

Fareham and Gosport Primary Care Trust

List of Correspondence

Code A (re the late **Code A** /F&G PCT

Ref: Comp/007/2002

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Code A

Code A

Max Millett
 Chief Executive
 Portsmouth Healthcare Trust
 St James Hospital
 Locksway Road
 Milton, Portsmouth
 Hants, PO4 8LD

Portsmouth Health Care NHS Trust

Received

24 APR 2002

General Manager, Fareham Hospital

18 April, 2002

Dear Sir,

Code A

Died; Code A

Code A

Thank you for your letter JP/svn dated 20 March 02 which included the medical records, for which I am most grateful. After reading those records and in conjunction with the observations my wife and I made during our various visits and contacts with the Gosport War Memorial Hospital; I am now in a position to lodge a formal complaint over the treatment received by my late father.

Specialty History Sheet

The entry for 25 January 02 (on admission) shows 4 falls in 48 hours. There appears to have been no examination of my father for injuries as a result of these falls. Nor is there any assessment as to why these falls were occurring and how they could be prevented in the future.

The report of 28 January 02 shows that my father's condition was deteriorating, including not passing urine, irregular pulse and jaundice. It was a Healthcall doctor that constructed a Liver Disease Plan. We support these observations, during Monday 28th and Tuesday 29th we felt my father had moved in to a new phase of his illness, and that he had become very unwell. We passed these concerns on to the nursing staff and it is interesting to note that these concerns were not recorded by the nursing staff and yet our earlier comments that he had improved on Sunday 27th were recorded.

We note that despite the Liver Disease Plan etc on 28 January 02 report there was no Specialty History Sheet entries for the 29th or 30th and the entry for 31st shows no sign of medical urgency in respect of my father. Likewise the Contact Record shows little urgency by Dr Grocott following the 28 January 02 report.



On 1 February 02 Dr Grocott wrote 'because of dehydration and the family's lack of confidence in care at War Memorial transfer to QAH'. Dr Grocott recorded this following a telephone call from myself on the morning of 1 February 02 because I was concerned about the deterioration in my father's condition and the fact that it appeared little was being done. It also followed the day where my father was virtually left dehydrated (more about this extremely serious incident under the 'Contact Record' heading later in my complaint). Dr Grocott's comments here are interesting because they are superficial and appear to make light of my father's condition, as if his transfer is not necessary. He states that Liver Scan Result was normal (although the Ultrasound Report reports – 'Very difficult scan'), and he continues to report bronchitis. He reports my father uncomplaining. The very same day that Dr Grocott wrote these remarks, the medical staff of Anne Ward, Queen Alexandra Hospital recorded/made the following remarks in respect of my father:

- a. He had abdominal ascites.
- b. He had pneumonia
- c. He was septic
- d. He had limited responses to questions.
- e. A Registrar informed my wife and I that my father's condition was so serious he may not make it.
- f. Dr Tandy (my father's consultant) informed us (after my father had died) that she considered my father's condition so serious on admission, she wondered what she or her team could do to save him.
- g. He was placed on diamorphine.
- h. We were being prepared by the medical and nursing staff for the loss of my father.

I can therefore only conclude from Dr Grocott's comments show how little understanding of how ill my father was and how inappropriate my father's retention in the Gosport War Memorial Hospital had been.

Contact Record - 31 January 02

The entry for 31 January 02 at 2100 explains a possible complaint coming from me. However it fails to report the reason for my complaint which was as follows:

My wife and I arrived at 2005 and proceeded to my father's bed, which was located in a side room down a short corridor from the nursing station. He was presumably placed in this location from his original location in an open ward so that he could be better observed. We found a scene of abandonment, the bed was a mess, my father lying on his side naked from the waist down. The urine container had become detached from its stand and was lying on the floor. The urine was extremely concentrated (dark sherry colour). It was so dark that my wife an RGN for over 30 years had never seen urine this colour. The weight of the sheath/catheter was pulling my father's penis at a very uncomfortable angle.

My father had defecated, urine had escaped and he had vomited. My father was in a very uncomfortable and agitated state. Above his bed was a large 'Nil by mouth sign'. The sight that greeted my wife and I that evening will never be forgotten. My father has now passed away and is at peace, but the



vision of my father on this evening is still with my wife and I and I do not believe we will ever forget it. Without overstating the incident I believe the only way to describe it was 'horrific'.

I went to the nurse station to report what I had found. A nurse followed me in to the room and said 'oh I think we should have taken the sign down this afternoon, he had been 'nil by mouth' for his ultrasound. Let me find out if he is still 'nil by mouth'.' We were then asked to leave the room whilst two nurses took 10 minutes to 'clean' my father up and restore some dignity to him and his family.

I informed the nurses that I was very unhappy with how we had found my father. I was asked to discuss the matter in the short corridor outside my father's room. I informed the senior nurse that this was not an appropriate place to discuss the matter and my wife and I, were then invited to go to the nurses' office. We told her what we had found. She apologised several times and informed us that my father was too ill for the Gosport War Memorial Hospital. We asked what communication had taken place between the nursing staff and the GP to communicate this very important point and we received no answer.

Do I therefore assume that a request had been made by the nursing staff to the GP to move my father to a more appropriate hospital? If this is not the case then I can only assume that the nursing staff failed to provide this information to the GP?

Fluids

It was clear before admission to Gosport War Memorial Hospital that my father had a problem with fluid intake. At home he was not capable of taking a drink himself. The notes for 25 January 02 clearly state my concerns in this area. The Fluid intake and output records show the following:

Intake		Output
26 Jan	1550 Mls	Toilet x 2
27 Jan	700 Mls	No record
28 Jan	650 Mls	Nil
29 Jan	400 Mls	Nil
30 Jan	1300 Mls	1400 Vomited
31 Jan	325 Mls	Nil
1 Feb	990 Mls	600 Mls
Total	5915 Mls	

This amounts to an average intake of 845 Mls per day. This is an extremely small amount of fluids for a dehydrated patient to consume over a 7 day period. I understand that it is normal nursing practice to aim for the intake of fluids for a non dehydrated patient to be around 2000 Mls per day, let alone a dehydrated patient.

Regularly throughout my father's stay we asked why a drip was not being put up and we were told that it was hospital policy not to. We could not



understand how an organisation that calls itself a 'hospital' could have such a policy. It takes only a basic medical skill to put up a drip and maintain it. The nursing staff assured us that they would ensure sufficient fluid intake for my father. We were sure at the time that they were not keeping their promise, and this is now confirmed from the records.

