
#ENDCODE
#CODEF1
Clinical Effectives work.
Pain assessment. How managers delivered.
#ENDCODE
#CODEF1
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 ??.
#ENDCODE
#CODEF1
1998 - Ian took at low at other Trusts to establish if prescribing parameters OK. Made way to other community hospitals. Althea
#ENDCODE
#CODEE1
Transfer issues add patient focus.
#ENDCODE
#CODENC
Broader themes - nutrition.
#ENDCODE
#CODEJ3
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

#ENDCODE
#CODEK1
Risk reporting introduced in 1999. Trigger RM - would fill in one at complaints.
#ENDCODE
#CODEJ1
Complaints not surprising. Devine and Mackenzie left since.
- sensitised eg. Structure
- clinician engaged as before
- will be confirmed in PCT.
#ENDCODE
#CODED6
Out of house contract - medical cover. Who has responsibility to monitor and manage?
FC with PK would be responsible. Managed that way for GP who left.
#ENDCODE
#CODED6
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.
#ENDCODE
#CODED6
No mentors quality of service. Eg. Access times - used incident book - Jan would pick up.
What does contract say about service? Out of hours - just attend.
#ENDCODE
#CODED6
Manage about medical cover out of hours.
- Fiona 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 doctoron the ward.
#ENDCODE

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