Code A

Dr Lord
Medical Consultant
Queen Alexandra Hospital
Southwick Hill Road
Cosham

20 Aug 03

TREATMENT OF MRS B AYLMORE

I am writing to express my grave concern over the medical treatment my mother has received since she was transferred from the Queen Alexandra Hospital to the War Memorial Hospital for rehabilitation.

I have attached a short history of events, which clearly indicate that there have been a number of dangerous, if not life threatening, errors made by the medical staff at the War Memorial Hospital. In that period my mother has apparently also been completely transformed from the very positive progress she was enjoying at the Queen Alexandra Hospital. She was making a good recovery from her operation, able to move from chair to standing and was weight bearing with the assistance of a frame and so was transferred to the War Memorial Hospital for rehabilitation. Now she is considered only worthy of transfer to a care home, having also suffered severe physical and mental trauma. This complete reversal of progress can only be put down to the pitiful control of my mother's medication and what appears to be a complete lack of any physiotherapy.

This level of care following so closely on the Police investigation into the high level of death occurring at the War Memorial is a clear indication that the original problems are far from over. The only conclusions I can make are that the hospital staff have made every effort to worsen the condition of my mother rather than assist in her recovery.

The situation I have described is clearly totally unacceptable and my main aim in writing is to insist upon a complete review of the care being provided to my mother, an explanation of the errors made thus far and an assurance that (contrary to the situation to date) every effort will be made in assisting my mother's recovery.

Code A

Mrs S CHEESMAN

Fax to [illegible] who will acknowledge [illegible] Therapy for a investigation
26/8/3

Portsmouth HealthCare NHS
NHS Trust

Elderly Mental Health Services
and St James' Site Services Division
St James' Hospital
Locksway Road
Portsmouth
Hants
PO4 8LD

Tel: Code A
Fax:

Prior to her accident –

My mother had suffered from Multiple Sclerosis for about 30 years.
She led a full and active life and walked easily with a walking stick.
She was able to carry out all her own cleaning, cooking, bathing and could get up and down stairs without assistance

At the accident –

My mother fell while grocery shopping at the supermarket.

At the Queen Alexandra –

After her operation my mother received daily physiotherapy and was making good progress. She was able to stand with assistance, transfer her weight and was beginning to take steps with the walking frame.
During this time a full list of her drug requirements was delivered to the hospital together with a supply of all her existing medication.

At the War Memorial –

She was first transferred to the rehabilitation ward yet received almost no physiotherapy. Clearly, without regular exercise her abilities rapidly diminished and she was left in a wheelchair for hours on end, which apparently caused bouts of depression, for which drugs were prescribed.

The lack of staff on Daedalus Ward meant they had insufficient time to attend to my mothers toiletry needs and hence she has become incontinent. Despite her requests to be taken to the toilet, the staff could only appear when they had time, by which time it was too late for her.

At the same time she completely lost the ability to carry out simple functions (possibly as a result of the medication fiasco below) and was unable to feed herself. Eventually she lost all appetite and was effectively being allowed to starve. Family visitors were forced to bring in additional food supplies and hand feed her, ensuring she drank and ate something.

Incorrect drugs were prescribed, and it is still unclear whether her normal, yet complex, drug regime has been restored. This is despite the original list and supply of drugs already delivered and a second copy of the drugs list being provided to the War Memorial Hospital.

For approximately 10 weeks this included a complete withdrawal of Thyroxin, a drug that she had been receiving for more than 30 years. My understanding is that this was a critical error that could have resulted in her death. As it is, her mental capacity has been severely affected and she is making a <u>very</u> slow recovery to normal. This mental problem resulted in her transfer to Ark Royal Ward.

She has also not been receiving HRT treatment and has recently suffered gynaecological problems. This has been further complicated by the following incident.

She has also suffered a thrombosis, caused presumably by her lack of activity. This is another life threatening situation caused by a lack of care. Her current regime appears to consist of being roused at 05:30 and being left in a chair in the recreation room from than until she is put to bed. Despite the thrombosis being diagnosed and a medical stocking being prescribed it is now three weeks after the event and she has not even been measured for the stocking let alone being fitted with it.

Having rapidly been reduced to an almost vegetative state by the complete lack of care the doctors have now asked if I would consider the question of her resuscitation should she deteriorate further.

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FROM : ELDERLY MEDICINE PHONE NO. : Code A 26 Aug. 2003 12:58PM P3

The final position is that the medical staff, having reduced my mother to this condition, consider they can apparently do no more damage and wish her transferred to a care home. She is unable to carry out any care for herself, she is unable to stand and is effectively being sentenced to the remainder of her life requiring constant care. All this because of the negligent and clearly dangerous lack of care provided at the War Memorial Hospital.

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CONFIDENTIAL

East Hampshire NHS
Primary Care Trust

Re: Betty Aylmore (03.06.1934)

Mrs Aylmore was transferred to Ark Royal Ward on 16th June 2003. She was on a complex regime of medication including Thyroxine, HRT and anti-depressants.

It was noted that she had increasing confusion, agitation and paranoia. On admission to Ark Royal she was refusing all food and fluid, sexually inappropriate with paranoid and aggressive outbursts. Her antidepressants were increased and she was referred to physiotherapy.

Gradually over the following two weeks she began to improve and accept diet and fluids and her behavioural problems settled. She did however continue to have poor mobility and incontinence of urine.

