

**Notes of meeting held at Queen Alexandra Hospital
Tuesday 6 February 2007
Complaint 832/06
Mrs Paule Ripley**

In attendance:

Mrs P Ripley (Complainant)

Mr T Smith, Fareham & Gosport Patient and Public Involvement Group (PPI) – supporting Mrs Ripley

Dr M A Roland, Consultant Respiratory Physician, Queen Alexandra Hospital (QAH).

Matron A Taylor, Medical Division, Portsmouth Hospitals NHS Trust (PHT).

Senior Nurse (SN) C Stacey, Medical Assessment Unit (MAU), QAH.

SN M Clemo, F4 Ward, QAH.

Mrs K Thomas, Domestic Manager, QAH.

Mr L Stacey, Transport Manager, PHT.

Miss L Manger, Trust Complaints Officer.

Mrs A Alder, Trust Complaints Officer.

	Issues identified in complaint:	Response
1	Nurses or doctors did not use alcohol gel at foot of the bed.	SN Stacey reports that infection control and measures to prevent the spread of infection are amongst the top priorities on MAU. As well as alcohol gel dispensers at the foot of each bed, there are gel dispensers situated at key areas throughout the unit. Staff are encouraged to use the alcohol gel and promote their use amongst visitors/relatives and this will continue.
2	Husband couldn't eat meal. Do staff note if a patient is not eating?	Jim's poor appetite was noted in the medical records. Assessing a patient's dietary intake is an important part of the assessment process. SN Stacey was sorry to learn that no alternative was offered to Jim when his meal was taken away uneaten, as this is something that staff should do and she has raised this issue with ward staff.
3	Understood children were not allowed to visit because of MRSA. Please clarify	Patients are admitted to the MAU with a variety of different medical conditions and this includes patients who suffer with dementia. Staff try and discourage children from visiting the unit, but this is not always possible. The majority of patients in MAU are admitted as emergencies and alternative childcare arrangements cannot always be made straight away. Parents are usually aware that this environment is not suitable for children and make alternative arrangements quickly. However, SN Stacey apologised for the additional distress this caused. Mrs Ripley explained that no attempt was made by parents or staff to quieten the children and stop them running around.

4	Not informed of husbands progress. Saw no staff in the 3 hours she visited	<p>Matron Taylor has reviewed the staffing levels at that time and has found that they were at a normal level with senior staff on duty. She has therefore been unable to establish or explain why Mrs Ripley did not see any nurses during this time.</p> <p>Mrs Ripley explained that one of the other patients had slipped down the bed and looked very uncomfortable. Not one nurse came to assist him and he remained like that for 3 hours.</p> <p>Matron Taylor was concerned to learn about this. She explained that F4 Ward was a very challenging ward, with a lot of dependant patients. However, she will remind staff of the importance of assisting patients in a timely manner; she is also reviewing the current staffing levels on the ward.</p> <p>Dr Roland advised that the medical team are happy to meet relatives, but with 30/40 patients under their care this can sometimes prove very difficult especially as the ward rounds are usually completed before visiting times. He understands that Dr Chee and Dr Goodyear did speak to Mrs Ripley, but unfortunately this was not documented. Consultants on the wards do rotate duties and Dr Roland explained that originally Jim was under the care of Dr Clark. Unfortunately, his secretary was away when Mrs Ripley requested to meet him and regrettably her request somehow slipped through the net. Mrs Ripley explained that at one time she did have a meeting arranged with Martha Scott, but Martha was late and Jim's daughter had to leave to pick the children up from school. Dr Roland explained that Martha was the on-call Registrar that day and therefore was committed to emergency cases. In hindsight, Dr Roland agreed that she should have contacted the ward to explain that she would be late and he can only apologise for this omission.</p> <p>Mr Smith questioned whether relative's requests to see a doctor were recorded in a daybook? Matron Taylor explained that there isn't a daybook on the ward, but generally any relative's requests are recorded in the medical records. Depending on the time of day, this would also be included in the shift handover.</p> <p>Mrs Ripley explained that she felt her requests were being ignored. Matron Taylor was very surprised as F4 Ward has been recognised as the best-managed medical ward within the Trust and is efficiently run.</p> <p>Mr Smith explained that the PPI is currently exploring the patient pathway through PCT's, Hospital etc, and he asked Mrs Ripley to keep a diary of her and Jim's experience. Dr Roland explained that he knows that the ward staff found it very disconcerting seeing Mrs Ripley taking notes constantly and this may have created a barrier between the family and staff. Matron Taylor agreed that nursing staff were apprehensive of what was written down, as often no matter how good the team are, only the bad points are recorded. This is very disappointing as staff can learn from praise also.</p>
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5	Ward very cold. Draught from windows and no heating	On investigation, SN Clemo has found that no maintenance defects were reported during this period. All maintenance work is now carried out by Carillion Services and once a defect is reported, Carillion usually deal with the problem within a couple of hours. Matron Taylor advised that general decoration work is currently on going throughout the Trust.
6	Visitor's toilets were filthy.	Mrs Thomas is aware of the problems with the visitor's toilets, as there is an ongoing problem with the flooring. Unfortunately, despite regular cleaning, the type of flooring in the toilet area does show dirt very easily. The Trust are trying to get this replaced, but this may take some time. The area is very busy and on occasions the toilets are not cleaned as often as they should be as the ward area does take priority for obvious reasons. There is no way to control how the facilities are used and it is unfortunate that some visitors do not leave the toilets, as they would like to find them. Mrs Thomas explains that her team do sometimes rely on visitors reporting incidents of unacceptable levels of cleanliness, in order for the necessary action to be taken. In the past there were signs in the toilet providing a contact telephone number, but these were removed when Carillion Services took over the cleaning contract, as the Trust logo was no longer appropriate. Mrs Thomas reported that new updated signs have now been produced and these will be placed once again in each toilet area, so that members of the public can report any defects for appropriate action.
7	Trainee nurse attempted 3 times to get blood from back of his hand. .	SN Clemo explained that F4 Ward do not have any trainee nurses taking blood and he can only presume that this was a trainee phlebotomist. He explained that if nurses are learning how to take blood, they have to do x amount in front of competent nurses before they are allowed to attempt this on their own. However, we don't expect F4 nurses to obtain this particular skill. There has recently been a large number of new phlebotomists employed by the Trust due to an increased demand for this service. Dr Roland explained that he advises his junior staff to only attempt this procedure 3 times and then call for help. On occasions senior staff can also experience difficulties in obtaining blood and again the guidance is to make only 3 attempts. Unfortunately, learning on a plastic model doesn't give life experience and all patients are different. When staff incur difficulties in obtaining blood, staff do feel very guilty, but this is a learning process, which is developed over years. However, phlebotomists do have to learn and Dr Roland explained that there job is a very challenging and hard role.

