

**Notes of meeting held at Queen Alexandra Hospital  
Wednesday 21 March 2007 at 3.00 pm  
Complaint 832/06  
Mrs Paule Ripley**

**In attendance:**

Mrs Paule Ripley (Complainant).  
Mr Tom Smith, Fareham & Gosport Patient and Public Involvement Group (PPI).  
Ursula Ward, Chief Executive, Portsmouth Hospitals NHS Trust (PHT).  
Gail Byrne, Director of Clinical Services, Nursing and Midwifery PHT.  
Carole Attwater, Complaints Manager, PHT.  
Lesley Manger, Complaints Officer, PHT.

Following introductions, Carole explained to Ursula and Gail that Paule had previously attended a resolution meeting on 6 February 2007 but, sadly, she remained dissatisfied with the outcome. Ursula had been made aware of the case and had expressed a wish to meet with Paule, in an effort to address her outstanding concerns and offer some reassurance.

Paule explained that the PPI (of which she is a member) are carrying out a project regarding the 'Patient Pathway', which is looking at the patients' experience through the NHS system from their General Practitioner (GP), Primary Care Trust (PCT) and Hospital Trusts. When her husband Jim was taken ill and required hospital admission she decided to keep a day-to-day diary, to assist with the project.

Carole asked Paule if she felt that any of her original concerns had been resolved at the previous meeting, as she was aware that a number of staff were in attendance and that the issues originally raised were discussed in depth. Paule explained that her main area of concern was Jim's bedsores, which nobody seemed to have noticed. She was also concerned about the poor condition of his mouth.

Gail advised Paule that she had read her report and appreciated how hard it must be to grieve when there are so many issues surrounding the care Jim received in hospital. She understood that at times the level of care Jim received was quite good, but agreed that there were a number of nursing issues that were not right. Tom then explained that when he learned of Jim's admission, he had approached Paule and asked her to keep a diary of all events. He advised that there are a number of other patient relatives and carers also completing diaries within both the PHT and also Southampton University Hospital Trust (SUHT). He appreciated that staff may feel that the PPI are interfering, but he wanted to assure Ursula that this was not the case and explained that the Patient Pathway was designed to help improve the service delivered.

Carole asked Paule if she had felt that her note taking and recording of daily events surrounding Jim's care had contributed to the breakdown in communication, perhaps the staff felt uneasy about it. Paule was aware that Dr Mark Roland had stated that staff had found it disconcerting to see her constantly taking notes, but she herself did not believe this was so. Paule explained that she suffered from short-term memory loss and, had the staff questioned why she was taking notes, she would have been more than happy to explain. Carole suggested that staff should be aware of this practice and not feel threatened by it. She would

explain this during her Complaints Training sessions as she was very aware that on occasions staff are so focussed on the patient, they ignore the needs of the family and Paule's experience could be used to help improve this area of care. Ursula agreed with Carole and explained that there was no need for staff to become paranoid by Paule's note taking. What they should have done was to sit down with her and ask Paule what she was recording and why, instead of making negative assumptions which resulted in this breakdown of communication. Ursula further suggested the possibility that Paule's diary could be used as a case study to improve the way staff communicate with relatives. This would be considered for the future.

Referring back to the bedsores Jim acquired in hospital, Paule explained that her step-daughter, Heather, had questioned whether her dad had any bedsores as he was experiencing a lot of pain and discomfort, but the nurse she spoke to informed her that it was not possible as he was on a ripple mattress. However, the nurse did not investigate the area of discomfort. Paule continued to explain that the first time she became aware of Jim's bedsores was when she tried to undress him when he returned home. His pyjamas were sticking to his bottom and when she investigated she saw big black holes on his bottom. She had immediately called for the residential warden to come and insisted that photographs were taken. The GP was also called and a request was made for the tissue viability nurse to visit.

Ursula was very surprised to learn that Jim had experienced such poor care on F4 ward as she receives very few complaints about this ward. She asked Paule if she had raised her concerns with Carianne Winter at the time and Paule explained that she had but Carianne had been very abrupt and defensive. Gail assured Paule that this was not the normal reaction she would have expected from Carianne but accepted, with regret, Paule's experience and report of the events.

Gail explained that in her role as Head of Nursing she is very passionate about getting back to basics in nursing. She advised that although all nurses are initially trained in basic nursing, these skills appear to be lost once they become specialist nurses or nurse practitioners. The Trust are looking at the overall workforce and intend to implement a Balance Score Card, which will assist with ensuring that all patients receive basic nursing care. There is a working group developing this card, which has been designed to remind staff to check vital areas of patient care, e.g. bedsores.

