

REPORT ON QA 16-11-06

Yesterday, my husband Jim was admitted to QA Hospital as an urgent case, suffering from pneumonia. He had been deteriorating in health for three weeks following the pneumonia/flu injection. He is one of 6 people who have suffered bad effects from this injection. The majority of whom use the same GP practice. After asking the GP to send him to Haslar, more convenient for me, as a disabled person, the GP said Haslar cannot deal with pneumonia, and insisted on QA.

So, after waiting for the 'urgent' ambulance for 3 hours, we finally arrived at QA Medical Assessment Unit. The ward was clean, the staff beyond reproach, but – During the 5 hours I sat there, not one nurse or doctor used the alcohol gel at the foot of Jim's bed. Tests were carried out, questions asked. I told the nurse that Jim had been completely off food for three weeks. Later a full roast dinner was put in front of him, it did look delicious, but he could not eat it. The tray was taken away. Do staff not notice or care that their patients are not eating? No alternative was offered.

A nurse brought a trolley to the bed in order to carry out an ECG test. She disappeared for a moment, saying she would be straight back. In the few moments she was away, another nurse from another ward came in and asked to use the ECG trolley, I said no, as it was just about to be used. She then asked Jim's nurse if she could borrow the trolley for an emergency, say -
ing she would return in in 'two seconds' It was two and a half hours, before that trolley was returned.

A dementia patient in the next bed to Jim incessantly went to the nursing station to use their 'phone, demanding to speak to his son. The nurses tried to stop him, saying he was blocking the line, so he then started fiddling with the computers on the desk. They asked him to stop, but as soon as their backs were turned, he was back at the phone again. Another female patient in a bed two from Jim had her husband bring in two tiny children, who screeched and hollered for an hour. Outside in the corridor, another toddler was yelling blue murder.

This is as short as I can make this report. It is absolute chaos up there, - a circus. No blame on the staff, but something is very wrong. I understood children were not allowed to visit QA because of MRSA (a recent Evening News Report). Who is in charge here?

Today I shall go in, and make myself known as a member of the PPI Forum. Wonder if it will make any difference. Paule Ripley

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CONCERN

My husband Jim Ripley is in F4 QA. On visiting him today, I am now very concerned about his mental state.

I am not being informed of his progress as next of kin. The ward is cold, he is in a dreadful draught because the windows let in the wind. There is no heating, he is in bed with pyjamas, vest and dressing gown on. The ward is old, and dismal. He is extremely depressed and dreadfully confused. The hospital pyjamas are too tight round his waist. And he is uncomfortable. I saw no staff at all in the three hours I was there, just a tea lady, who put a menu card on his table. I could not even read the printing as it was so small. It was confusing to fill in, nobody offered to help him I do. Not know if the doctor has seen him, or who is his consultant. I have not been told what is the diagnosis, nor the treatment.

Jim took 18 months to recover from the Gosport War Memorial fiasco 6 years ago, when he had been overdosed, which resulted in an analgesic coma. I had him transferred from that place to Haslar. I don't want him to go through this all again.

On leaving the hospital today, I went to the nursing station to find out some information. A very abrupt nurse told me he had been taken off his oxygen, and digoxin tablets. (Why?) I asked about his chest scan which he is supposed to be having, the nurse told me there is a waiting list, so he must wait. She said he is to have another ECG next week. I asked if there is a discharge date – she said 'no, not for Jim'. I wonder is he on tranquillisers – he is so confused and disinterested in his surroundings. His voice has disappeared. He is a lovely bubbly man with a booming voice. I don't know if he is eating. (He hadn't eaten for weeks before admission. Staff in this ward very curt and 'invisible'. My daughter and I went to the visitors' toilets which were filthy.

I am really not happy, and now very worried.

I want to know how to make a complaint within the hospital. 17th Nov. 2006.

LAMES. nurse manager for ward.

Case notes.

