Staff Interviewed:

1- Ann Haste – Clinical Manager.

2- Katie Mann – Senior Staff Nurse.

3- Teresa Burlinson – Staff Nurse

4- Pamela Rigg – Staff Nurse.

5- Yong Pease – Staff Nurse.

6- Susan Rowlands – Staff Nurse.

7- Valerie Horrocks – Health Care Support Worker.

8- Toni Scammell – Senior Nurse GWMH.

9- Doctor John Grocock. – GP.

DOH800866-0002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: **Ann Haste.**

Date: **2 May 2002.**

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- Since 1985 – at GWMH since June 1999
- Days but cover nights if needed
- Toni Scammell

Question 2: How would you describe your role on Sultan Ward?

- Clinical Manager – responsible for day to day running on the ward – Development of staff
- Development of service provided by GP's on the ward
- Ensuring that Trust guidelines and policies are adhered to.
- Maintaining and improving Standards.

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes – I have read it.

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- Baseline assessments – ADL's – nutritional assessment – skin integrity – Bartel and Waterlow scores – lying and standing BP recorded if Patient is able to comply.
- Care Plans
- Referral to Physiotherapy / O.T. if necessary.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 2: **Name:** **Ann Haste.**

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes I was on duty on the 26th – 30th – 31st and the 1st February.

Question 6; Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- Yes I was
- I would if it was for the Patients own safety.
- Because he was restless and severely agitated at night - he was in a 4 bedded room – the other patients in the room had threatened him with physical violence because they had had no sleep, due to him getting back into bed and sleeping during the day
- We were attempting to reverse his sleep pattern to a "normal" acceptable sleep pattern.
- He was moved to a single room - the same day after the "Vomiting Incident"
- Cot sides are used in conjunction with Trust Guidelines.

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No it s not normal practice
- No
- We wouldn't use cot sides, but he was on a Profile Bed and cot sides are an integral part of this bed.

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- His chair had been moved forward out of normal position so that the Patient could see out of the window.

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- It depends – Is it his normal sleeping pattern
- Is he in a single room
- Is it to the detriment of other patients to let him sleep

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:** Ann Haste

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- If he is severely ill no.
- At this stage this patient was for rehabilitation
- Palliative care or seriously ill patients are usually nursed in single rooms, which offer more privacy and dignity to the patient and relatives.

Question 11: Why was there no record of this incident in the patient's notes?

- It was a very busy shift
- We had had admissions – we had 4/5 palliative care patients – and a patient from Collingwood Ward
- The ward was full of High Dependency Patients and there was only 4 staff on duty

Question 12:Why were dirty / wet clothes given to a relative to take home and wash?

- Because we do not have facilities to wash Patients clothes
- The laundry here deals with Continuing Care Patients – whose clothes have been labelled.
- Clothing was rinsed through adequately removing food debris.
- This was explained to the relatives at the time.

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- I cannot answer this as I was not on duty on the 28th / 29th January 2002.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 4: **Name:** Ann Haste.

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. At approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- The Patient had not gone for Ultrasound before I went off duty that day
- So I cannot Comment.

Question 15: Can you suggest any way to prevent a similar incident occurring?

- Nil by Mouth sign is to be removed from the bed when the Patient leaves to go down for Ultrasound
- **This is now in place – All Staff are Aware.**

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- Yes – Dehydration
- You cannot measure incontinence – we knew he was passing urine +++ so we were not unduly concerned
- Assess Patients need for Charts and what the Outcome we are looking for is.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 5: **Name:** Ann Haste

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- Yes – GP visited and saw charts.
- He was on Antibiotics for a Chest Infection

Question 18: Is there anything else you would like to talk about / or tell me?

- I'm concerned that there are discrepancies in what is documented and what was actually said.
- For example in the Complaint Letter – the Daughter in Law states – "Ward Sister was present and she remarked this was a virus and that my Wife would be getting it now"
- What I actually said was "That this could be a virus as there has been one going around and that anybody was likely to catch it"
- I spoke to the Son at length on the evening of the 30th and discussed IV Therapy – He was informed that we do not have the facilities to provide the support for Patients undergoing IV Therapy – he accepted that – it was suggested he discuss it with Dr. Grocock
- It was thought at the time it was not appropriate.