With this policy, was it not inappropriate for my father to have been admitted to Gosport War Memorial Hospital? If he had been admitted to a more appropriate hospital he would have had a better outcome.

It is also interesting that the his fluid intake shows 6 cups of tea consumed amounting to 1200 Mls, or one fifth of his total intake (a significant amount in my father's case). We believe my father did not consume this tea. The ladies who brought the beverage trolley around, were less than impressive in their patient care. They would ask him if he wanted a tea from their trolley. Because my father was hard of hearing and becoming more ill, he would not reply to them. They would then move away quickly when he did not answer them.

We were present with him on many occasions and we would try to get him to have a drink but he would decline it. When ever we visited him on the open ward we would ask fellow patients what he had drunk. In fact his fluid intake would have been much lower still if it were not for my wife and myself continually helping him to drink. This is basic nursing care and all staff need to be instructed on the importance of fluid intake and appropriate methods of encouragement.

The consumption on 31 Jan shows 325 Mls, but 275 Mls was consumed after our discovery that my father was still 'Nil by Mouth' at 8 p.m., 5 hours after the ultrasound. My father had therefore consumed 50 Mlles of fluid in a period of 14 hours. I believe this lapse in basic nursing care deprived an already dehydrated patient essential fluid, which had the effect of seriously harming his condition to such an effect that his organs started to fail him.

The output record speaks for itself. Again this is basic nursing and It clearly indicates a patient who is very unwell. Both the nursing staff and GP should have reacted to what this record was telling them, particularly given the other indicators.

Nursing Care 30 January 02

My wife visited my dad just after lunch on this day and found him sitting in a chair by his bed next to a hot radiator. He was slumped over, very agitated and extremely tired having not slept all night. He begged my wife many times to help him to get into bed. The bed had been elevated to its highest point and the cot sides were up. My wife enquired of the nursing staff why this had been done. The reply was that it was to prevent him from getting in to bed because the nursing staff wanted him to sleep at night. How can this be done in the interest of the patient? Presumably it was done to aid the night staff have a quieter time. It was certainly not done to make my father feel comfortable.

Does it really matter when a patient sleeps when someone is so ill? My father had actually managed to get into bed despite these preventative



13. How the practice of raising a patient's bed to prevent them getting in to it can occur in a modern NHS Hospital in year 2002?
14. Why the nursing record fails to record the vomiting incident of 30 January 02 and his move to a side room?
15. How patient relatives can be given possibly infected patient clothing to wash at home?
16. Why Gosport War Memorial Hospital has no personal patient laundry system when many of the patients may not have able bodied partners or family to undertake this task?
17. Why is was necessary for my father's family to fight for his dignity and care that he so rightly deserved?

Yours sincerely,

Code A

Glenn Duggan

Information:

Jan Peach
Service Manager
Community Hospitals
Gosport War Memorial Hospital
Bury Road
Gosport PO12 3PW

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Fareham and Gosport **NHS**
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
Gosport
Hants
PO13 0FH

Tel:
Fax:

Code A

22 April 2002

Our Ref: Comp/007/2002

Code A

Dear **Code A**

Complaint against Gosport War Memorial Hospital

Your letter dated 18 April 2002 addressed to Mr Max Millett at Portsmouth HealthCare NHS Trust has been passed to me for action. On 1 April 2002, the HealthCare Trust was dissolved and matters appertaining to the Gosport War Memorial Hospital now come under the remit of the Fareham and Gosport Primary Care Trust.

Firstly, I should like to pass on my sincere condolences on the sad loss of your father. I was sorry to read of the events which occurred during your late father's stay in hospital and should like to assure you that a full investigation into the events will be undertaken and a response will be sent to you within four weeks. The investigating officer in this matter is Betty Woodland and she will be contacting you in due course.

I enclose, for your information, a copy of the NHS Complaints Leaflet which explains the nationwide complaints procedure in more detail.

Yours sincerely

Ian Piper
Chief Executive

Farnmouth Health Care NHS Trust

Received

25 / 4 / 2002

General Manager, Fareham / 601701

Code A

Our Ref: JP/lp

23rd April 2002

Dear Betty

Re: Investigation Terms of Reference

Thank you for agreeing to investigate the concerns that **Code A** has raised regarding the care and management of his late Father **Code A** during his last illness on Sultan Ward.

The following terms of reference should be applied:-

- To review the Admission process, particularly when it is known a patient suffered multiple falls prior to admission
- Evaluate the quality of recorded communication with relatives and the multiprofessional team.
- Discuss and evaluate the medical and nursing management of a patient whose condition deteriorates
- Assess the medical and nursing care of patients with hydration need
- Identify how nursing staff ensure the dignity of patients
- Review and evaluate the content of the nursing record for the period of admission to transfer
- Identify and review the decision making process for transferring an acutely ill patient to an acute hospital
- By questioning staff and reviewing information was it reasonable for the patient to be:
 - a. admitted to Sultan Ward initially and
 - b. should a decision to transfer have been made earlier

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Mr Duggan's health records are in my office ready for you.

Please contact me if I can be of any assistance, your help with this is greatly appreciated.

Regards

Code A

Jan Peach (Mrs)
Service Manager
Fareham & Gosport PCT

cc. Fiona Cameron ✓

Code A

25 April 2002:

Code A

I have been commissioned by the Trust to Investigate your formal complaint dated the 18 April 2002.

I would like to make contact with you, to arrange a date and time when it would be convenient for me to talk to you, in connection with your complaint.

I appreciate this has been a very harrowing time for you and your family, but for the sake of completeness I would very much like to talk to you.

Please contact me on **Code A** anytime day or evening, and I will meet with you at a place convenient to you.

Yours Sincerely

Code A

Code A

Investigating Officer.

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Code A**Code A****Code A**

Fareham & Gosport PCT
 Gosport War Memorial Hospital
 Bury Road
 Gosport
 Hants
 PO12 3PW



9 May, 2002

Dear Ms: **Code A****Code A****Code A**Died; **Code A**

Thank you for your letter of 25 April 2002. I note that you have been commissioned to investigate my formal complaint. I would indeed be very pleased to meet with you but I would like to receive a formal written response to each of my complaints. This will then save us all a great deal of time and work and hopefully eradicate the need for further meetings.