EM

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QA visit to F4 Ward 18th Nov

Visited F4 yesterday to see Jim – still very depressed, and confused. He had his CT Chest scan. Met Dr Akram who, when we told him we had been told absolutely nothing on Jim's conditions nor treatment, took the trouble to sit and explain things to us. (Heather, Emma and me). He said Jim has pneumonia and because of asbestosis, they are investigating asbestosis related problem. He said there is infection somewhere, causing the confusion. He remains on his original drugs plus antibiotics.

Sun 19th Nov. Heather, Bill and I visited today. Saw Dr Akram again. He said he had the results of yesterday's scan. Could not see anything much, as the lung had again filled with fluid, in spite of it being drained last week. Did not want to keep aspirating, as IF something nasty there, needles could disturb it. But he said that was just looking on the black side. Dr Akram intends to order a thyroscopy or bronchoscopy Monday 20th, but did not know when it would be carried out. Jim's breathing much better. Not quite so confused, looks better, but still weak. QA looking after him well.

A

QA 20th Nov. 2006

Dr Akram said thyroscopy would probably be Wednesday 22nd. Jim not too good, but less depressed. A nurse tried three times to get some blood from the back of his hand, then gave up, she told me she was a trainee, and I should inform another nurse that she could not get blood.

I noticed that Jim was on oxygen again, so asked the sister why this was, when it had been stopped a few days earlier. She said it was not oxygen, but a nebuliser. I said it did not look like a nebuliser, and she said they had run out of them, so were using the oxygen bottle to push solbutazole into the mask!!!! He is to have this treatment four times a day. Finally found the alarm button – the nurse found it UNDER Jim's mattress!!!!

Tues 21st Nov. I phoned at 8.30a.m. and asked for the name of Jim's consultant. The ward clerk looked on his file, and told me it had no named consultant. I then asked to speak to Cari, the Ward sister. She knows me well now. She asked what I wanted – she is very officious. She gave me the consultant's name Robin Clark. ~~She told me Jim had just gone down for his thyroscopy.~~ Here had been a slot in the list, so they got Jim in.

I visited at 1.30 p.m with Heather and Bill. Met a lovely ward sister, who introduced us to Dr or Mr Fraser who had carried out the thyroscopy. He told us he had taken 4 and a half litres of fluid from Jim's right lung, which had been sent for biopsy. Results will be late this week or early next week. Results could be: pneumonia related, asbestos related or tumour related. Have to wait for the results.

Jim looked grim, but colour good and breathing good. The nurse explained that his lung had not been working for some weeks and had therefore collapsed and stuck together. They had 'blown in' a small amount of talc powder to line the lung, and she was slowly putting air into his lung and filling with drip saline? To get it working again. Jim not quite so confused, and not depressed, just in discomfort. Staff and treatment appear to me excellent. We left after an hour as Jim was worn out. The lovely sister took me to one side and said what a lovely man Jim is, and that it had been a close thing.

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QA 22nd Nov.2006

Went to see Jim today. Amazing recovery, bright as a button – no sign of confusion. Still on drip.

23rd Nov. 2006

I had a day off today, as I had a hospital appointment. Heather and Bill went instead. Heather phoned me to say, although Jim looks OK and seems to be eating, he is thoroughly confused, asking if he lives in a house, Heather told him he had a bungalow. She said he wasn't making any sense at all, so went to see a nurse. The nurse said – nothing to worry about, maybe an infection!! (In a place rife with MRSA!!!!) I phoned when I got in, explained what Heather had told me – the nurse was surprised and said Jim was absolutely fine. The drip had been removed and he was ready for discharge tomorrow. I told her – he's not coming out in a confused state. She was quite bewildered and said she would have a chat with him and phone me back. I left it half an hour – no phone call, so I phoned back again. Different nurse answered. I told her the story again. She said she would look at the notes. Yes, she confirmed he was ready for discharge, then said, Oh, just a minute. It says here they are having a meeting about Jim in the morning at 11.00 a.m. I asked why. She did not know, but said I should phone tomorrow after 11.00a.m., but if I was worried I could phone back this evening.