Interview conducted by: Betty Woodland
Date:2 May 2002

Original Statement read and signed by: Ann Haste
Date:2 May 2002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: Senior Staff Nurse Katie Mann

Date: 30th April 2002

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- 26yrs – since July 1975
- Days at present – Night duty until 1988 approx.
- Ann Haste

Question 2: How would you describe your role on Sultan Ward?

- Senior Staff Nurse – Accountable to Ann Haste
- To lead the team in the absence of Ann Haste
- Informally teaching Staff – Maintaining Standards and learning environment
- Acting as a resource link – infection control and wound care
- Ensure the smooth running of the ward.

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes – I have seen it.

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- Welcome to Ward / leaflet for Patient and Relatives
- They are put into bed and GP is informed Patient has arrived – request that he be clerked in.
- Personal history is taken / contact numbers etc.
- Immediate Basic Obs / TPR / Barthel / Waterlow - if Waterlow score is high Pt. Is placed on relevant Mattress / urine test / Lifting and Handling Profile may be commenced but not necessarily completed at that time
- After full assessment Patient is observed – skin integrity checked from head to toes / any bruises / lesions etc / texture noted / All ADL sheets completed.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 2: **Name:** Katie Mann

- If there is a history of Falls we would not Mobilize until given all clear by GP / X-ray etc done if necessary.
- If nutritional score is low – started on a Food and Fluid chart
- Shown Call Bell – given fluids to hand
- Next day – Referral to OT / Physiotherapy
- If GP came in the pm, any Bloods requested would not be done until the next day / if desperate and Patient arrives before final Path Lab Run – Patient would be taken to Lab in OPD.
- X-Ray requests are taken down on the day.

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes – 25th-28th – 30th – 31st Jan.

Question 6; Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- Yes on late duty 12-15pm – I saw the "Hartmann Rep" at 12-30pm
- Then took report from both Team leaders (Green and Blue) before going onto the ward.
- I have no recollection of speaking to Code A Relatives.

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No
- It should not be happening

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- No

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- No!!!

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:** Katie Mann

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- No it does not matter – Its more important they rest day or night
- F and G Grades are at present on the G.N.D. Programme – I feel that HCSW and all the MDT = all the team should under go same training

Question 11: Why was there no record of this incident in the patient's notes?

- I cannot comment on that

Question 12:Why were dirty / wet clothes given to a relative to take home and wash?

- Ideally the Relatives should have been given a Leaflet telling them there is no Laundry Facilities on the ward
- GWMH has a Laundry but for Continuing Care Beds
- If we do have someone with no family / carers we go cap in hand to the laundry.

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- We endeavour when possible to record everything / all conversations
- But it is not always possible due to Staffing Levels / High Bed Occupancy / and just Human Nature.

- **Page 4:** **Name:** Katie Mann

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. at approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- I cannot comment on this
- I was off – duty

Question 15:Can you suggest any way to prevent a similar incident occurring?

- The sign should be removed when the patient goes down to x-ray.

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- Yes dehydration / other complications
- Staff need to understand the importance of accurate recording
- It's a training issue and a problem if there is not enough staff.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

- **Page 5:** **Name:** Katie Mann

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- I can't comment on this incident
- As a rule the GP would be informed
- GP's also look at the charts.

Question 18: Is there anything else you would like to talk about / or tell me?

- I regret the distress the family are feeling
- You do not wish for this to happen
- I can say during those few days the ward was full of very High Dependency Patients / Staffing Levels were Exceptionally Low
- Staff were stretched to the limit physically and mentally
- I personally worked over time on several occasions that week and was unable to take my meal breaks – (worked 10hrs plus per day on the 30th and 31st Jan)

Interview conducted by: Betty Woodland
Date: 30 April 2002

Original Statement read and signed by: Katie Mann
Date: 30 April 2002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: Teresa Burlinson

Date: 2 May 2002

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- 2yrs plus
- Days only
- Ann Haste

Question 2: How would you describe your role on Sultan Ward?

- I am an E Grade Staff Nurse
- I take charge of Ward Team Area (blue team)
- I implement and supervise care plans for Patients
- Assist and support the HCSW's
- I now have a Student as I am a Student Assessor
- Administer Drugs
- Liase with GP's and other members of the M.D.T.