In addition you may or may not be aware that I have made complaints about my father's care to other organisations. I have asked them to provide me with formal written responses as well. Once I have these responses as well as Fareham & Gosport PCT's formal response, and to save me meeting with different organisations on different occasions, I would like to meet with you all at one meeting. I believe this will prove advantageous to you as well as me. Some of the complaints need to be answered in a seem less manner and meeting together will be appropriate. The two other organisations involved are:

- a. Dr J H Grocott - Telephone **Code A**
- b. Royal Hospital Haslar – Contact: Lt Col Thomas

I can offer a quiet meeting place but if you would prefer a neutral meeting place I would be happy to consider any suggestions that are mutually acceptable to everyone. The same of course applies to date and time. I look forward to hearing from you with a joint proposal. . I will be out of the country from the 28th May until 20th June 2002 but I look forward to meeting with you on my return.

Yours sincerely,

Code A

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Code A

16 May 2002.

Code A

I write to acknowledge the receipt of your letter dated the 9 May 2002.

The content of which has been noted.

Yours Sincerely

Code A

Code A
Investigating Officer.

Original on the date of the paper

**Code A** - Assistant Complaints Manager

From: **Code A** - Assistant Complaints Manager
Sent: 20 May 2002 15:15
To: Peach Janet (RN4) Portsmouth Healthcare
Subject: Complaint Comp/007/2002

Hi Jan

I am just going through the folder for today and found the complaint from **Code A**
Code A re his late father **Code A**

Do you know if a final response has been sent yet? If not, perhaps a holding letter should be sent which I am happy to draft for Ian Piper to sign. Is the final response coming from Ian?

Forgive me if I sound a little unclear on the procedure with regard to GWMH complaints - Ann Turner is currently on leave and I am trying to "clear the decks" so to speak.
Regards

Code A

Assistant Complaints Manager

Tel: **Code A**
Fax: **Code A**
E-mail: **Code A**

Code A Assistant Complaints Manager

From: Janet Peach - Service Manager [c=GB;a=NHS;p=NHS S AND W HN;o=NHS PORTSMOUTH HEALTHCARE TR;s=Peach;g=Janet;i=jp1;]
Sent: 20 May 2002 15:52
To: **Code A** - Assistant Complaints Manager'
Subject: RE: Complaint Comp/007/2002

Code A

An internal investigation is being carried out into this complaint by ~~Janet Peach~~ so far I haven't seen the report. I know she has tried to get **Code A** to meet with her without success, hence part of the delay. Betty is now putting together the report without his input. Yes the letter will come from Ian and if we are about to be out of time I suggest a holding letter would be appropriate. Thanks Jan.

-----Original Message-----

From: **Code A** Assistant Complaints Manager
Sent: 20 May 2002 15:15
To: Peach Janet (RN4) Portsmouth Healthcare
Subject: Complaint Comp/007/2002

Hi Jan

I am just going through the folder for today and found the complaint from **Code A**

Code A re his late father, **Code A**

Do you know if a final response has been sent yet? If not, perhaps a holding letter should be sent which I am happy to draft for Ian Piper to sign. Is the final response coming from Ian?

Forgive me if I sound a little unclear on the procedure with regard to GWMH complaints - Ann Turner is currently on leave and I am trying to "clear the decks" so to speak.

Regards

Karen Connolly
 Assistant Complaints Manager

Tel: **Code A**

Fax:

E-mail: **Code A**

21 May 2002

Our Ref: Comp/007/2002

PRIVATE AND CONFIDENTIAL

Code A

Dear Mr Duggan

Complaint regarding Gosport War Memorial Hospital

I write further to my letter to you dated 22 April 2002 relating to your concerns about Gosport War Memorial Hospital and the events which occurred during your late father's stay.

I understand that the investigation is still taking place and I should be in a position to respond more fully to your concerns shortly.

Please accept my apologies for the delay in getting a final response to you.

Yours sincerely

Ian Piper
Chief Executive

FILE NOTE

Call from [Code A] Complaint about his father's treatment involves 4 separate NHS organisations. Accepts Ambulance service is separate. Complaint involves Dr Grocock as his father's GP and Dr Grocock as a clinical assistant of the Trust. Also involves Haslar (PHT). Would like a meeting involving all organisations as feels there is some suggestion of "not our responsibility". Would like meeting to go through his complaint as some matters closely related. PHT said it is not possible to take part in a joint meeting. Mr D feels there are advantages to all in doing so.

Has received formal response from the GP and is awaiting response from the PCT. GP has given him opportunity of discussing further. He is going to write back and make suggestion of joint meeting and suggesting following dates:

19 July
22 July
23 July
24 July am
25 July am

Suggested waiting until received PCT formal response then talk again.

Phone number is [Code A]. Work number [Code A]
Not usually home until 7.30pm.

Ann Turner
3 July 2002



Code A

Code A

Ann Turner
 Complaints Manager
 Fareham & Gosport PCT
 Unit 180, Fareham Reach
 166 Fareham Road
 Gosport, Hants
 PO13 OFH

4 July, 2002

Dear Ann,

Code A

Died; **Code A**

I would like to confirm our telephone conversation of yesterday when it was agreed that your Chief Executive would respond to my formal complaint in writing as soon as possible. I understand that your investigation is complete and that formal response should be with me within days. I welcome this because as you are aware I formally complained on the 18th April 2002, 2 months 16 days ago.

In anticipation of receiving that formal response I would like to confirm our telephone conversation, that I would like to meet with Fareham & Gosport PCT representatives. I believe that because of the nature of the complaints, plus the delay that has arisen in responding to my concerns, that your Chief Executive should be present. I offered the following dates:

19 th July 02	-	Any time that day.
22 nd July 02	-	Any time that day.
23 rd July 02	-	Any time that day. - Dr G.
24 th July 02	-	Morning only.
25 th July 02	-	Morning only.

As I explained Dr J Grocott has agreed a joint meeting with me and other parties I have made complaints to. You may like to note that I have complaints against Dr Grocott both as an employed Clinical Assistant of Fareham & Gosport PCT and as an Independent General Practitioner Contractor. Some of the complaints are very closely related to each other and the boundaries of whom is responsible are somewhat blurred. I therefore believe there would be a very real advantage to everyone to meet together. I look forward to hearing from you.