I phoned back this evening and asked if maybe they had put him on a tranquilliser or pain killer which might have affected his mind slightly. No, she said. I asked if the meeting was still on for the morning, yes she said. I asked if there had been a result on the urine sample she had taken. No, she said, that takes a few days. She asked me to hold on while she checked Jim. She came back and said he had a high temperature, and was now totally confused – thinking he was at home in his bungalow.

I asked if the results were back from the ECG or the thoroscopy. No, she said. I told her I would be up there tomorrow at 11.00a.m. OK she said. Please don't worry, but if you wake in the night, you can talk to me.

After the War Memorial episode, six years ago, I want to see the consultant Robin Clark and staff. MRI?? What are they not telling me??

QA 24th Nov.2006.

Phoned ward 7.30 a.m. Spoke to sister Cari. very sharp lady! She said Jim is fine, though still asleep. I said the nurse last night had said he was totally confused, and had a temperature. Sister said, well, he has no temperature now, and are you happy that he is to be discharged today. I said - If his mind is back to normal, yes, send him home. I phoned again at 9.15 when Jim was awake. Matt. (male nurse) said all well. Not confused, sending him home by patient transport later today.

12.0 Matt phoned me, saying Jim not absolutely, totally confused. Could not understand how to move from bed to chair. Matt said he will be in there for several more days. Still no results on urine sample, taken yesterday afternoon, or thorascopy, which were told to me would be available by the end of this week (today is Friday) I asked Matt if I should visit, he said no point, as Jim wouldn't know me. However, my daughter Karen is taking me in this evening at 6.00 p.m.

13.0 Peter Edgar phoned, and said I have to now get some information from staff. See consultant etc.

14.0

Ask to see Robin Clark consultant.
antibiotics? MRI?

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QA 24th Nov. contd.

After the fiasco today, he's coming home, no, he's not all the time, My daughter Karen and her son took me to QA to get some questions answered.

We saw Jim, who now has three drips in his arm, but otherwise looks fairly OK. He recognized us, but later said there had been a lovely party in the ward last night! We stayed half an hour, then went to speak to the sister – Anna. Karen told her that I have had six strokes, am on Warfarin and should not have had the stress I have had today. Anna was apologetic. I said it was not her, but sister Cari who had been unpleasant. Anna said Cari is really very nice. I know different. Someone I know worked with her recently and told me that Cari has a dreadful bedside manner and treats relatives like dirt. A job's worthlady. Maybe Cari just does not like my face!

I asked why three drip sin Jim's arm. One saline, as he is not drinking enough, nor eating enough. two are different antibiotics. They are trying different ones to kill the severe infection. I asked if it was MRSA or collostum difficile. Anna said could be, but not sure till test results are back. U's and E's results are awaited. I asked why so long to do tests, she said because they have hundreds to do. + have to wait for ^{Cultures} cultures to form. Karen told her there is no way I could manage Jim like this, at home. Anna assured us he will stay there till fit.

Karen then told her that Jim had been the only survivor from GWMH in 2000. He had gone in for two week's bed rest, and came out, in an analgesic coma due to morphine overdose. Anna said she quite understood why we were so ultra-careful.

I told her that is why I now work for the PPI, so that I can keep my eye on hospitals to try to stop such a thing ever happening again.

I should not have to fight for information. They treat us like idiots

DA

27-11-06

8/

Visited Jim today with Heather and Emma.

Jim looked reasonably well, but weak. He knew who we were. Lunch arrived, and we tried to get him to eat, he did try, but he just did not feel like eating. He had just a few mouthfuls of everything.

Sister Anna arrived at the bedside. She told us his blood pressure was very low, and that he really must eat or he will not have the strength to fight the very bad infection. She is beginning to be concerned. She told us she spends a lot of her day coaxing Jim to drink highly concentrated drinks. He should have 4 a day, but it's hard work getting him to drink them. She said he has a drip for fluids, another for antibiotics, but he must get these drinks into him.