Regrettably, she felt that there are a number of nurses throughout the Trust that do not appear to be doing their job. Ursula was appalled that Jim's bedsores were not noticed or cared for by the nursing team, particularly when he was being washed or the bedding regularly changed. She felt this was indefensible.

Ursula was sorry to learn that Paule experienced several instances of poor staff attitude and questioned if she was able to remember the names of the nurses concerned; Paule advised that, regrettably, it was Carianne. Tom explained that through his work with the PPI he is aware that the attitude of nursing staff continues to be a problem area, where nursing staff often inform patients or their relatives and carers "not my job".

Ursula queried whether Jim's bedsores were addressed at the previous meeting and, if so, what was the response. Carole confirmed that the matter had been raised but it was clear from the notes of that meeting that no one could establish why the bedsores were not noticed and only an apology had been offered. It was agreed that Jim's basic hygiene needs could not have been met, otherwise the bedsores would have been noticed.

Carole mentioned that Paule had also raised concern about patient dignity. Paule referred to a letter which Jim's daughter, Heather, had written to the Trust which described one occasion when Jim had gone to the toilet and as he walked along the ward everyone was laughing at him. Another patient had advised her that Jim had got out of bed wearing only a hospital gown, which was open at the back. Staff had thought it amusing that as he was walking along his bottom was exposed. Surely, staff should have shown some respect for his dignity and got his dressing gown to cover him, rather than stand there laughing at him. Ursula read the letter and was visibly shocked. Paule explained that Heather is devastated by the loss of her father and this incident remains firmly in her mind. She is grieving for her father, but at the moment she can only focus on the bad experiences in hospital.

Ursula questioned what the Trust could do to help resolve these matters? Paule explained that she obviously does not want a similar incident to recur and asked if the PPI could visit the wards, as a forum, to check that standards of care are improved and maintained. Ursula explained that Maggie MacIsaacs, the Director of Strategy and Partnerships, is working on this at the moment and her role will be to concentrate on the external environment. Ursula is aware that she has already spoken with the Portsmouth PPI, but she would arrange for Maggie to contact Tom to discuss her role further. Ursula acknowledged that the Trust needed to engage more with the forum and she would have no objection to members of the PPI visiting the wards. However, this would need to be planned as there are restrictions on visiting because of MRSA and other infections. However, as long as this was co-ordinated, she assured Tom and Paule that there would be no resistance from Trust staff. Tom appreciated this and stated that the PPI wanted to work with the Trust to improve the services provided and assured Ursula that any findings from the Patient Pathway would be disclosed to her first, prior to the report being made public. Gail acknowledged that the Patient Pathway would be a useful theme to address at the Nursing Forum.

Ursula was very concerned about how this whole incident has affected Jim's daughter Heather and asked Paule if there was anything she could do to help with her grief. Ursula suggested that Heather may wish to meet with Gail offsite, on a one to one basis, to discuss her concerns. Gail agreed that she would be more than happy to meet her at any time. It was also suggested that Heather might benefit from meeting with the Trust Councillor. Although she may not feel the time is right at the moment, both Gail and the Councillor would be happy to meet Heather at any time, if she feels that this may help her. Ursula asked if Heather would appreciate a letter of apology and a bouquet flowers. Paule agreed that this would be a lovely gesture.

In conclusion, Ursula was very sorry to learn of Paule's experience and agreed that the care Jim received whilst on F4 Ward was unacceptable. Communication does form the basis of most complaints received within the Trust and a number of those complaints relate to nursing issues on general wards. In hindsight, Ursula felt that it may have been useful if Carianne had attended the meeting so that Paule could have explained to her how Carianne's actions and attitude had made her feel; again this is a training issue. Ursula assured Tom that she would speak to Maggie, who would be able to arrange for the PPI to visit wards and Gail stated that she would address this matter with the Senior Nurses on the ward.

Carole then advised Paule that she had discussed this case with the Healthcare Commission (HCC) as Paule had contacted them to carry out a review of her case. Carole had advised the Commission that this meeting was taking place as this was considered a continuation of local resolution. Carole had assured them that a copy of the notes of this meeting would be

forwarded to them for completeness of their file, but it would now be up to Paule to pursue her complaint with the HCC, if she so wished.

Paule advised that she had no further questions/concerns and thanked everyone for their time. Tom also thanked Ursula for the effective way she has dealt with this complaint. Carole explained that Lesley would produce the notes of the meeting and, once approved by Ursula and Gail, a copy would be forwarded to Paule for her information. The meeting was then closed.