

Possible interview questions: Strategic level

Introductory questions

1. How long have you worked in the trust?
2. What is your role?
3. What do you see as your responsibilities/role with regard to the prevention, identification and rescue of deteriorating patients?
4. Does anything make this hospital different to others you have worked in? Any distinctive features or characteristics we should be mindful of? [ask for examples – to help with analysis of context]

What do they have in place?

5. Can you talk me through how a deteriorating patient on a ward in would be identified and managed?

If not mentioned, asked explicitly about:

- NEWS
- Outreach Team
- Education
- Handover
- DNAR

6. If I asked someone working in a clinical department or service what 2 or 3 things does the wider organisation - the hospital leadership - do to support them in improving care for deteriorating patients at the frontline what do you think they would say?
7. How much of the response to deteriorating patients is driven in a top-down fashion, as opposed to bottom-up?
8. Is the Trust involved in any quality improvement programmes locally or nationally relating to deteriorating patients? IF APPLICABLE: How does being part of UCLP impact on your approach to deteriorating pts?

Internal and external pressures

9. Have there been any major events that might have influenced the trusts approach to deteriorating patients? What/how?
10. Over the last five years has the trust had particular pressures imposed from external organisations that may have impacted on the management of deteriorating patients? – e.g. financial pressures to save money? Relevant issues with the CQC? Requirements emanating from the Mid Staffs enquiry? Etc.
11. What impact have financial incentives such as CQUINs had on your approach to deteriorating patients?
12. To what extent do you think resourcing levels (e.g. senior staffing levels , critical care beds) impact upon outcomes for deteriorating patients in the Trust?

13. What role has feedback on performance, including public disclosure, played in the Trusts approach to deteriorating patients? If not mentioned, ask about NCAA data and SHMI.

Culture within the organisation

14. What mechanisms, forums, structures are used to spread ideas about good practice? [ask for examples] Any important formal or informal networks within the trust?
15. How would you describe the culture in your unit/the trust? Are there any 'mindsets' that are having a particularly positive (quality/solidarity) or negative impact? (culture of blame/tribes/secrets)?
16. How does Basildon show that it values, rewards and celebrates 'quality'?

Education/learning

17. What education, training and development programmes exist in order to build relevant capabilities and skills in (a) approaching deteriorating patients and (b) quality improvement?

Physical and technical

IT

18. In what ways does the IT environment support, or not support, the work of the clinical team in identifying and managing deteriorating patients?

Buildings and infrastructure

19. Has the infrastructure of the hospital been an issue in improving care for deteriorating patients? For example, ward layout, old buildings etc?

What has worked well

20. Looking back on all the work that your organisation has done to reduce in-hospital cardiac arrest, what were the top three things that you would say had the most impact?
21. If you were asked to advise another organisation on how to reduce their in-hospital cardiac arrest rate, what advice would you give them?
22. Who are the main champions and activists in relation to quality improvement in the trust- Any named individuals we should definitely speak to in relation to deteriorating patients?

Docs to request: How is quality management organised in the trust – committee structures, responsibilities, governance, people etc