



REPORT ON QA 16-11-06

Yesterday, my **Code A** was admitted to QA Hospital as an urgent case, suffering from pneumonia. **Code A** had been deteriorating in health for three weeks following the pneumonia/flu injection. **Code A** is one of 6 people who have suffered bad effects from this injection. The majority of whom use the same GP practice. After asking the GP to send **Code A** to Haslar, more convenient for me, as a disabled person, the GP said Haslar cannot deal with pneumonia, and insisted on QA.

So, after waiting for the 'urgent' ambulance for 3 hours, we finally arrived at QA Medical Assessment Unit. The ward was clean, the staff beyond reproach, but - During the 5 hours I sat there, not one nurse or doctor used the alcohol gel at the foot of **Code A** bed. Tests were carried out, questions asked. I told the nurse that **Code A** had been completely off food for three weeks. Later a full roast dinner was put in front of **Code A** it did look delicious, but **Code A** could not eat it. The tray was taken away. Do staff not notice or care that their patients are not eating? No alternative was offered.

A nurse brought a trolley to the bed in order to carry out an ECG test. She disappeared for a moment, saying she would be straight back. In the few moments she was away, another nurse from another ward came in and asked to use the ECG trolley. I said no, as it was just about to be used. She then asked **Code A** nurse if she could borrow the trolley for an emergency, saying she would return in in 'two seconds' It was two and a half hours, before that trolley was returned.

A dementia patient in the next bed to **Code A** incessantly went to the nursing station to use their 'phone, demanding to speak to **Code A** son. The nurses tried to stop him, saying he was blocking the line, so he then started fiddling with the computers on the desk. They asked him to stop, but as soon as their backs were turned, he was back at the phone again. Another female patient in a bed two from Jim had her husband bring in two tiny children, who screeched and hollered for an hour. Outside in the corridor, another toddler was yelling blue murder.

This is as short as I can make this report. It is absolute chaos up there, - a circus. No blame on the staff, but something is very wrong. I understood children were not allowed to visit QA because of MRSA (a recent Evening News Report). Who is in charge here?

Today I shall go in, and make myself known as a member of the FPI Forum. Wonder if it will make any difference. **Code A**

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## CONCERN

My [Code A] is in F4 QA. On visiting [Code A] today, I am now very concerned about [Code A] mental state.

I am not being informed of [Code A] progress as next of kin. The ward is cold, [Code A] is in a dreadful draught because the windows let in the wind. There is no heating, [Code A] is in bed with pyjamas, vest and dressing gown on. The ward is old, and dismal. [Code A] is extremely depressed and dreadfully confused. The hospital pyjamas are too tight round [Code A] waist. And [Code A] is uncomfortable. I saw no staff at all in the three hours I was there, just a tea lady, who put a menu card on [Code A] table. I could not even read the printing as it was so small. It was confusing to fill in, nobody offered to help [Code A] I do. Not know if the doctor has seen [Code A] or who is [Code A] consultant. I have not been told what is the diagnosis, nor the treatment.

[Code A] took 18 months to recover from the Gosport War Memorial fiasco 6 years ago, when [Code A] had been overdosed, which resulted in an analgesic coma. I had [Code A] transferred from that place to Haslar. I don't want [Code A] to go through this all again.

On leaving the hospital today, I went to the nursing station to find out some information. A very abrupt nurse told me [Code A] had been taken off [Code A] oxygen, and digoxin tablets. (Why?) I asked about his chest scan which [Code A] is supposed to be having, the nurse told me there is a waiting list, so [Code A] must wait. She said [Code A] is to have another ECG next week. I asked if there is a discharge date - she said 'no, not for [Code A]'. I wonder if [Code A] on tranquillisers - [Code A] is so confused and disinterested in [Code A] surroundings. [Code A] voice [Code A] disappeared. [Code A] is a lovely bubbly [Code A] with a booming voice. I don't know if [Code A] is eating. [Code A] hadn't eaten for weeks before admission. Staff in this ward very curt and 'invisible' [Code A] and I went to the visitors' toilets which were filthy.

I am really not happy, and now very worried.

I want to know how to make a complaint within the hospital. 17<sup>th</sup> Nov. 2005.

LAHNS 5 nurse manager for now

Case note.

2005

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QA visit to FA Ward 18<sup>th</sup> Nov

Visited FA yesterday to see [redacted] - still very depressed, and confused. [redacted] had [redacted] CT Chest scan. Met Dr Akram who, when we told him we had been told absolutely nothing in [redacted] conditions nor treatment, took the trouble to sit and explain things to us. [redacted] **Code A** He said [redacted] has pneumonia and because of asbestosis, they are investigating asbestosis related problem. He said there is infection somewhere, causing the confusion. [redacted] remains on his original drugs plus antibiotics.