A Dr. Sandra Hutchings examined Jim. She said must drink these bottles up. She was very nice, as they all are, with the exception of sister Cari.

I noticed that Jim's bed sheets and pillows were saturated, and questioned Anna about this. She said it is to be expected with a very bad infection. She said Jim is what they call in the nursing profession 'septic'. After we had got Jim to finish one of these bottles, Anna took his blood pressure again, and said it was now holding steady. We can just wait for results when????? And hope the antibiotics kill this infection, and hope Jim gets an interest in eating, very soon.

A family visiting another patient immediately took out tissues and proceeded to wipe the thick dust from the window sills, locker top and bed ends.

Tomorrow Anna said they are changing Jim's bed for another patient who is being discharged hopefully tomorrow, as Jim needs the Ripple mattress to guard against pressure sores. They only have one ripple mattress in the ward, and Jim has been virtually immobile for 10 days!!!!!!

Staff now, I think becoming concerned. Heather and I think Jim is weaker now than when he went in. Fingers crossed the antibiotics soon work.

The ward is so 'cluttered' with several patients with oxygen bottles next to their beds, etc. It is just crowded with equipment. The staff continue to be excellent, and sister Anna constantly comes to Jim's bed to do various checks. Tomorrow Scott, Jim's grandson, Heather and I will visit. Hope to find things a bit better.

QA 27th Nov Page 9

I phoned the ward at 8.00a.m. Still no change in Jim, but nurse said he seemed brighter in himself, but no change in condition. I confirmed that he has not got septaceamia. Nurse said there is to be a Dr's review today.

Heather, Scott and I went in lunch time. Jim totally bewildered, thought Scott was his son in law instead of his grandson. He was sitting in a chair, but cannot move because of drips and catheters. He has not been given the ripple mattress bed, as the patient did not go home.

I said to the nurse (Cathy) that I knew there had been a Dr's review. That's right, she said. I waited, and finally said, so what did they say. She looked at her notes and said, they said he must eat and drink more. Is that all I asked. Yes, she said. We tried to get Jim to eat his lunch, he had a very small amount and a small glass of orange.

His voice has almost disappeared, and he looks very weak.

We left after about an hour.

At 5 p.m. I phoned again, spoke to Cathy and asked if there had been any change. No she said. Is he eating his tea, or drinking I asked, No she said.

She said he will feel better in a few days and will then start to eat and drink. She said – no cause for concern, nobody feels like eating when they're ill. He has a very nasty infection. I said well, he didn't have when he came in here nearly two weeks ago. She laughed and said – well hospitals these days usually make patients worse when they leave, than when they came in. *Flippant!*

No results of any kind yet, and I've never seen a Dr, only the two who were on stand by over the two weekends.

Jim was given two paracetamols this afternoon.

Heather, Bill and I will go in again tomorrow.

At 11.00 p.m I phoned again as I suddenly remembered that Jim should not be given painkillers while on Trastec patches. Indian Sister. I explained. She said he had been given cocodamol (in the afternoon, Cathy said it was paracetamol.

She (Indian Sister) said Jim had pain in his lung. He showed no pain while I was there and when he was given the paracetamols. He certainly was not alert enough to know if his lung hurt or his big toe!. The sister said I must see the Drs today to discuss medication.

I am now considering complaints procedure through PALS. They might treat the patients well, but treat relatives and next of kin with disdain. Jim's teeth had not been cleaned.

There was dried blood on the outside of the alcohol gel bottle. I brought this to the attention of Cathy, who thanked me. If that was Jim's blood, whatever infection he has will run right through the ward.

Contd....

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If the infection is unknown, should barrier nursing or at least a separate room be used for him in case it is MRSA or C.Dif.