At a MDT meeting with the family on 7th July 2003, it was agreed that her mental state and behaviour were much improved and transfer back to elderly medicine for more intense physio should be discussed with the elderly medicine department.

Following their assessment, Dr Pulujel, geriatrician, has recorded that there was "no potential for improvement" therefore placement is via Social Services from Ark Royal Ward.

Mrs Aylmore then developed a swollen painful leg, as well as some gynaecological bleeding. This was discussed with the out of hours gynae team as well as being immediately referred to both appropriate clinics. The treatments were discussed and the risks and benefits viewed seriously. It was at this point, and following gynae advice that Mrs Aylmores' HRT was stopped. The anti-thrombolic stocking was ordered on the day her thrombosis was diagnosed, but unfortunately this can take several weeks before being delivered and we can only apologise for the delay. This will be addressed for future patients with DVT by ensuring all wards have a small stock of the specialised stocking in differing sizes.

The patients on Ark Royal ward are rarely woken before 7.30am in the morning and because of Mrs Aylmores' physical problems and needing two staff, her usual regime is to get up between 8am and 8.30am. She is encouraged to join in with the regular group activities on the ward and enjoys the company of staff and other patients, especially walks in the hospital grounds.

Mrs Aylmore has responded well to the treatment for her mental health problems and has been referred swiftly and appropriately when new medical problems were identified.

The Ark Royal team have attempted to transfer Mrs Aylmore back to Elderly Medicine with no success, and have therefore managed her physical problems, although they cannot offer the level of rehabilitation sought by her family.

Betty Aylmore DOB 3/6/1934

Admitted from Daedalus ward 16/6/03

very agitated
threatening pts and staff
paranoid

Fell ff nof (h)

low mood
negative thoughts diagnosis - depressive episode

poor mobility
poor appetite

Started on 13/6/03 ~~Epiem~~ Ciprami

became more confused/agitated paranoid

MS

I.D.D
On Admission
physio referral - increase Risperdone
throwing items at staff
hoisted into chair - not transferring
accused staff of trying to have sex with her
needed 2 staff for all care
refused all food + fluids

All reasons for transfer

17/6 Sexually inappropriate

~~[illegible]~~

21/6 Remained psychotic refusing food + fluids at times

24/6/03 – O/T in to see her

Remains incontinent

26/6 Bright + cheerful

27/6 Started to eat / drink feed herself

30/6 – Ward Round – ready for transfer back to elderly medicine (Daedalus)

3/7 – rapid referred to podiatry for cut on foot
Seen by podiatry – management advice given

21/7/03 – ward round

confusion better
Appetite good
Delusions gone

MRI scan ordered
Review by Dr Lord

7/7/03 – Meeting with husband and daughter

Agreed improved mental health / behaviour

Mobility remains poor

– agreed to discuss with geriatric team transfer for more physio

– family to consider if can cope with adaptations at home if not N/H

Dr Kumar to refer for hydrotherapy

8/7/03 O/T completed MEAMS assessment

9/7/03 swollen legs - fully examined

11/7/03 O/T completed ACCT

18/7/03 Review - EMI nursing care
Rehab not realistic

20/7/03 Bright, chatty confused

21/7/03 Awaiting geriatric opinion

28/7/03 - Joined in group work.

Ward round - Has been seen by geriatrician
who want physio assessment
and EMH to place h.o.

S/w to speak to family

Mood bright
No behavioural problems

29/7/03 - leg swollen + painful.

31/7/03 - small PV bleed
refer to gynae team

1/8/03 - Discussion with daughter

(R) leg DVT.
Doppler arranged for Monday

1/8/03 Discussed DVT / PV bleed
risks + benefits of treatment
Referred fast tract post menopausal bleeding clinic

6/8/03 Doppler showed below knee DVT

7/8/03 Ultra sound for PVB
suggested stop HRT see in 6/52

11/8/03 Remains bright cheerful eating + drinking

13/8/ Daughter wants to take her home

14/8 Explained why not getting physio
physio tried but unable to mobilise her
daughter unhappy she not going back to Daedalus
for rehab.
Remains confused

27/8 Anti embolic stocking

Mood remains high
not wearing - urinary incontinence x3

weight chart
sleep chart
BO chart
food + fluid
blood sugar
bowel

nutritional assessment
fall screening
handling profile
waterlow

Dr Hogston 10/9/03 - gynae
SCDr Howell 15/9/03 - fracture

Care plan

wound 4th toe
MS - oxford hoist
Aggressive outbursts initial - discontinued
Depression / paranoia

Initial caveplan

Mrs Aylmore medication

Thyroxine	125mgs	mane	16/6
Elleste duet	HRT	T O/D	16/6 — 8/8/03
Risperidone	0.5mgs	BD	19/6
Citalopram	30mgs	OD	26/6/03
Paracetamol	1gm.	mane	29/6/03
Clexane	0.6mgs	S/C	8/8/03 - never given
Aspirin	75mg.	mane	16/6
Clopidogrel	75mgs	mane	16/6 — 13/8
Simvastatin	10mgs	nocte	16/6 —
Ranitidine	150mg	nocte	16/6 —
Gliclazide	80mg	mane	16/6 —
Metformin	500mg	BD	16/6 —
Diazepam	5mgs	BD	16/6 —
Calcichew	1	mane	16/6 —
Alendronate	70mgs	weekly	16/6 —

Letters

25/7/03

from Pukjal - geriatrician

No potential for improvement - therefore placement via SS

from AR.