Yours sincerely,

Code A

Information:

Ian Piper
 Chief Executive, Fareham & Gosport PCT

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Dr John H. Grocock

Mrs Ann Turner,
Complaint's Manager,
Fareham and Gosport PCT
Unit 180 Fareham Reach
Gosport
PO13 0FH



Code A

Tel: **Code A**
Fax: **Code A**

8th July 2002

Re: Complaint concerning **Code A**

Dear Mrs. Turner,

I have received a letter from **Code A** who has made complaints about the care his father received, both in general practice, whilst he was an inpatient at the Gosport War Memorial Hospital, and under care of consultants at Haslar. I understand that you have been asked to arrange a meeting between **Code A** myself and the others, to whom he has complained.

I have answered by letter (29th May 02) the points of complaint that he made about his father's general practice care. I have also been interviewed by Mrs. Woodland and provided answers to her on aspects of his complaint concerning his admission to the Gosport War Memorial. No report based on her finding has been published yet.

In my letter to him (29th May 02) I agreed to a meeting at some time. I suggested that this should be under the auspices of the PCT so that a conciliator could be appointed to chair any meeting.

The timetable, in which he wants a meeting, restricting his availability to a one week period in two weeks' time, is extremely tight and I could only be available on Tuesday 22nd July 2002 in the afternoon, at such short notice. However, until relevant reports have been published and unless a conciliator has been appointed who has had an opportunity to investigate, discuss and understand the complaint I do not wish to participate in a meeting at this time.

Yours sincerely,

Code A

C: **Code A** pshire, PO15
Code A

(13)

E-mail: Direct Line: Code A
Code A

Thursday, 18 July 2002

Ref: Comp/007/2002

Code A

Dear Mr Duggan

I write further to our recent telephone conversations and to apologise for the delay in providing you with a full response in respect of the complaint you made.

As discussed, I am in the process of drafting a response for the Chief Executive's attention, based on the report of the investigating officer. This has taken longer than I anticipated, partly because of a number of competing work priorities and my absence from work until today.

Following our last telephone conversation my understanding was that we would arrange a meeting once you had the opportunity to consider the Trust's response. In this way you would be able to give an indication of those issues you wished to discuss further and I could ensure that the most appropriate people attended.

I have noted the message you left on my answerphone and am sorry that it will not be possible to arrange a meeting on the 22nd July. As I explained, the Service Manager with responsibility for Gosport War Memorial Hospital, is not available at that time. In addition, I myself do not work on Tuesdays.

I will continue to progress your response which you should receive within the next two weeks. Once again, I apologise for the delay.

Yours sincerely

Code AAnn Turner
Complaints Manager

RS. 253399

14

16 August 2002

Our Ref: Comp/007/2002

Code A

Dear **Code A**

I am writing further to my letter to you of 21st May in respect of the complaint you have made regarding the treatment your late father received whilst at Gosport War Memorial Hospital.

Please accept my apologies for the delay in responding to you. Unfortunately, the investigation which was set up took rather longer to complete than initially anticipated. Further delays have been caused by staff annual leave and a number of competing priorities. I am sorry for any added distress this delay has caused.

In your letter of 18th April you list seventeen specific issues which I would like to go through one by one.

1. Sultan Ward has 24 primary care beds. To maximise the use of these beds, the ward admits patients from selected specialities nearing the end of an inpatient stay at Queen Alexandra/Saint Mary's or Haslar Hospitals. The ward also admits young chronic sick patients for planned respite care and patients requiring palliative or terminal care. In addition, the ward provides emergency respite care for patients who are unable to cope at home in the short term. The local GPs look after their own patients on this ward. Your father was admitted on 25th January 2002 by his GP, Dr Grocock.

Dr Grocock reports that he had visited your father at home on 24th January and had diagnosed bronchitis in association with viral symptoms. You father had experienced 2 - 3 falls as his legs had felt week. Prior to this on 22 January a diagnosis of viral illness had been made by the out of hours duty doctor service following a fall getting out of bed.

On 25th January **Code A** had contacted Dr Grocock to say that **Code A** had fallen to the floor, that he had no apparent injuries but that she had had to call the ambulance service to lift him back on to his bed. **Code A** did not feel she could look after Mr **Code A** at home and asked if he could be taken to hospital. Dr Grocock gave the option of Queen Alexandra Hospital or being admitted to Gosport War Memorial Hospital where he would be looked after by him and receive the nursing care that he needed. Arrangements were subsequently made for your father to be admitted to Gosport.

Dr Grocock considered that your father was a generally fit man, suffering from an acute illness from which full recovery was anticipated. His main requirements were for general nursing care and oral antibiotics. The investigating officer concluded that your father was admitted to the most appropriate hospital for his needs.

2. On admission to Sultan ward the admitting Staff Nurse undertook a full body/skin integrity check and found "some bruising in various stages of healing" on your father's trunk, arms, legs and feet. None of it was extensive or indicative of bony injury. There was no broken skin or lacerations and your father was not complaining of any pain. Following this examination, Dr Grocock arrived and also found no sign of injury. Consequently, in the absence of any apparent injuries no specific investigations were undertaken.
3. The entry in the records referring to a "Liver Disease Plan" is a grammatical error. It should read "Liver disease. Plan" (ie, this is what we will do). The doctor was Dr Sheila Lynch, one of Dr Grocock's partners, not a Healthcall doctor. All the investigations requested by Dr Lynch were completed on 28th January.
4. The investigating officer reports that according to the nursing care plans, your father received all necessary nursing care on the 29th, 30th and 31st January. Dr Grocock reports that at reassessment on 29th January no change to his management was indicated. Your father was still being treated for bronchitis. He was receiving antibiotics and physiotherapy, his temperature had fallen and he was not dehydrated. Your father was seen by Dr Lynch on 31st January when he complained of leg pain and was agitated, for which he was given resperidone.
5. **Code A** had a breakfast of cereal with milk, tea and orange juice before being put on "nil by mouth" for 6 hours. He returned to the ward at approximately 4.00pm. The staff interviewed have said that they were aware that your father was to resume food and fluids on his return to the ward although the "nil by mouth" sign had not been removed. Your father was given a supper of soup, an egg sandwich and ice cream. Although not entered on the fluid chart the nurses interviewed can recall that your father was given fluids. I can offer no reasonable explanation for the lack of documentation.
6. As previously stated, the nursing care plan indicates that your father received all necessary nursing care on 31st January. He was washed, changed and his bed changed twice after 4.00pm and was washed and changed again when you arrived at 8.05pm. I understand that on his return from x-ray your father was very agitated and did not want any covers on his legs or feet. This is a recognised side effect of jaundice affecting some patients whereby they cannot bear any pressure on their limbs, not even a blanket. The nurse on duty that evening folded a sheet across your father to try to preserve his dignity. I am sorry that you felt your father was uncared for.
7. There were no restrictions on the amount of fluids your father was allowed to have during his stay and staff report that they constantly encouraged him to drink. However, it is clear from the record that staff omitted to make a note of when fluids were offered and refused.
8. During his stay at Gosport War Memorial Hospital, your father was seen by two doctors, on four separate occasions and was not considered to be dehydrated until 1st February when it was obvious he had deteriorated. Blood tests taken on 28th did not indicate any significant abnormality and he had continued to drink and was eating, albeit light meals.
9. Your father was transferred to Queen Alexandra Hospital on 1st February when it was apparent that there had been deterioration in his condition. Dr Grocock has advised that you called him on 1st February to inform him that your father had deteriorated, that you had no confidence in the care that your father had received on Sultan ward and requesting that he be transferred to Queen Alexandra Hospital. On visiting your father Dr Grocock agreed that his condition had deteriorated since seeing him on 29th January and arranged for him to be transferred.