Respiratory Centre
 Trafalgar Building
 QUEEN ALEXANDRA HOSPITAL
 Southwick Hill Road
 Cosham
 Hants PO6 3LY

Portsmouth Hospitals



NHS Trust

Appts: 023 92 286665
 (Open 8.30 am - 5.00 pm)

MR. JAMES RIPLEY

Code A

Date of Birth: 23/09/1924
 Our Ref:
 NHS No:
 Military No:

Code A

Date: THURSDAY 23rd NOVEMBER 2006

Dear MR. RIPLEY

An appointment has been made for you to see a Respiratory Consultant on

WEDNESDAY 6th DECEMBER 2006 at 12:10 pm. *cancelled.*

It may not be possible for you to see the Consultant therefore you may be seen by a member of his or her team.

We recognise most patients attend their appointment however, should you decline or postpone two reasonable offers of appointment, or fail to attend without prior notification, you may be removed from the waiting list.

If this appointment is no longer required, or not convenient, please contact us on the number above and have this letter with you when you ring.

Please read the enclosed information sheet.

Yours sincerely

Code A

Encs.

The overall aim of the Trust is to provide high quality health care within an appropriate time.

Missed appointments mean we cannot offer your appointment to someone else and may result in the process of your care starting again.

CS: RES009

Welcome to the Respiratory Centre.

The following information is provided to help you when attending your appointment.

1. Please bring with you all medication prescribed during the past three months.
2. At the time of your attendance, it may be possible to tell you how long you will wait to be seen. We are anxious that patients do not experience delays but in certain circumstances delay is unavoidable. We will try to inform you of any changes in waiting time. Each Consultant has a number of doctors working with him. It might appear that a patient who arrived after you is being seen out of turn. In fact that patient could be on a different doctor's list.
3. As well as seeing the doctor, you may have to undergo certain clinical tests, such as lung function, blood tests, tests on your heart and an x-ray. Please be prepared to be at the hospital for 2-3 hours.
4. When attending your appointment please inform us of any change in your details such as address, GP, Dentist, telephone number, mobile phone number etc.
5. If you fail to attend your appointment without informing the Hospital, your case will be reviewed and you risk being removed from the Outpatient waiting list and returned back to the care of your GP for follow-up.
6. If you postpone your appointment, another appointment will be offered to you. If you postpone a second time you will be removed from the waiting list and returned back to the care of your GP.
7. If travelling by car, please allow time for parking. Limited visitor car parking is available. A charge is made at Queen Alexandra Hospital and St. Mary's Hospital. Please note wheel clamping is enforced for careless parking at Queen Alexandra Hospital and St. Mary's Hospital.
8. Light refreshments are available within a short distance of the Respiratory Centre.
9. Smoking will be permitted in the smoking shelters only at Portsmouth Hospitals from the 1st December 2005
10. **MILITARY PATIENTS**
Medical units of Military Patients travelling from outside of the UK (Including from Northern Ireland), for Hospital appointments/admission are advised to use the Aeromed system as stated in SURGEON GENERALS POLICY Letter 10/03.

11

QA 28th Nov. 2006

I phoned the ward 8.a.m. Jim had a bad night due to severe constipation which also adds to confusion. Had a slight fall over a little 'battle' with an enema, then accidentally pulled out his catheter.

I received an appointment letter for Jim for the respiratory clinic next week. I phoned and asked if they did not know he was still in F4 ward. Lady said they thought he had gone home!!!! Communication?????? She cancelled the appointment. I then asked to speak to Jim's consultant Dr Robin Clark, re: results of thorascopy etc. She said she would put me through to his secretary. After two wrong directions, one to Gynae Dep. One to A&E I finally got through to Dr Clark's secretary, only to find an answer machine!! I left a message asking someone to phone me.

Bill and I went to see Jim. He's very tearful, saying he misses me. Nurse says he calls me all the time. He calmed down, enjoyed his dinner. Not all of it, but better than for weeks. I asked the nurse for any results, she went to look at the notes, she came back saying nothing at all had been written up. Her name, too was Cathy (another one) We left when Jim was getting in a dreadful state about wanting a bottle, and not understanding the catheter at all. He then tried to pull out the catheter, we called the nurse and we left.

