

Fareham and Gosport **NHS**  
Primary Care Trust

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

Tel: 01329 233447  
Fax: 01329 234984

Ref IP\jkl 22 5

**Code A**

23 May 2002

Dear **Code A**

Thank you very much for meeting **Code A** and myself on Wednesday May 22<sup>nd</sup> and for the very open way in which you identified your concerns regarding the care your late mother, Mrs Middleton, received at Gosport War Memorial Hospital in 2001.

The experience clearly brought back many upsetting memories for you and I hope we were able to assure you that the PCT takes the issues very seriously and wishes to learn from them in order to improve services for future patients. I appreciate that this too is your desire.

I am aware that you now have copies of your mother's medical and nursing notes. As we discussed, if it would be helpful for a doctor and nurse to go through the notes with you then this can be arranged. If you do wish this to happen please contact myself or Fiona Cameron on **Code A** with some dates and we will be happy to arrange this for you.

It would also be helpful if you could write to me stating the specific concerns regarding your mother's care at Gosport War Memorial Hospital. This will enable me to initiate an independent investigation into the issues and share the outcome of the investigation with you.

I appreciate that this must be a very difficult and distressing time for you and your family and thank you once again for taking the time and trouble to meet with **Code A** and myself.

**Code A**

Ian Piper  
Chief Executive

Copy: **Code A**

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Ian Piper  
Chief Executive

Copy: **Code A**

**Ian Piper - Chief Executive FG**

**From:** [Code A] - Complaints & Litigation Manager  
**Sent:** 21 June 2002 16:44  
**To:** Ian Piper - Chief Executive F&G  
**Cc:** Fiona Cameron - Operational Director; [Code A] - Assistant Complaints Manager  
**Subject:** [Code A]

Ian - [Code A] has taken up your offer of going through her late mother's medical records with a dr and nurse. I am in the process of arranging this. She has also asked if you could let her have a copy of the minutes of the meeting that she and her husband had with you so that she can "verify that you have picked up on the issues and concerns she was raising". I wrote to her last week and said that you were on leave but her request would be brought to your attention on your return. If there was a record of the meeting made if you let me have a copy I will ensure it gets to her.

Thanks

**[Code A]**  
**Complaints Manager**

[Code A]

**E-mail:** [Code A]

Please call → not mind -  
 → Records  
 ↓ complain.

Call Len.

- attitudes to nurses staff - lade 6 caring with hand.
- poor communication with relatives.
- administrative 6 flights comm.

Code A

Code A

Died 29/01

Code A

Stroke. <sup>my</sup> ~~pat~~ 10 2001. very ill when Lie in hospital.

→ QAH → assessed → Haslar. ( ~~no~~ Brain and physical issues. 2 1/2 weeks ~~was~~ swollen after, speech slow. Happy in Haslar makes progress/feeding/ "positive"

(Sure) → Gwmit (Rehab). Daetalus.

→ cold, nd will care for, colts, etc: Basic care. trouble with feeding - need to be held at all times, but not happened. difficult walking not held with food food on tray

Comments at the time → got dehydrated. Diff. views - Harrop - nursing. → Start walking. drop pd. it's

? feeding - found breast food in bed nd urine! nd team working.

(Nursing) attitudes. ??? (Nil appropriate) Pat? communication ?? poor/meals. Difficult with Phillip Bead. - expectations. Left in bed/Chair! (angina) PBP stool.

- \* Nasal tube feeding started.
- \* associated with fluids ??? - Bloating/weight/damaged liver/lungs, legs
- \* → Mini stroke July?
- \* → diabetes. + potassium.

(\*) (Unkind) hurry up, /nd switch rebariser on. (Nurse) - (Reported) on ward: bowel. unblocked @ Gwmit. (upplement) to PAT

(\*) falls. - commanche. \* less paralysed. \* lack of attention/communication/Relpins/ "has a pad" didn't want to do this. + complain to PAT/Phillip


family → asked to move her,

(uncaring)!! → Haslar for a reg. → Gwmit → QAH.

Monique done @ QAH (Bowel problem). plan → Gwmit. Dr Lord → P? Field. 2 1/2 weeks but illness with end.

"Not a complain person"

Ach

\* someone to see the it nets will let! 

\* Journal complaint will be coming in

Spoke to police October '2001.  
Dwight's case

↔ when connection ↔ ~~met~~ met Chi - interested to do a good job.  
Dec'

→ Hasla name ~~met~~ met ↔ downhill:

→ poor nursing care - "communion"

→ net John James - February - MR 545 see list of names.

→ write to GMC. (Doctors). ? with ce notes

→ Ask for nets

→ Complaints

Pets medicine

"involved in 'slipping'"

Code A

22<sup>nd</sup> April 2002

Your ref: 2002/0779

Dear Code A

**Mrs. D.G. Middleton deceased**

In reply to your letter of 27<sup>th</sup> March 2002 I would like to give details of my complaint about the case of my mother while in Gosport War Memorial Hospital.