10. I can offer no reasonable explanation for the inaccuracy of some of the documentation surrounding your father's care. This standard is below that which we would expect and clearly not acceptable.
11. The nurses had communicated with one another regarding this as is clear from the fact that your father was given some supper. I apologise unreservedly for the fact that the sign was not removed at the appropriate time. This was an oversight.
- 12 & 14 Again, I can offer no reasonable explanation for the lack of documentation of your concerns regarding your father or the vomiting incident of 30th January. Documentation is central to good quality patient care and in this instance fell well below the standard we would expect. A great deal of work is currently underway in relation to improving the documentation skills of nurses at Gosport War Memorial Hospital. Specifically:
 - increased training for junior qualified staff in the planning of care
 - appointment of a senior nurse (for 6 months) to work with staff developing their documentation skills
 - the application of a set of national standards entitled 'Essence of Care', one of which specifically relates to documentation
13. The staff interviewed agreed that it would not be their practice to raise beds to prevent patients getting into them. The only explanation I can offer is that the ward had been cleaned and the bed had inadvertently been left in the raised position.
14. Once again, I have no reasonable explanation as to why the nursing documentation is not complete.
15. The staff interviewed have expressed concern that any comment they made may have been misconstrued. There was no intention to infer that your father was or possibly could have been infectious. Your father was being nursed on an open ward with no precautions which would not have been the case had there been concerns in respect of infection.
16. Gosport War Memorial Hospital only has a small laundry facility which is used for those patients who have no family or friends able to help in this respect. There is a private laundry facility available and information about this is provided next to the nurses' station. It is normal practice in all acute hospitals that patients are expected to make their own arrangements for personal laundry to be done.
17. I am sorry that you and your family have been left feeling this way. Every patient coming into hospital has the right to be treated with dignity and I am sorry that the care provided to your father at this time did not come up to the standards we would hope to provide. All the staff involved have been interviewed as part of this investigation and regret the distress you and your family are feeling.

In addition to these specific points, I thought it might be helpful to comment on other points you raise. You refer to your father's liver scan result as reading "very difficult scan". The investigating officer interviewed the x-ray staff and was advised that this meant that it was difficult to visualise the liver, for any number of reasons, the usual one being the size and shape of the patient's abdomen. Apart from the ascites the scan was NAD (nothing abnormal detected).

You refer to an incident on 31st January which I have previously discussed. However, you mention the unusual colour of your father's urine. I thought it might be helpful to explain that this colouring is choluria, a well-documented condition that occurs when a patient has an excess of

the bile pigment bilirubin in the blood. When the level of bilirubin in the blood rises, visible jaundice appears and the urine becomes very dark brown or orange.

I appreciate that this has been a very difficult time for you and your family and once again apologise that the care provided to your father was not always to the standard we would expect.

I hope this helps to explain some of the events which took place. I would like to thank you for drawing your concerns to my attention and to assure you that complaints are taken seriously. An action plan will be drawn up to address the issue of inadequate record keeping and documentation and the lessons learned from the complaint you have made will be disseminated throughout the Trust.

If there are issues about which you would like further clarification, please do not hesitate to contact me. If it would be helpful to meet to discuss your complaint further I would be happy to do so.

Yours sincerely

Ian Piper
Chief Executive

(15)

**Code A****Code A**

Ian Piper
 Chief Executive
 Fareham & Gosport PCT
 Unit 180, Fareham Reach
 166 Fareham Road
 Gosport, Hants
 PO13 OFH

17 September, 2002

Dear Mr Piper,

Code A**Died: Code A**

Thank you for your letter Comp/007/2002 dated 16 August 2002. I have carefully examined the content and I remain dissatisfied with many of the replies to the various complaints I have made. I would therefore like to take up your offer made in your letter and verbally to me of a meeting to discuss my complaint further. I believe it essential that your Director of Nursing attends the meeting because much of my complaint is about the nursing care given to my father. I would also like to request that Dr Grocock attends the meeting because I would like to discuss his clinical management of my father whilst in the Gosport War Memorial Hospital.

At the conclusion of the above meeting I would like to meet with Dr Grocock separately at the PCT HQ to discuss with him the separate complaints I have with him as my father's General Practitioner. May I request that your staff make the necessary arrangements. I will write to Dr Grocock explaining my request.

At this time I am able to offer the following dates for a meeting (at any time during the day or evening):

27 September, 30 September, 1-4 October, 7 October, 30 October, 31 October, 5 November, 7 & 8 November, 11 November, 13 & 14 November, 18 & 19 November, 21 & 22 November, 25-28 November

I look forward to hearing from you.

Yours sincerely,

Code A

(16)

Dr. John H. Grocock

Mrs Ann Turner
Complaint's Manager
Fareham and Gosport PCT
Unit 180 Fareham Reach
Gosport
PO13 0FH



Code A

27 September, 2002

Our ref: JHG/ICS

Re: Complaint concerning Mr. Arthur Duggan dob **Code A**

Dear Mrs Turner

I suspect that you have received a letter from **Code A** dated 20th September, in which he informs me that he is requesting a meeting with Mr Piper, the Director of Nursing and myself to discuss the complaint that he has about his father's care. He also wishes to meet me afterwards to discuss the complaint that he has concerning the care received from the practice.

I have written to him telling him that I will make myself available for such a meeting. I have stated previously if he wishes to meet me I would like there to be a conciliator appointed by the PCT to chair the meeting, so as to ensure that the time of the meeting is utilised trying to resolve the complaint as fully as possible.