8	Ward had run out of nebulizer's so were using an oxygen bottle to push solbutozole into the mask.	Dr Roland assured Mrs Ripley that this was a very common and safe practice. SN Clemo advised that as Jim required oxygen the nebulise solution was pushed through the oxygen, so that the oxygen wasn't taken away from him. There is a shortage of nebulisers within the Trust, but it is routine procedure to use oxygen cylinders for oxygen-assisted patients requiring this type of medication. This information should have been explained at the time and SN Clemo apologised that this was not the case.
9	Call button could not be located – eventually found under the mattress	SN Clemo apologised for this and explained that staff do try to ensure that call buttons are easily accessible to patients. He has been unable to establish why the call button was placed under the mattress, but it could have been possible that Jim put it there and simply forgot. Jim had a severe infection and was very disorientated at times. Matron Taylor advised that this matter has already been addressed at the ward meeting.
10	23 Nov: Told husband was to be discharged, but very confused. Had he had a tranquilliser or painkiller that affected his mind slightly?	SN Clemo recalls telephoning Mrs Ripley that morning to advise her that it was expected that Jim would be discharged later that day. However, Jim's health was vulnerable to infection and the first signs that Jim had an infection was his confusion later that day. Blood tests taken confirmed this diagnosis and anti-biotic treatment was recommenced. The infection made Jim very ill and confused and he didn't understand or recognise people.
11	Had severe infection. Had to fight to obtain information. Unsure of infection – could be MRSA or CDIFF – should he have been barrier nursed at this stage.	<p>SN Clemo remembers speaking to Mrs Ripley half a dozen times or so and he hopes that his interactions helped explain the situation. Unfortunately, Jim's treatment pathway was changeable, as he often got better then worse then better again.</p> <p>Jim did not have any superbugs (MRSA;Cdiff), but had a very nasty chest infection. There was therefore no need for barrier nursing.</p>