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes
- I have read it

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- Greet Patient on ward – assess whether they need to be in bed or out on a chair
- Inform GP of Patients arrival – if they are a transfer we take their notes / drugs to a place of safety.
- Baseline Obs.
- Then we commence admission procedure i.e.: contact numbers etc – complete admission books

Page 2: **Name:** Teresa Burlinson

- Then we sit and talk to the Patient or gather information from previous notes / GP / Relatives
- The Patient is physically examined / skin integrity and pressure points etc
- ADL sheets commenced
- Depending on time of admission – check if Patient wants / requires food or drink
- If in pain do they need Analgesia
- If there is any doubt re injuries – the GP would be contacted and Patient not Mobilized until seen by GP

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes – 25th – 26th – 27th – 28th January – then on Annual Leave, back on am of 1st February.

Question 6; Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- No

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No its not
- We try and encourage Patients to stay out of bed if its in their interest

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- No

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:** Teresa Burlinson

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- Not always – no
- If a Patient is poorly they will sleep anytime

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- No it should not matter
- At the end of the day if a Patient chooses their care, they will comply
- So the outcome should be better and quicker.

Question 11: Why was there no record of this incident in the patient's notes?

- Can't comment
- Was not on duty

Question 12: Why were dirty / wet clothes given to a relative to take home and wash?

- If the clothes were wet it was because we would have wanted to remove vomit etc before handing the clothes to the Relatives
- Unfortunately we haven't a ward laundry
- If Patients have no relatives we use Ward stock of labelled clothes and these go to the Laundry.

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- I can't think
- I had no contact with the Relatives at all

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 4: **Name:** Teresa Burlinson

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. At approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- I was not on duty so cannot comment

Question 15:Can you suggest any way to prevent a similar incident occurring?

- Communications were at fault
- It should have been handed over to the late shift

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- Dehydration – U/E's Abnormal etc.
- I called a Healthcall GP out to see this Patient because he was drinking so much and not passing urine.
- He was an obese man (71kgs) and I could not be sure there was not a bladder palpable.

Page 5: **Name**: Teresa Burlinson

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- I can't comment on that
- I do not know

Question 18: Is there anything else you would like to talk about / or tell me?

- Re "Liver Disease Plan" in the complaint letter
- I inadvertently left out a full stop after Disease - and this was not a Healthcall doctor but Dr. Sheila Lynch from the Patients own surgery.
- He was seen by Dr. Grocock on admission, a Healthcall doctor the next day, Dr. Lynch on Monday so we were observing his condition closely.
- As far as we were concerned he was "off his legs" because of a chest infection.

Interview conducted by: Betty Woodland
Date: 2 May 2002

Original Statement read and signed by: Teresa Burlinson
Date: 2 May 2002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: Pamela Rigg

Date: 9 May 2002

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- Since 1993 January
- Days
- Ann Haste

Question 2: How would you describe your role on Sultan Ward?

- E Grade staff nurse – to fulfil my role as a staff nurse in care of Patients on Sultan Ward
- Liase with Medical Team / families
- Administer Drugs
- Carry Hospital Bleep if required
- Advise / support / instruct HCSW's and students

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes - yes

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- Routine admission pack to follow – however on all occasions Patients are individually assessed
- Check routinely for Bruising / Injuries / lacerations / pain this involves a full body check
- If BP was out of normal range we would continue to monitor regularly / frequently
- Depending on consciousness level we would use Glasgow Coma Scale if necessary.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 2: **Name:** Pamela Rigg

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes – 26th – 27th – 29th – Patient was Blue Team
- 31st Jan and 1st Feb. Patient was Green Team

Question 6; Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- No – not on duty
- No it is not routine to put beds up to keep Patients out.
- Patient would have been left with a call buzzer.

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No – definitely Not

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- Probably not – but I'm not aware of the details

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- No – but it helps

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:**

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- No it does not matter
- But other Patients have to taken into consideration – and their needs met.

Question 11: Why was there no record of this incident in the patient's notes?

- Can't comment – not on duty

Question 12:Why were dirty / wet clothes given to a relative to take home and wash?

- Because the ward provides no laundry service
- I believe the clothes had been sluiced to remove solid matter.