I would be grateful if you could organise a conciliator and if you would let me have suggested dates for this meeting, I will rearrange my timetable accordingly.

Yours sincerely

Code A

AK -> Karen C

17

Code A

Code A

FAREHAM & GOSPORT PCT
07 OCT 2002

Dr J H Grocock

Code A

02 October 2002

Dear Dr Grocock,

Arthur Edward Duggan, Date of Birth; **Code A**

Died; **Code A**

Thank you for your letter JHG/ICS of 27 September 02. I write to seek clarification of what you are saying. As I read your letter, you have asked the PCT to provide a conciliator to chair the first meeting where I am meeting with the Chief Executive, Director of Nursing and yourself. You have not mentioned the second meeting I was proposing (which would follow the first meeting and would be between yourself and myself).

Under chapter 5.16 of the NHS Complaints Guidance (March 1996) a conciliator's assistance is made available to help facilitate agreement between the practitioner and complainant when either party has requested it (in this case yourself). The conciliator would therefore only apply to the second meeting between yourself and myself, which I assume you have agreed to, and not the first meeting between myself and staff of the Fareham and Gosport Primary Care Trust, which of course includes yourself under bed fund arrangements.

Yours sincerely,

Code A

Copy to:
Chief Executive Fareham & Gosport PCT

Dr. John H. Grocock

Code A

08 OCT 2002

Code A

4 October, 2002

Our ref: JHG/ICS

Dear *Mr Piskunov.*
Code A

I am sorry if my last letter was unclear. I understood that you were requesting two meetings.

The first with Mr Piper, The Director of Nursing and myself. The second with myself to discuss your complaint against the practice. It is for this second meeting that I have requested the provision by the PCT of a conciliator.

Yours sincerely

cc to Mr I Piper, Chief executive of Fareham and Gosport PCT, Fareham Reach.

7th November 2002

Code A

Dear **Code A**

I am writing further to your letter dated 17th September addressed to Ian Piper in respect of the complaint you have made.

Mr Piper is currently seconded elsewhere within the NHS and Mr Alan Pickering has been appointed Acting Chief Executive. Mr Pickering is happy to meet with you to discuss your complaint. The Primary Care Trust does not have a Director or Nursing, but Mrs Fiona Cameron, Operational Director with responsibility for nursing, is happy to meet with you also.

I have liaised with Dr Grocock on the dates you suggest and am pleased to offer Wednesday 27th November at 11.00am for the meeting to take place, here at Fareham Reach.

Your meeting with Dr Grocock to discuss the issues you have with him as your late father's General Practitioner can take place once your meeting with the Primary Care Trust has concluded. The conciliator appointed to assist at this second meeting is Mr Terry Rawlings. It would be helpful if you could provide any correspondence which has passed between yourself and Dr Grocock in respect of your complaint against him as your late father's GP in order that I can forward this on to Mr Rawlings.

Mr Pickering is keen that the meeting with you is productive and has asked if you would be kind enough to give an indication of your outstanding concerns in advance of the meeting.

I am sorry that it has taken some while to confirm this meeting.

Yours sincerely

Ann Turner
Complaints Manager

20

7th November 2002

Dr J H Grocock

Code A

Dear Dr Grocock

Meeting with **Code A**

I am writing further to my colleague's recent telephone call in respect of the meeting with **Code A**
Code A

As I am sure you are aware, Mr Piper is currently seconded elsewhere within the NHS and Mr Alan Pickering has been appointed Acting Chief Executive. Mr Pickering has agreed to meet with **Code A** together with Fiona Cameron, Operational Director with responsibility for nursing.

From the dates submitted by **Code A** I would like to confirm Wednesday 27th November at 11.00am for the meeting to take place, here at Fareham Reach.

Following this meeting, I have arranged for Mr Terry Rawlings, Independent Conciliator, to assist at the meeting with yourself as his late father's GP. It would be helpful if you could provide any correspondence which has passed between yourself and **Code A** in respect of this complaint that I can forward on to Mr Rawlings.

Yours sincerely

Ann Turner
Complaints Manager

(21)



Code A

Code A

The Chief Executive
 Fareham & Gosport PCT
 Unit 180 Fareham Reach
 166 Fareham Road
 Gosport
 Hants
 PO13 OFH

07 November 2002

Dear Sir,

A **Code A** **Died;** **Code A**
Code A

Ian Piper contacted me personally in early August and wrote to me on 16 August 02 following a long delay in replying to my complaint (Reference Comp/007/2002). I replied to him on 17 September 02 stating that I would like to take him up on both his verbal and written offer of a meeting.

In my letter I offered 21 separate dates for a meeting. All of those dates have now passed and this morning I rang your Personal Assistant to ascertain the situation. I informed her that I was very upset at the way I was being treated and she promised to inform you of my situation.

I believe I have been more than understanding, but the absence of a phone call from any senior member of your PCT staff by this evening indicates to me that my complaint is not being handled in a courteous professional manner. I therefore request an Independent Review of my complaint and would like the Convenor to consider the following:

- a. The conduct of the local resolution process.
- b. The medical care received by my father whilst an in patient at GWMH.
- c. The nursing care received by my father whilst an in patient at GWMH.
- d. The inaccuracy of my father's medical records, particularly his fluid intake record.
- e. The inhuman treatment of preventing a sick and elderly patient from getting into his hospital bed.

I wish to reassure the Convenor that I do not intend to instigate legal proceedings.

Yours faithfully,

Code A

13th November 2002

Code A

I am writing further to your letter of 7th November which I have assumed crossed in the post with Mrs Turner's letter to you of the same date, offering a meeting on 27th November at 2.00pm. In view of this, I have not, at this stage, forwarded your letter to the Convener, in anticipation that we may be able to discuss your concerns at our proposed meeting.

I look forward to meeting with you on 27th November.

Yours sincerely

Alan Pickering
Acting Chief Executive

DUGGAN Complaint

22 April - Complaint letter received - raising 17 specific complaints

22 April - Acknowledgement sent and decision re Investigation by: **Code A**

21 May - "Holding" letter sent **Code A** still undertaking investigation (she had been trying to meet with **Code A** without success - he was to be out of the country from 28.5. to 20th June but happy to meet her on his return)

13 June - Call from **Code A** that report with Jan Peach - she will send copy to me

3 July - JP drafting response

3 July - Call from **Code A** - as complaint involves 4 separate NHS organisations would like meeting involving all organisations **Code A** aid would write with dates. AT suggested wait until receive response from PCT and then consider meeting.

