

Code A COMPLAINT**1. A question for the Hospital Consultant who transferred him. Did he meet the admission criteria for GWMH?**

Code A was admitted from home by his GP, Dr Grocock who advised he considered GWMH appropriate place to admit him as he was a generally fit man suffering an acute illness from which full recovery was anticipated. Main requirements on admission were general nursing care and oral antibiotics. Physiotherapy and Occ. Therapy on hand.

2. Answered as per our letter.**3. What evidence is there that the "report" was never acted upon? Does the report contain clear actions and for whom?**

As per our response. All investigations requested were completed on 28 January

4. Not clear what this is a ref to? If the notes – do they state specific action and what evidence that it failed to take place?

As per our response

5. Assuming the statement is correct – this is a nursing/medical question

See our response.

6. Where was his father on evening of 31 January? In who's care? What evidence that this situation constitutes "uncared for" given his father's state and clinical needs.....?"

On the ward – see our response 6.

7. Medical/nursing question – our response 7.**8. Assumes a) he was dehydrated b) he needed a hospital to rehydrate c) GWMH failed to provide rehydration ? facts/evidence**

Seen by 3 drs on 4 separate occasions and not considered to be dehydrated until 1 February. Biochemistry on 28th not significantly abnormal. On 1st Feb Dr Grocock agreed that his condition had deteriorated since seeing him on 29.1.02 and arranged for him to be transferred.

9. Medical question (subjective statement) - as per 8 above, see our responses 8 and 9.**10. Are we clear what records he refers to? Are they inaccurate in practice? If so – why might this have happened?**

Clear what he refers to – some records are inaccurate – we have stated this is below standard we would expect – investigating officer mitigated that "... Due in some part to pressures on staff..."

11. Is this factually correct – if so why?

Yes – no mention in patient's notes – "busy shift, ward full of high dependency patients and only 4 staff on duty"

12. Do nursing records normally record relative concerns over condition?

It would be good practice to do so

13. General statement – context re his father not clear. Subjective view.

[Code A] alleges his fathers bed was elevated to its highest point and the cot sides were up – on enquiring from “the nursing staff” [Code A] reports his wife was told that it was to prevent him from getting in to bed because the nursing staff wanted him to sleep at night. It is not normal practice to raise beds to prevent patients getting back into bed. On occasions it is used to try and reverse sleeping patterns. Other patients in the environment have to be considered and had expressed anger at [Code A] from the 25th to 30th Jan being constantly in and out of bed all night keeping everyone awake – he would then sleep all day. He could also have fallen and injured himself he was in and out of bed so often. The cot sides were used on conjunction with Trust guidelines – he was on a profile bed and the sides are an integral part of the bed. After 30th he was moved to a single room.

14. Assuming these issues are legitimate for nursing records – is the statement valid?

Statement valid – see our letter of response

15. Assume relatives in this case given clothing to wash. Assume this is standard hospital policy. What evidence of “infection” in this case – or potential for.

Yes – ward does not have laundry facilities. GWMH only has small laundry facility for continuing care patients and on rare occasions when patients have no one to do their laundry. In all acute hospitals patients are expected to make arrangements for their own personal laundry to be done. Clothes were sluiced down before being given to relatives.

No evidence of infection – misconstrued comment made by nurse that it could have been a virus as there has been one going around and that anybody was likely to catch it.

16. How do we respond as a hospital when this point is raised? Do we offer alternative to relatives washing clothes.

Clothes are sluiced down to remove solid matter. As above, in all acute hospitals patients are expected to make arrangements for their own personal laundry to be done. If patients have no relatives either use supply of “labelled” clothes on ward for patient and these are sent to the laundry or go “cap in hand” to the laundry. Ward information leaflet makes this clear – there is also a notice by the nurses station about a private laundry.

17. No response required.