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- Not nursing Blue Team Patients
- So unable to Comment

Page 4: **Name:** Pamela Rigg

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. at approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- As nurse in charge that shift I should have ensured that the "Nil by Mouth" sign was removed when the Patient was taken to x-ray dept.
- Since this incident all staff are aiming to ensure such signs are removed as soon as possible
- According to documentation i.e.: food and fluid chart – Soup / sandwich / ice cream (albeit small portions) were given
- According to documentation the Patient was checked at 1602hrs and 1815hrs – Patient was washed and linen changed accordingly.
- I remember Mr. Duggan wanting his legs and feet exposed
- He was also throwing the covers off his top half in mild agitation – we therefore aimed to maintain his dignity by folding a sheet in half and covering him waist to knees

Question 15:Can you suggest any way to prevent a similar incident occurring?

- See answer to question 14

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- Complications / dehydration
- More Staff Please – More Time

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 5: **Name:** Pamela Rigg

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- I can't comment Patient was Blue Team

Question 18: Is there anything else you would like to talk about / or tell me?

- In general terms I feel Nurses and support staff on Sultan Ward are extremely conscientious and caring in their work
- All individuals are treated according to their needs when possible
- This is only omitted by lack of Staff / Time allocation / and Priorities

- In an ideal world, all Patients would receive the care they required as this then makes the job rewarding

- There is a generalised feeling that despite total and absolute physical and emotional input from the ward staff – This is never enough.

Interview conducted by: Betty Woodland
Date: 9 May 2002

Original Statement read and signed by: Pamela Rigg
Date: 9 May 2002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: Yong Pease

Date: 25 May 2002

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- 15yrs.
- Days only
- Ann Haste

Question 2: How would you describe your role on Sultan Ward?

- Jack of all trades
- I'm supposed to know the Patients / answer to Gp's / has the plumber been / how can I obtain extra supplies / anything that comes up I have to find a way of dealing with it
- Grade E Staff Nurse

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes I have read the letter
- Ann spoke about it

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- I think I would ask questions about the falls – I would do a care plan for that – I would ask the Patient how they feel / why do they think they fell
- Test urine – Uti's affect balance
- Check body for any bruising / obvious injury / complete a body chart

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 2: **Name:** Yong Pease

- Ask relatives were they present / is this a new feature or has it happened before
- Then I would complete all basic Obs / Waterlow / Barthel / ADL's / name band etc

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes – 25th – 28th and 29th only

Question 6; Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- No I am unable to comment on the 30th
- But I remember an incident approx.8pm on the 25th Jan.
- The Son told me that he had tried to give the Patient a drink but he would not take it
- So I went and made him a cup of tea - Marie and I sat him up and the Patient drank the whole cup of tea the Son was present.
- I then went and made the Patient another cup of tea and the Patient was happy to take it.

- Not normal practice to put bed up to stop patient getting in – only for bed making – sometimes they are left up.

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No – not normal practice
- Sometimes we stop Patients getting back in themselves because they fall

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- No – but the person who pulled the chair forward was probably doing it to stimulate the Patient – he could see out

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:** Yong Pease

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- It is one of the ways – I am not saying it's the best
- At home these Patients may get up all night of day but in Hospital you have to consider other people who share the same environment.

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- I think it does matter
- If a Patient is not happy we have to talk to the Patient about it
- We are individuals and using my common sense we / I try to accommodate everyone without upsetting anyone

Question 11: Why was there no record of this incident in the patient's notes?

- No comment I was not on duty on the 30th

Question 12:Why were dirty / wet clothes given to a relative to take home and wash?

- We do not have facilities to do Laundry
- We do what is socially acceptable i.e.: Sluice off solid matter - then give relatives the clothes in a suitable bag

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- I can't comment on that, he was not my Patient
- He was Blue team, I work on Green Team
- If Patients relatives complain to me I usually do record it

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 4: **Name:** Yong Pease

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. At approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- Not on duty so I can't comment
- The sign should have been removed as he went to x-ray
- We are a small group of people (staff) and I do check that people have been fed.
- It was an oversight that sign wasn't removed but staff would have known from Handover that he was allowed supper and drinks.

Question 15: Can you suggest any way to prevent a similar incident occurring?

- Take the sign down when the Patient leaves the ward

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- Yes dehydration – but there is not a standard of what fluids a Patient should have in 24hrs. – It depends on the Patient / Patients Illness / Patients size
- For patients who are able / relatives feeding patients we ask them to record it
- Domestics collect the cups so we don't always know / see how much a Patient has drunk – so it is difficult to be accurate
- If we had enough Staff we could send someone round to check before the cups are collected

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 5: **Name:** Yong Pease

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- I don't know about this Patient – but as routine trained staff I know would report it
- Doctors look at charts too

Question 18: Is there anything else you would like to talk about / or tell me?