I got home and phoned Dr Clark's secretary again. A lady answered – the secretary is away, and Dr Clark is away till Monday. She had heard my message on the answerphone so knew who I was. She told me the nursing staff had been given information for me which they were to tell me this afternoon. I assured her the nursing staff had no such information. She told me to get the nursing staff to bleep one of the Drs tomorrow, to come and talk to us.

This is all getting quite ridiculous.

12

QA 29-11-06

Today I visited Jim with Heather and Bill. As soon as we arrived, a nurse (Cathy) told me the Dr. wanted to see me, but she was busy at that moment. We spent our time with Jim who again was very tearful, and totally confused, even worse than yesterday. His sheets were covered in blood, as was the table where his lunch was put. A cleaner came in, and just mopped round the floor with a dry mop, getting people to move out of her way. Sheer chaos – the ward is too crowded with equipment to clean anything. I think maybe it is a four-bed ward, which has been stretched to a six-bed ward. Jim had pulled out all drips and everything else he could get at. So very depressed. By 2.30, Heather and Bill had to go to collect their grandchild from school. They did not want to leave me alone, but I decided to sit and wait for the Dr. She arrived just before 4.p.m. and took me into a side room.

She apologized for all the delay and anxiety, but then told me that Jim has mesothelioma. A lung cancer related to asbestos. It is terminal, no operation or treatment will help. She said I will be meeting two special nurses on Friday who will explain things to me. I asked if Jim will come home, she hoped so, but I told her I am not well enough to care for him if his mind has gone. Is there cancer in his brain. I asked, She said that would be unusual, but it was possible he had had a stroke, and they were planning a CT scan of his head soon to find out. As I left the room, Jim's nurses were standing around and asked if I was OK. If they knew, which I suspect they did – why was I left in the dark for so long?

30th Nov. I could not visit today, as I had Warfarin Clinic to attend. Heather phoned to say Jim was now without any drips, and was walking alone to the toilet, talking quite rationally and eating his meal. What is going on?

Tomorrow I have many questions. When he had cancerous mole removed in St Mary's a few years ago, why was it not followed up etc. Would it have prevented this terminal disease? If he is to come home, will I need help to look after him? I know nothing of all of this. Dear, dear. I'm nearly as much in the dark as before.

13
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QA 1-12-06

I phoned the ward this morning and was told Jim in high spirits and had washed himself unaided and was eating and drinking. Talking completely rationally.

Heather, Bill and I arrived at 1.15 and Jim was in a very distressed state again, asking where did I live, etc. I thought, oh no, not again. I told the nurses that I was expecting to see a lady, Ann at 1.30. I was told she will be up on the ward as soon as possible.

By 2.45, Heather and Bill had to leave to collect the grandson from school.

A young lady Dr arrived to take BP's and temps. She was concerned with Jim, took off the light blanket and said he had a temperature. I asked if it was yet another infection.

She did not know. I sat with Jim who was crying and talking rubbish till 4.15p.m. A lady arrived, Ann. We went into the little office. She explained she was the cancer nurse. She spoke about getting Jim's various disability benefits raised to the highest level, etc. She said she would see to all of that.

I asked if the cancerous warts or pernicious anaemia was connected to mesothelioma. She said definitely not, this was wholly connected to asbestosis. I asked how long had they known, as I feel I have been given the run around for nearly three weeks. She said they suspected it as soon as he arrived in A&E, but could say nothing until tests and results were ready. OK. No results apparent on CT scan yesterday. She said I will have support later on.

I asked what next. She said when he is fit enough to leave there (not yet) he will need a few weeks rehabilitation. She said the options were: St Mary's, QA or War Memorial. The first two I cannot get to easily daily, the third was the place where Jim nearly died in 2000 with an analgesic overdose and dehydration. I have all the paper-work to prove this. I just don't know what to do now. If he goes to GWMH I would have to sit there day and night, as I will never trust them again.