She was of sound mind and body before the stroke, completely self-sufficient and a very active person not a frail, demented old lady.

Queen Alexandra and Haslar Hospitals stabilized her after her stroke and brought her to the position where she was sufficiently well for rehabilitation. She was then transferred to Gosport War Memorial Hospital. She was looking forward to the move and was very positive and optimistic and looking towards the future.

When she was first there she would often sit in the day room in her wheelchair, being regularly bathed and having her hair washed and set. She did appear to be doing quite well. I had reason to complain that while in the wheelchair she was often cold as her legs were bare and her clothes did not cover her legs due to her being in the sling most of the time for easy movement. This was not very comfortable on her bottom and could cause pressure sores. I did also complain about the cold as blankets were available.

Dr. Lord told my husband and myself that my mother had to be helped with fluids and food at all times, but the help was not forthcoming. It was very hard for her as she could only use one hand and quite often the food was put before her but no-one sat her up. How one eats laying down, especially after having a stroke and swallowing is difficult, is hard to conceive. As she was slow in eating the food would get cold and not very pleasant. She was in a ward on her own and could not ring for help as the bell was usually on the wall, so she did not eat very much. Also it does help to have cutlery for each meal: there were occasions when there was no cutlery with which she could eat her meal. She immediately started losing weight and became dehydrated. She was then administered a fluid drip and afterwards a nasal feeding tube. This also did not improve matters so she was sent back to Haslar for a peg in the stomach.

She was in great pain with this after a while as her stomach swelled and was very uncomfortable and this made her sick. On one visit I made in the afternoon, she was alone in her ward, sitting in a PVC chair, a sick bowl in her hand and another on her table (having been used) so someone knew that she was unwell. She was choking whilst being sick, covered in sweat, her hair was wet through. She could not ring for help as the bell was on the wall so I rang for a nurse, who called for a doctor and Dr. Joseph came. He and I both said that she needed cooling down and

a sheet was put behind her to keep her body off the chair. After examining my mother Dr. Joseph decided to take an X-ray. The X-ray showed a blockage in the bowel, which was dealt with on the ward. It was very humiliating and unpleasant and I had to leave the room as I was unable to stand my mother's cries of pain. When I returned she pleaded and cried with me not to let them hurt her again and asked to be taken away.

I had previously asked many times to have my mother moved but was told I could not and yet the hospital had moved her at least six times in the four months.

I visited my mother nearly every day for two or more hours and, on the few occasions when I was unable to, my daughter or my mother's best friend visited. At a later stage my mother had to use a nebulizer and take a diuretic as she had been given an overload of fluids, which had ballooned her body and caused another stroke or heart attack as her heart and lungs could not cope with the excess fluid (I was told). Her legs were also full of fluid and her skin was split and bleeding. She was a dreadful sight and in great discomfort so drugs were used to help with the pain.

I would like her drug chart investigated.

By this time all physiotherapy had ceased so she lay in bed day after day, week after week, going downhill.

As she was given nil by mouth for many weeks, her mouth and throat became very dry and she had a job to speak.

What a long, slow, painful, down-hill struggle, she had four months of suffering. In my opinion my mother did not receive the basic care and help with living that she needed to enable her to recover and she finally passed away on September 2<sup>nd</sup> 2001.

There are a number of specific questions which I would like answered and these are as follows:-

1. Fluids going in and fluids coming out should be easy to assess when a person has a fluid drip and a catheter, so how does an overload happen?
2. Is ¾ hour too long for a lady of 85, or anyone, to wait for a bedpan? After the third time of asking we were told that my mother had a pad on her bed so she could use that. We said no, we wanted a bedpan and one was finally brought. Would a younger patient be told to use the bed? Elderly patients still have dignity.
3. I was not told that my mother had fallen out of her wheelchair whilst in the day room. She landed on her stroke affected leg. I should be grateful if this can be looked at and, in particular, whether in fact it is on her notes.
4. There was an incident that I reported where a nurse at night frightened my mother by telling her if she did not hurry up and take her medicine her nebulizer would not be switched on. I should be grateful if you could confirm that this is on the records.
5. My late mother thought that she smelt one day, (this she has never done) and when a nurse was asked about this her reply was "Don't worry, all old ladies smell." This was a totally inappropriate and thoughtless remark.

6. My final complaint is the poor standard of nursing care that my mother received. Some of the nurses had an uncaring, unprofessional attitude to vulnerable, helpless patients. Furthermore, in my view, nurses failed to carry out doctors' instructions.

I should like to see all my mother's medical records together with any case notes or accompanying reports or inter-hospital memos specifically relating to my mother and also would like to have particulars of the records as to what drugs were administered.

I look forward to hearing from you in due course and I would just like you to know that I am not a person who normally complains.

Yours sincerely

**Code A**