- Not anything attached to this case
- But I feel where we are under pressure and short of staff / more Patients with multiple problems – we have extended our role and we have no time to reflect
- It is constant go – go - go

Interview conducted by: Betty Woodland
Date: 25 May 2002

Original Statement read and signed by: Yong Pease
Date: 25 May 2002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: Susan Rowlands

Date: 2 May 2002

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- Bank nurse from 1987 – 1993 Then permanent since 1993
- Days
- Ann Haste

Question 2: How would you describe your role on Sultan Ward?

- I'm a D Grade Staff Nurse
- I manage a team when I am on duty (blue)
- My responsibilities are to supervise the HCSW's – Liase with GP's and others in the M.D.T.
- Drug Rounds
- Maintain Standards / improve standards
- Ensure Patients have nutrition / fluids
- Supervise Students
- Report any problems back to senior nurses.

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes – I have briefly seen it

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- Introduce myself first – help settle in bed – make comfortable
- Tell them about the general layout of the ward / where toilets are / meal times / about the nurse call system – and not to be afraid to use it
- Baseline Obs / TPR / BP / Wght. / Urinalysis / Barthel score / Waterlow score / nutrition assessment / ADL forms
- Check skin for lesions / pressure areas
- Generally make yourself aware what's happened to the Patient / their problems

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 2: **Name:** Susan Rowlands

- If Patient has fallen – look for injuries / bruising / this is all documented / areas highlighted on a body chart
- Manual Handling Profile Commenced – any injuries are noted on profile
- GP notified if any query re bony injury / left in bed / plus or minus analgesia

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes – 25th pm – 28th pm – 29th am – 31st am

Question 6; Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- No – not on duty
- I have seen beds raised but not cot sides raised

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No its not
- Yes and no – it's a combination of the two and the Patients condition
- You gauge it on the day

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- No – but from the mental point of view they were trying to motivate the Patient
- He could at least see outside

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- No

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:** Susan Rowlands

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- No it doesn't matter – they sit in the lounge and sleep sometimes
- If we know they have had a restless night we leave them in bed late / and then give them a late breakfast
- It all depends on the Patient and the Patients condition

Question 11: Why was there no record of this incident in the patient's notes?

- I can't comment
- I was not on duty

Question 12: Why were dirty / wet clothes given to a relative to take home and wash?

- If they have been faecal incontinent / vomited / incontinent of urine we always rinse the clothes before we give them to the Relatives
- We have no Laundry but there is a notice by the nurses station about a private laundry

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- I have no recollection of talking to these relatives – but I feel if I had I would have recorded the comments etc.

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 4: **Name:** Susan Rowlands

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. at approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- I went off duty at 1230pm before this Patient went for his ultrasound
- So I have no knowledge of what happened on his return

Question 15:Can you suggest any way to prevent a similar incident occurring?

- The sign should be taken off when the Patient goes down – then its gone

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- You get dehydrated / U/E's imbalance
- Since this has happened. When I am on duty I delegate one specific person to be responsible for fluids and completing the charts

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- I don't know

Question 18: Is there anything else you would like to talk about / or tell me?

- Not really

Interview conducted by: Code A
Date: 2 May 2002

Original Statement read and signed by: Susan Rowlands
Date: 2 May 2002

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page No: 1

Interview with: Code A

Date: 6May 2002

Question 1: How long have you been employed by the Trust – Do you work Day or Night duty – Who is your Line Manager?

- 26yrs – 5th July 1976
- Day duty
- Ann Haste

Question 2: How would you describe your role on Sultan Ward?

- Assisting Trained Nurses – doing what we can do
- Health Care Support Worker
- Looks after Patients / wash / dress / help feed them and give them drinks

Question 3: Are you aware of the complaint made by the Son of Code A

- Yes I have read it

Question 4: Can you explain to me the routine you follow when a patient is admitted? Would any extra assessments be done on a patient admitted following multiple falls?