Thinking about it when I got home (taxi journey took one and a half hours due to traffic, I am wondering why does he need rehab. When I do everything for him from tea making and helping him in a bath etc.....

I will ask more questions when I go in tomorrow.

I'll fight tooth and nail for Jim, whether they like it or not. I've been here before.

14

QA 2-12-06

Today Susan and I went with Joe to see Jim. I had phoned at 9.00 a.m. and was told there was no change.

We arrived to find Jim crying sitting in his chair. He said he cannot stand much more of this and that he's going mad.

Sue and I went to see the nurse, Matt. I asked what is going on, and was told Jim has now another infection, but as soon as it is cleared, he will be going to the Gosport War Memorial for rehabilitation. I asked why? Matt said to get him walking – I said he is already walking. He then said to see that he can make some tea or the like. I told him Jim doesn't do anything in the kitchen. I do everything for him. I then told him there is no way that Jim is going into the War Memorial after what happened there 6 years ago. Matt did not know what I was talking about, so I showed him a few newspaper cuttings and correspondence which I still have. Matt agreed that he will not go back there. I told him when this infection is gone (it is the third one in two weeks) they are to send him home, where he can be with friends and family and I have been told I will have help and support from professionals. He said I would have to see the Doctors about that on Monday, so I will. Another nurse told me Jim is so ill he is getting one infection after another. Jim is so very unhappy and bewildered, and he realizes he is not in his right mind, and it is driving him insane. I cannot let him be like this, so far from home. It's inhuman. First, Matt said the infection must be cleared before he goes anywhere. Let's hope Jim lives that long. He is getting weaker by the hour and is at screaming pitch.

15

QA 5-12-06

Yesterday on visiting Jim Heather, Bill and I found him almost suicidal. I spoke to a nurse, and asked if he was on any special medication, she said no. I asked if there was anything they could do for him, she said no, so I said – then get him out of here. She asked if the Drs. Knew – I said I don't care, it's killing him in here. A sister came along and agreed Jim should be discharged. We packed up his bag, and the nurse arranged patient transport. We left to get back home first.

His transport took over two hours to get him home. He was dreadfully confused, but they wouldn't let me travel with him. When the transport arrived, they made him walk to the house in the teeming rain and cold, wearing just pyjamas and dressing gown. I asked for a blanket, they didn't have one. He was frozen when he got indoors, but so very pleased to be home. The confusion lifted once he was warm. I got him ready for bed and noticed several horrible bedsores on his bottom. Our warden came in and took photos of them.

Jim and I did not sleep last night due to the pain from these sores. This morning his pyjamas were stuck to the blisters and sores. I contacted our local surgery and called in district nurses. They were shocked, said this should never have happened. They spoke to QA ward F4 and asked if the staff knew about the state he was in. No, they said, we didn't notice. Yet Jim had been complaining for over a week that his bottom hurt, and staff did nothing about it.

My district nurses said they will take photos of the sores and put in a complaint. There is no referral letter, no follow-up, just nothing.

Our GP arrived later and said this was very bad and asked for the referral letter, I told him the hospital said he would get it in 3 or 4 days. He asked why not use the phone or fax? I said, well this is QA we're talking about here.

This afternoon I phoned social services and got a care package begun. They are coming in tomorrow morning to start the assessment. I have done all of this myself. If I had waited for QA to do something – it would be next year before they start. I shall start some complaint procedure tomorrow. No complaint of staff, they are angels, but they don't seem sufficiently trained these days. I've been in and out of hospitals best part of my life, and never have had a bed sore. Jim is far less confused now he is home.

QA 7-12-06

This just gets worse. Jim's carer came in this morning and noticed he still has a stitch in his side from the thyroscopy. She says the backside is the worst she has ever seen. If I hadn't got him out of QA I wonder how long it would have been before they noticed these bed sores and the skin now off, right down to flesh. This is disgusting.