5 July - letter received from **Code A** offering dates for meeting. Discussed FC - AT to do letter (get from JP).

8 July - stat e-mailed for Jan P. - rec'd 10/7.
9 July - letter from Dr Grocock - tight timescale - only available 22.7.02

11 July - AT spoke with Mr D - progressing response - agreed meeting with appropriate parties once he had received response to discuss issues outstanding.

12 July - Message left on voicemail by Mr Duggan saying has rethought our telephone conversation and wants response by 15th July for meeting to take place on 22 July.

18 July - AT off work until 18 July - letter sent to **Code A** apologising for delay - reiterating telephone conversation that meeting appropriate once response had been sent. Advised should receive response within next two weeks. - First draft of letter produced

16 August - final response sent to **Code A** - letter 4 pages long, complex, apologies for delay

19 September - letter from **Code A** - requesting meeting with C/E, Director of Nursing and Dr Grocock - 2 dates end September, 7 dates in October and 14 days in November

1 October - letter from Dr Grocock asking to arrange "conciliator" for meeting (letter copied to Mr Duggan)

7 October - copy letter received from **Code A** seeking clarification re "conciliator" - only applying to "second" meeting with Dr Grocock as Mr D's late father's GP.

8 October - copy letter from Dr G to Mr D confirming conciliator required for "second" meeting only

Action Plan formulated.

7 November - letter to Mr D inviting for meeting on 27th November (one of the dates in his letter) apologising that it has taken a while to confirm meeting.

7 November - understand Mr D has telephoned Judith Foster saying that all dates he suggested have gone and he is not happy that he hasn't heard anything. AT offered to speak with him. JF advised Mr D did not wish to speak with me.

(25)

13 November - AT in work - letter (received at PCT on 11.11.02) from Mr D - not happy that dates have passed (this is not true!) - no call from senior member of PCT staff (AT offered to speak - he did not want to speak with me) and requesting IRP.

AT also received by e-mail message asking me to phone **Code A** (this had been e-mailed to me on Monday). I phoned the number left by Mr D and left message on his answerphone as he was not there.

Ann Turner
13.11.02

file
Letter to Mr Duggan
posted 1st class 9/12
2a
S

Fareham and Gosport **NHS**
Primary Care Trust

Unit 180, Fareham Reach
166 Fareham Road
Gosport
PO13 0FH

Tel: **Code A**
Fax: **Code A**

Code A

AP/MT

5 December 2002

Dear Mr Duggan

Thank you for meeting with me and some of the team on 16 August to discuss your ongoing concerns regarding the care of your father in Sultan Ward at Gosport War Memorial Hospital. Also present at the meeting were Mary Miles - your associate, Dr Grocock - your father's GP, Fiona Cameron - Operational Director for the Trust and Lead Nurse, and Ann Turner - Complaints Manager.

In summary, I believe your remaining concerns were:- The time taken to manage your complaint through the complaints process; the appropriateness of Sultan Ward at Gosport and Dr Grocock's decision to admit there and, most importantly, significant communication issues. These were specifically:- Staff attitude to relatives; staff ability to communicate effectively with relatives and staff communications with the general practitioner.

I would first like to re-iterate Ms Cameron's apology to you at the meeting, in relation to the length of time it has taken to process your complaint. Whilst there have been a number of specific reasons for the delay, the period in question is wholly unacceptable and I apologise unreservedly for that.

In relation to the appropriateness of your father's admission to Gosport, I believe Dr Grocock stood by his decision to do this and indicated that he felt it was also in keeping with your mother's preference. The communication issues were, I believe, your greatest concern and you were able to very powerfully give us an impression of how it felt for you to be visiting your father at Gosport War Memorial. Again, as Ms Cameron said in the meeting "documentation of your father's care fell well below the standard that we would expect" and as a consequence I can only conclude that the omissions which you perceived were in fact reality. There is no reasonable explanation for this and once again I apologise unreservedly.

Each complaint received by the organisation is subject to review, and the generation of an action plan to take account of learning points arising from complaints. I am enclosing a copy of the action plan associated with your complaint for your information.

(2a)

You had written to the Trust on 7 November requesting independent review. At our meeting you expressed a desire for that letter to be passed on to the Complaints Convenor for the Trust, in order that the issues you had raised and the process of this complaint were registered and understood by the Trust Board.

I have passed your letter requesting independent review to our convenor, asking that no action is taken at this time. In addition, I have also asked one of the other non-executive directors of the Trust to review the complaint from its commencement, with a view to producing a report for the Trust Board early in the New Year. The reason for asking one of the other non-executives is that, should you wish to pursue the independent review panel route in the future, I would not want to have compromised the convenor at this stage.

Thank you very much for taking the time to meet with us on 27 November. Your story and your still obvious distress left a marked impression on us all. We will be endeavouring to use your experience to improve our systems and processes in relation to complaints handling and in the work being undertaken with nurses at Gosport War Memorial.

I hope you feel we have addressed your issues of concern. However, if you have any outstanding concerns or you wish to discuss this matter further, please do not hesitate to contact me.

Yours sincerely

Alan Pickering
Chief Executive

Enc

Fareham and Gosport **NHS**
Primary Care Trust

SULTAN WARD

ACTION PLAN FOR THE COMPLAINT OF MR A DUGGAN RE THE CARE OF LATE FATHER MR ARTHUR EDWARD DUGGAN

OBJECTIVE	ACTION	TIME SCALE	WHO IS RESPONSIBLE	EVALUATION 13.11.02
1. Clear and accurate documentation at all times, regarding patient care and progress	<ul style="list-style-type: none"> • Raise staff awareness to the need for clear concise documentation. • All entries dated, timed and signed. • All conversations/contacts with Relatives/Carer/MDT to be documented. • If concerns raised by Patient/Relatives this should be acted upon immediately and outcome obtained. 	Nov 2002 " " "	AH " " "	<ul style="list-style-type: none"> • Forms part of ongoing agenda at monthly team meetings which are minuted. • Audit planned for Nov. TS • MDT planning meetings now involve relatives/carers
2. Improve communication with Staff/Patients/Relatives/ Carers/MDT providing up to date information and progress	<ul style="list-style-type: none"> • Ward Information Booklet to be sited by each Patients bed, accessible to all. • Care Plans to be written with Patients/Relatives as a joint problem solving approach, involving nurse working as Care Planning Project. • Photograph board visible informing relatives/carers of nurses as Duty for each shift. • Nil By Mouth signs to be removed as patient leaves ward for investigations 	Nov 2002 Ongoing Dec 2002 Nov 2002	AH and KM AH and TS AH AH	<ul style="list-style-type: none"> • Completed awaiting laminating • 2 meetings held ongoing work with Ann Dalby • Signs now removed
3. Food and Fluid Charts to be maintained	<ul style="list-style-type: none"> • Reinforce to staff the importance of completing Food and Fluid Charts each shift. • Spot check weekly 	Nov 2002 "	AH and KM "	<ul style="list-style-type: none"> • Completed • Spot check 8./11/02. verbal feedback improvement noted. Results to be written up by 20/11/02 AH