- Trained Nurses do the admissions
- I unpack / get drinks / food / sit in chair or put to bed
- Trained nurses then come and ask the questions
- Check for cuts and bruises
- If complaining of Pain get a Trained nurse to look

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 2: **Name:** Code A

Question 5: Were you on Duty on Sultan Ward between the 25-1-02 and 1-2-02:

- Yes – 26th – 27th – 28th – 31st Jan and 1st May
- Code A was Blue Team then Green Team

Question 6: Were you on duty on the 30th January? An incident occurred on that day- the relatives of Code A allegedly found him sitting in a chair along side the radiator in his room – The bed was raised to its maximum height and the cot sides were up – the patient appeared distressed / agitated – he had put himself back to bed several times but had been removed from the bed by staff. – This was evidently to keep him awake so he would sleep during the night. Would you agree with this practice – did you witness this happening on that day? – Has it happened before to your knowledge?

- Not on duty - so can't comment

Question 7: Is it normal practice to stop patients getting in into bed when they wish? Do you agree with this?

- No - no
- I think that they put the bed up to make it and left – not to stop the Patients getting onto the bed
- It would be put down later for him to get into

Question 8: Do you think it was in the Patients best interest to be sitting by a radiator?

- Most Patients ask to be pulled forward so they can see out – it is not a bad view

Question 9: Is keeping a Patient up and awake the best way to ensure he sleeps at night?

- I would say it wasn't a Policy
- You can't keep them awake

Fareham and Gosport Primary Care Trust
Investigation Sultan Ward – GWMH.
Patient Relatives Complaint – Re: Code A

Page 3: **Name:** Code A

Question 10: What about Patient Centred Care – Patients Choice – Does it really matter when a very ill patient sleeps?

- No it does not matter - no

Question 11: Why was there no record of this incident in the patient's notes?

- No comment

Question 12:Why were dirty / wet clothes given to a relative to take home and wash?

- That's what we do if they have people / relatives to do it
- If not we ask the ladies in the Laundry downstairs – they are usually very good

Question 13: Why were relatives Observations / Concerns expressed to staff on the 28th and 29th Jan. not recorded in the patients notes?

- They made no comments to me personally

Page 4: **Name:** Code A

Question 14: Another alleged incident occurred on the 31st Jan. – Code A had an Ultra Sound Scan at GWMH. at approximately 1540pm – he returned to the ward at 1630 – the Nil by Mouth sign was not removed from above his bed – Relatives arrived at 2005pm – and found Code A in a very distressed state. Why was the sign not removed – was the patient given any fluids / food on return to the ward – was he checked at all after he returned?

- Yes I was on duty – after supper Code A (the student nurse) came out of the Patients room and said the man in there is shouting at me – she was confused as the nil by mouth sign was above the bed – I went to their team leader Pam I did not deal with the Son
- I asked the relatives to wait outside and Code A and I went in and washed and changed and put a sheath on the Patient – the previous sheath had come off
- The Son started shouting – but the lady thanked me – I said nothing back – the lady asked her husband to stop shouting – it was not the nurses fault
- I went to help him (patient) but really he was not on my Team any longer – but you can't say no
- We had checked him twice earlier
- The sign should have been taken down when he went to x-ray
- He had supper – see chart I didn't feed - maybe Code A or Mary

Question 15:Can you suggest any way to prevent a similar incident occurring?

- In future make sure the sign comes down when the Patient goes down
- I think it was a genuine oversight

Question 16: Some of the food and fluid charts were not totally completed – this is a very basic nursing duty – when a patient is known to have a low fluid input – Do you know what results from insufficient fluid input/ Can you suggest a way that these could be completed properly?

- Dehydration
- Completing charts seems to be one of our failings
- Sometimes we are not aware they are on charts if you miss part of handover
- Could a coloured star or dot be put by Patients name / bed
- All I can say is Ann will have to emphasise the importance of completing charts properly – all day

Page 5: **Name:** Code A

Question 17: The Patient spiked a Temperature on several occasions – was this reported to the G.P.?

- I can't comment on that

Question 18: Is there anything else you would like to talk about / or tell me?

- I would like to add – Why couldn't this person have come and discussed it before writing the complaint
- I can honestly say the staff are good and reliable
- I have never heard any complaints about the staff

Interview conducted by: Betty Woodland
Date: 6 May 2002

Original Statement read and signed by: Code A
Date: 6 May 2002