12	Cleanliness of ward. One family had to wipe thick dust from windowsills, locker top and bed ends. Ward appears very cluttered.	Mrs Thomas explained that some patients do come to hospital with a lot of equipment, including DVD's and TV's and the ward does become very cluttered. Cleaners don't like to disturb patients but Mrs Thomas accepts that they should ask patients to excuse them whilst they clean around the bed area. All cleaners are trained and a lot of work has recently been done on the ward, especially in the past three weeks, as there was an outbreak of D&V. All equipment, furniture was pulled out and cleaned behind and Mrs Thomas assured Mrs Ripley that this work was ongoing and she intends that this level of cleaning be maintained. The Matron or the Ward Sister carries out monthly audits of cleanliness with the Domestic teams. Patients and visitors are encouraged to report any problems to the Help Desk or approach staff to advise them of any concerns regarding cleaning. Mrs Thomas explained that once the Help Desk has been contacted a task sheet is completed and allocated a task number and cleaners are sent to the area. This log is monitored to ensure that all concerns are dealt with in a timely manner.
13	Ward only have one ripple mattress.	Matron Taylor advised that ripple mattresses are not owned by individual wards but are held as central stock within the Equipment Library. If for any reason there were insufficient mattresses available in the hospital, additional mattresses can be hired from suppliers, but it can take a few days for them to arrive. SN Clemo advised that as Jim was walking around before he became bed bound, staff didn't pick up on his risk of pressures sores quick enough. Assessment Tools have been introduced and each patient is now assessed regarding their risk of developing sores on day one of their hospital stay. Matron Taylor apologised that staff did not predict Jim's pathway correctly, but at the time of admission staff didn't think that he would become so dependent. This matter has been addressed at the ward meeting.
14	Delay in obtaining results from tests (blood, urine, ECG's, thoroscopy)	Dr Roland reports that we have a very good service, but explained that not all results are relayed to the family. Instead the results are used by medical staff to identify what treatment is required. It is documented that the results of routine blood and urine tests were available in a timely manner.
15	Jim was given 2 paracetomals, but shouldn't have any painkillers as he had Trastec patch.	Dr Roland has explored this in great detail and has established that there is no proper indication that paracetomal should not be taken. On occasions it is necessary to use analgesia to help relieve temperature and pain. He explained that Trastec patches are used as a way of getting a level pitch but Jim was very ill and it was necessary to respond to his illness in a dynamic way.

16	Teeth not cleaned.	<p>SN Clemo could only apologise, as this assistance should have been offered. Dr Roland reported that Jim's tongue was deeply coated and was beyond simple oral hygiene and questioned if there was any way to get support from the oral specialists? Matron Taylor explained that this support was not available on the wards, but she was aware that one of the other wards in the Trust has recently done a lot of work regarding oral Hygiene and their findings will be shared with other areas of the hospital to help promote good practice. There are also a team of Clinical Educators who are also starting to look at this and the theory is if something good is happening in one area of the Trust, to share it with other areas.</p> <p>SN Clemo noted that in her original diary, Mrs Ripley had mentioned Jim's fingernails. He explained that although staff should have cleaned underneath his nails, they are not allowed to cut the nails due to the additional risk to the patients, especially if they are diabetic or on warfarin.</p>
17	Dried blood on outside of the alcohol gel bottle = infection control issues	<p>Matron Taylor advised that the alcohol gel bottles do get dirty, but it is not just the domestic team that are responsible for cleaning these. All staff and visitors use the gel and she would expect that if a member of staff noticed the bottle was dirty they would immediately clean the bottle. She apologised if this was not the case.</p>
18	Received appointment letter for Respiratory Clinic. They did not know he was inpatient – communication issue	<p>Although the hospital computer system was updated to show that Jim was an inpatient, this information would not be available to the administrators who send the appointment letters out.</p> <p>Mrs Alder explained that each area has a different level of access to the hospital computer system and because of data protection the only information available to the Appointments department, would be the patient's name, address and the date and time of any appointments. She apologised for any additional distress this caused.</p>
19	Dr informed her that Jim had lung cancer related to asbestos, which is terminal and no operation or treatment will help. Why was she not advised sooner?	<p>Dr Roland explained that although there was a strong clinical suspicion that Jim had cancer, it is normally felt best to with hold this until all of the results are available. However, if a patient or relative had asked Dr Roland specifically if it was possible a patient had lung cancer, he would advise them it was possible, otherwise it is normal practice to wait until the results are available.</p> <p>Unfortunately, these tests can take up to ten days before the results are available, due to the time it takes to obtain histology. Dr Roland assured Mrs Ripley that as soon as the results were available, within 5 minutes Dr Scott spoke to her to explain the diagnosis.</p>