<p>4. Maintaining a safe environment</p>	<ul style="list-style-type: none"> • Patients beds to be lowered after cleaning. • Reinforce to staff the protocol for using cot sides • Ensure patients are not sat directly next to radiators that are switched on 	<p>Nov 2002</p> <p>"</p> <p>"</p>	<p>AH and KM</p> <p>"</p> <p>"</p>	<ul style="list-style-type: none"> • Domestics now lowering beds following cleaning • Completed • Patients whose beds are near radiators are given the choice. If they choose to move their chair is moved to the other side of the bed. • Monitoring of the heat is done on ad hoc basis and St James are requested to regulate the heating.
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(26)



Code A

Code A

Alan Pickering
 The Chief Executive
 Fareham & Gosport PCT
 Unit 180 Fareham Reach
 166 Fareham Road
 Gosport
 Hants, PO13 OFH

02 January 2003

Dear Sir,

Code A

Died; Code A

Code A

Thank you for your letter of 5 December 02 referring to the meeting which took place with you at Fareham Reach on 27 November 02 (not 16 August 02 as stated in the first paragraph of your letter).

I found the meeting useful in addressing the number of concerns I had. I am however sorry that you were unable to allocate sufficient time for this meeting. You told me this was because you were not aware that it would take so long. Yet at the meeting I was told that the reasons for the delay in response to my complaint was that it was a complex complaint. It saddens me therefore that this was not communicated to you when the diary date was made.

I acknowledge your endorsement of the apology made by Ms Cameron over the length of time it has taken to process my complaint, which has been painfully slow. I welcome the action plan you enclosed, and I hope the content is actioned and continually monitored. I do not believe that it addresses all of the issues however.

After consideration of the content of your letter as well as our meeting I still remain dissatisfied with the majority of the responses made to the various complaints. I feel that the responses are so 'light weight' that I have serious concerns over Gosport & Fareham PCT's complaints investigation process. I therefore request an Independent Review and would like the Convenor to consider the following:

1. The conduct of the local resolution process.

- Why was there a failure to keep in contact with me?
- What did the complaint investigation prove complex, when specific questions were carefully put?
- Why were telephone calls not documented and responded to?
- Why was I not informed of the delay if this proved a complex complaint?
- Why was there a lengthy delay in setting up the meeting?

26

- Why was there then such a short time-scale when complainant notified about the meeting date?
- Why was there no expression of regret that the other dates had passed?
- The failure to explain the next step for me if I remain dissatisfied with your response that I am able to request and Independent Review of my complaint.
- The Trusts decision to hold on to my initial request for Independent Review until our meeting had taken place.
- The Complaints Manager statement that refusal to agree to a meeting had caused a further delay.
- I remain dissatisfied with the NHS Complaints system operated by the Trust and I do not believe it will learn from the mistakes made with my complaint.
- There is so many of my original complaints not answered properly, or at all that I feel totally dissatisfied with the PCT's investigation process which I consider to be flawed.

2. Medical Care

- Failure of GP to examine Mr. Duggan prior to choosing place of admission?
- Failure to undertake a full neurological assessment to find reasons for falls?
- Failure to medically record bruising.
- Failure to diagnose and actively treat dehydration.
- Failure to immediately transfer Mr. Duggan to an acute unit when Liver disease had been diagnosed.
- Failure to detect the onset of abdominal pain.
- Length of time taken to transfer patient once decision had been made.

3. Nursing Care

- Failure of nursing staff to adequately document clinical information.
- Uncaring of patient needs.
- Complaint investigation of nursing staff inaccurate Nurse recall the events on 31 January yet have no valid record.
- Why patient was starved prior to ultrasound examination.
- Failure of nursing staff to understand how ill Mr Duggan was and need to transfer to acute unit and failure to use 999 Ambulance service to transfer to QA.

I wish to reassure the Convenor that I do not intend to instigate legal proceedings.

Yours sincerely,

Code A

07 January 2003

Our Ref: Comp/007/2002

Code A

Dear **Code A**

Request for Independent Review

Thank you for your letter of 1 January 2003, addressed to the Complaints Convener, requesting that an Independent Review Panel be set up to further investigate your complaint regarding the treatment and care of your late father, **Code A** at Gosport War Memorial Hospital. I have also been asked by Mr Alan Pickering, the Acting Chief Executive of the Primary Care Trust, to thank you for your letter addressed to him dated 2 January 2003.

Your letter, together with the correspondence relating to your complaint will be forwarded to the Complaints Convener, Mrs Karen Woods. In considering your request for an independent review, the Convener is required to consult with a lay (non-medical) Chair, nominated by the regional office of the NHS Executive. It may be a few days before this appointment is made.

Mrs Woods will be writing to you shortly to provide you with more information about the process.

Yours sincerely

Karen Connolly (Mrs)
Assistant Complaints Manager

(28)

Code A**Code A****Code A**

Assistant Complaints Mnager
 Fareham & Gosport PCT
 Unit 180 Fareham Reach
 166 Fareham Road
 Gosport
 Hants, PO13 OFH

11 January 2003

Dear Mrs Connolly,

Code A**Died; Code A**

Thank you for your letter Comp/007/2002 of 7 January 03 which, I regret to report is incorrect. My letter of 1 January 03 was indeed addressed to the Complaints Convenor but was not referring to the treatment and care of my father at Gosport War Memorial. This letter refers to the care provided by Dr Grocott as my father's GP i.e. in his capacity as an Independent Contractor.

My letter of 2 January 03 to your Chief Executive refers to the care of my father at Gosport War Memorial Hospital. I would be grateful for an acknowledgement of this correction to your records and confirmation that the Complaints Convenor is going to treat my two letters as separate Independent Review requests.

Yours sincerely,

Code A