

## Appendix B

### Views from patients and relatives/friends

#### 1. Methods of obtaining views

- i. The investigation sought to establish the views of people who had experience of services for older people at the Gosport War Memorial Hospital.

CHI sought to obtain views about the service through a range of methods. People were invited to;

- Meet with members of the investigation team
  - Fill in a short questionnaire
  - Write to the investigation team
  - Contact by telephone or email
- ii. In November 2001 information was distributed about the CHI investigation at Gosport War Memorial Hospital to Stakeholders, Voluntary Organisations and Statutory Stakeholders. This information included posters advertising stakeholder events, information leaflets about the investigation, questionnaires and general CHI information leaflets. Press releases were issued in local newspapers and radio stations. The Hampshire police force were asked to forward CHI contact details to families who had previously expressed their concerns to them.

The written information was distributed to a large group of potential stakeholders. In total 36 Stakeholders and 59 Voluntary organisations will have received the above information. These people ranged from:

- **Voluntary organisations-** e.g. Motor Neurone Disease, Alzheimer Society, League of Friends and other community groups such as the Gosport Stroke Club and Age Concern
- Statutory stakeholder- Portsmouth and SE Hampshire Community Health Council, Isle of Wight, Portsmouth and SE Hampshire Health Authority, Local Medical Council, Members of Parliament, Nursing Homes and Social Services, Local Primary Care Trusts and Primary Care Groups.

- **Stakeholders** who had contacted CHI-patients, relatives/carers/friends.

## 2. Stakeholder Responses

- i. As a result of the mail out of information in November 2001, CHI have received the following responses from patients, relatives/carers/friends and voluntary organisations

Letters	Questionnaires	Telephone Interviews	*Stakeholder Interviews
7	1	10	16

\*Stakeholders were counted according to the number of attendees and not based on number of interviews

- ii. A number of people who contacted CHI did so using more than one method. In these cases any other form of submitted evidence, was incorporated as part of the Stakeholders contact.

## 3. Analysis of views received:

During the CHI investigation the stakeholder evidence highlighted both positive and negative views about patient care. The following analysis illustrated both types of experiences of patients/friends and relatives.

### Positive Experiences

CHI received 9 letters from stakeholders commenting on the satisfaction of the care that the patients received and highlighting the excellent level of care and kindness demonstrated by the staff and how much the staff were appreciated. This was also supported by the many letters of thanks and donations received by the Gosport War Memorial Hospital.

### Table to show the most frequent positive views of patient and relative/friend experiences

View	Frequency of responses
Staff Attitude	5
Environment	5
Other one of comments included: Access to Services, Transfer, Prescribing, End of Life arrangements, Communication and	

## Complaints.

The overall analysis of the stakeholder comments indicated that staff attitude and the environment were most highly commended. Examples of staff attitude included comments such as, "One lovely nurse on Dryad went to say hello to every patient even before she got her coat off" and "As a whole the ward was lovely and the there was no complaints against the staff". The environment was described as being tidy and clean with good décor. Another comment recognised the wards attention to maintaining patient dignity with curtains been drawn reducing attention to the patient. A Stakeholder also commented on the positive experience they had when dealing with the trust concerning a complaint they had issued.

**Negative Experiences**

However, there were a number of frequent emerging negative experiences of patients/friends and relatives that were shared with CHI by stakeholders.

**Table to show the most frequent negative views of patient and relative/friend experiences**

View	Frequency of responses
Communication with relatives/carers/friends	14
Patient transfer	10
Nutrition and fluids	11
Prescription of medicines	9
Continence management, catheritisation	4,4
Staff attitude	8
End of Life, Communication with: patients	
patients	4
relatives/carers/friends	6
Humanity of care i.e. access to buzzer, clothes	5,3

The table above highlights some of the more common negative views from the stakeholder responses, which are associated with the concerns, which have triggered the Investigation and are incorporated into the term of reference.

The specifics of the term of reference which stakeholders have commented on are:

- **The guidelines and practices in place at the trust to ensure good quality care and effective performance management**
- **Patient Transfer:** -  
Three of the contacts commented on the complexity of the patient's health before and during the transfer, "Patients should be physically fit to transfer", "Family felt if they knew how ill their father was they would not have moved him from Queen Alexander Hospital" and "Hospital claimed that the patient is in very serious pain following their transfer from Queen Alexander Hospital" Two contacts mentioned the time that it took to transfer the patient and a further two highlighted the in appropriate method of transporting the patient, such as being carried " on a sheet, with no poles- like a sack of potatoes" or being transferred, " naked from the waist down apart from a piece of padding".
- **Nutrition and fluids:** -  
Four of the contacts highlighted a lack of help in feeding patients. Three contacts commented on how dehydrated the patients appeared and others generally commented on the lack of positive communication between the relative/carer and the staff to overcome the relative/carer's concern about the level of nutrition and fluids.
- **Humanity of care:** -  
The stakeholders commented consistently on incontinence management, the attitude of staff, proximity of bells and management of patients' clothes.
  - Incontinence management- four stakeholders felt that there was limited help with patients that needed to use the toilet, "asked on three separate occasions but did not receive help" and "never able to reach emergency button so the patient wet herself "
  - Attitude of staff- eight stakeholders commented on staff attitude mentioning waiting times for

staff to respond, "waited 40 minutes for the nurse to come" other comments included, "basic care lacking in last few days e.g. moistening of mouth, clean pillows" and "main concern is culture on the ward especially manner of staff with patients and relatives". However, other stakeholders also observed some nurses being excellent and caring.

- Provision of bells - Five stakeholders observed that the bells were often out of the patients reach.
  - Management of Clothing- 3 stakeholders commented, "that the patients were never in their own clothes" and that "one patient rarely had a cover on their legs"
- **Arrangements for the prescription, administration, review and recording of drugs**
    - Prescribing: -  
The majority of concerns were around the prescribing of diamorphine. Other concerns centred on those authorised to prescribe the medication to the patient, which was communicated to the relatives/carer.
  - **Communication and collaboration between the trust and patients, their relatives and carers and with partner organisations.**
    - Communication with relatives/carers: -  
Five interviews indicated a lack of staff contact with the relatives/carers about the condition of the patient and the patient's care plan. Other interviews commented on how some of the staff were not approachable. One interview referred to the absence of lay terms to describe a patient's condition, making it difficult to understand the patient's status of health.
  - **Arrangements to support patients and their relatives and carers towards the end of the patient's life.**
    - End of life patients, relatives /carers: -  
Stakeholders mainly felt that there was a lack of communication from the staff after their relative

had died, this was feedback to CHI through comments such as, "no doctors entered room in last days of the patient's life", " family received no support from GWMH staff after told them that the patient would die".

- i. Three of the contacts had made complaints. Of these all were dissatisfied about the trust response. They felt that the complaints were not dealt with appropriately.