20	<p>Had cancerous mole removed in SMH, why was this not followed up? Is this related to his terminal cancer?</p>	<p>Dr Roland recalls that Mrs Ripley raised this issued with the Nurse Specialist, who advised her that she did not think the two were related; Dr Roland agrees with the Nurse Specialist.</p> <p>A brain scan was performed because of Jim's confusion, but there was no evidence of a tumour. What it did show was that the circulation to Jim's brain had not been perfect for sometime, and it is felt that the infection had worsened the circulation and affected his level of confusion.</p>
21	<p>Transport took over two hours to get him home. Dreadfully confused but transport would not allow her to travel with him. Crew made him walk to the house in the rain and cold, wearing just his pyjama's and dressing gown. He was freezing by the time he got into the house</p>	<p>Mr Stacey was sorry to learn that Mrs Ripley was unhappy with the service provided by the Patient Transport Service (PTS). He advises that PTS conveys all patients who are unable to travel to and from hospital or from site to site by either public or private transport. The patient transport service is a multiple pickup, pre-planned service that involves the collection and drop off of a number of patients from various locations. This can unfortunately lead to patients waiting for some time on the vehicle, as other patients are collected or taken home. Please be assured that every effort is made to keep waiting times to a minimal, but due to unforeseen circumstances such as weather conditions and traffic problems, this is not always possible.</p> <p>Because this service is in great demand, next of kin are only able to travel with a patient attending an outpatient appointment, when they are medically unfit to travel alone. Discharges are a more complicated; the service is pre-planned and discharges take place either in the morning or afternoon. To try and secure two seats on the same ambulance could affect the amount of time a patient has to wait for suitable transport and this in turn blocks beds.</p> <p>Mr Stacey confirmed that he had discussed Mrs Ripley's concerns regarding the provision of blankets with the manager of E-Zec PTS, who had reported that all vehicles do supply blankets. In addition they have confirmed that the heating system in all vehicles are fully operational.</p> <p>It was unacceptable for the crew to expect Jim to walk across a car parking area wearing just his pyjama's and Mr Stacey apologised for the crew's failure to ensure that the expected level of service was provided on this occasion.</p>

22	<p>When she got him ready for bed, noticed several horrible bedsores on his bottom. Pyjama's stuck to the blisters and sores. Why were F4 unaware, as Jim had complained of sore bottom for over a week?</p>	<p>Also see point 13.</p> <p>Matron Taylor can only apologise that the pressure sores were not noted and she is very disappointed. This is very unusual on F4 Ward and she can find no good reason why this was not picked up on. She admits that the current documentation system is not as good as it could be but there is a working group, which she is a member of, that is developing documentation that would remind staff to check areas. The new document would be easy and quick to complete, with a prompt at each stage to remind nurses. Once the document is ready this will be used on a trial basis initially, as it not useful to introduce a new document Trust wide, which is not workable.</p>
23	<p>Care package not set up – Mrs Ripley arranged this herself.</p>	<p>Matron Taylor apologised that no discharge letter was provided. Dr Roland explained that the original plan was to transfer Jim to Gosport War Memorial Hospital (GWMH) as he remained confused and was not ready to go home. It was therefore felt the appropriate care package could be provided by GWMH. When these arrangements were initially made, staff were unaware of the situation with GWMH and it was planned that Jim's discharge would be gradual and well controlled.</p> <p>Unfortunately, when Mrs Ripley discharged Jim from QAH, staff did not have time to arrange a suitable care package for him at home. This can take between 1-2 weeks, but he would have got category 1 care. The District Nurse was informed of the situation, but unfortunately there was no enough time to get a care package in place at such short notice. Dr Roland understood that this was explained to Mrs Ripley at the time; Mrs Ripley advised that this was not the case, but explained that even if she had of known she would still have taken Jim home, as he had become suicidal.</p> <p>Dr Roland advised that during the time he looked after Jim, he was calm but sad; there was no indication that he was suicidal. The Medical team were working towards a controlled discharge for him, but because things went very quickly in the end, he did not have the opportunity to assess Jim prior to his discharge.</p> <p>Dr Roland explained that Jim was very confused and agitated and it would be hard to distinguish whether he was suicidal because of his mental health issues or because the level of care distressed him.</p>

24	Staff attitude on ward.	It is quite unacceptable that Mrs Ripley experienced several instances of poor staff attitude whilst on the ward. Matron Taylor explained that the circumstances described would not be compatible with the high standard of care to which Portsmouth Hospitals NHS Trust aspires. Attitude is a hard thing to change but Matron Taylor advised that this is an area of patient care that the Trust is currently addressing by providing ongoing training to staff. The Clinical Educators are in the process of rolling out a Customer Care Course, which all nursing staff will attend. Furthermore, the ward team have been reminded of the need to maintain a professional manner at all times and treat each patient with dignity and respect.
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Amanda explained that minutes of the meeting will be produced and a copy sent to all attendees for their approval. Once this has been agreed a copy will be forwarded to the Mrs Ripley to read and keep. If they feel the notes do not accurately reflect the meeting they can return them to the Complaints Department and the necessary amendments will be made. The meeting was then closed.