Sun 19<sup>th</sup> Nov [redacted] **Code A** and I visited today. Saw Dr Akram again. He said he had the results of yesterday's scan. Could not see anything much, as the lung had again filled with fluid, in spite of it being drained last week. Did not want to keep aspirating, as if something nasty there, needles could disturb it. But he said that was just looking on the black side. Dr Akram intends to order a thyrscopy or bronchoscopy Monday 20<sup>th</sup>, but did not know when it would be carried out. [redacted] **Code A** breathing much better. Not quite so confused, looks better, but still weak. QA looking after [redacted] well.

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QA 20<sup>th</sup> Nov. 2006

Dr Akram said thyroscopy would probably be Wednesday 22<sup>nd</sup>. [Code A] not too good, but less depressed. A nurse tried three times to get some blood from the back of [Code A] hand, then gave up, she told me she was a trainee, and I should inform another nurse that she could not get blood.

I noticed that [Code A] was on oxygen again, so asked the sister why this was, when it had been stopped a few days earlier. She said it was not oxygen, but a nebuliser. I said it did not look like a nebuliser, and she said they had run out of them, so were using the oxygen bottle to push solbutazole into the mask!!!! [Code A] is to have this treatment four times a day. Finally found the alarm button - the nurse found it UNDER [Code A] mattress!!!!

Tues 21<sup>st</sup> Nov. I phoned at 8.30a.m. and asked for the name of [Code A] consultant. The ward clerk looked on [Code A] file, and told me it had no named consultant. I then asked to speak to Cari, the Ward sister. She knows me well now. She asked what I wanted - she is very officious. She gave me the consultant's name Robin Clark. She told me [Code A] had just gone down for his thyroscopy. Here had been a slot in the list, so they got [Code A] in.

I visited at 1.30 p.m. with [Code A]. Met a lovely ward sister, who introduced us to Dr or Mr Fraser who had carried out the thyroscopy. He told us he had taken 4 and a half litres of fluid from [Code A] right lung, which had been sent for biopsy. Results will be late this week or early next week. Results could be: pneumonia related, asbestos related or tumour related. Have to wait for the results.

[Code A] looked grim, but colour good and breathing good. The nurse explained that hissing had not been working for some weeks and had therefore collapsed and stuck together. They had 'blown in' a small amount of talc powder to line the lung, and she was slowly putting air into [Code A] lung and filling with drip saline? To get it working again. [Code A] not quite so confused, and not depressed, just in discomfort. Staff and treatment appear to me excellent. We left after an hour as [Code A] was worn out. The lovely sister took me to one side and said what a lovely man [Code A] is, and that it had been a close thing.

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 QA 22<sup>nd</sup> Nov. 2006

Went to see [Code A] today. Amazing recovery, bright as a button -- no sign of confusion. Still on drip.

23rd Nov. 2006

I had a day off today, as I had a hospital appointment. [Code A] went instead. [Code A] phoned me to say, although [Code A] looks OK and seems to be eating, [Code A] is thoroughly confused, asking if [Code A] lives in a house. [Code A] told [Code A] had a bungalow. [Code A] said [Code A] wasn't making any sense at all, so went to see a nurse. The nurse said -- nothing to worry about, maybe an infection!! (In a place rife with MRSA!!!!) I phoned when I got in, explained what [Code A] had told me -- the nurse was surprised and said [Code A] was absolutely fine. The drip had been removed and [Code A] was ready for discharge tomorrow. I told [Code A] [Code A] not coming out in a confused state. She was quite bewildered and said she would have a chat with [Code A] and phone me back. I left it half an hour -- no phone call, so I phoned back again. Different nurse answered. I told her the story again. She said she would look at the notes. Yes, she confirmed [Code A] was ready for discharge, then said, Oh, just a minute. It says here they are having a meeting about [Code A] in the morning at 11.00 a.m. I asked why. She did not know, but said I should phone tomorrow after 11.00a.m., but if I was worried I could phone back this evening.

I phoned back this evening and asked if maybe they had put [Code A] on a tranquilliser or pain killer which might have affected [Code A] mind slightly. No, she said. I asked if the meeting was still on for the morning, yes she said. I asked if there had been a result on the urine sample she had taken. No, she said, that takes a few days. She asked me to hold on while she checked [Code A]. She came back and said [Code A] had a high temperature, and was now totally confused -- thinking [Code A] was at home in [Code A] bungalow.

I asked if the results were back from the ECG or the thoroscopy. No, she said. I told her I would be up there tomorrow at 11.00a.m. OK she said. Please don't worry, but if you wake in the night, you can talk to me.

After the War Memorial episode, six years ago, I want to see the consultant Robin Clark and staff. MRI?? What are they not telling me??

QA 24<sup>th</sup> Nov 2006.

Phoned ward 7.30 a.m. Spoke to sister Cari. very sharp lady! She said [Code A]s fine, though still asleep. I said the nurse last night had said [Code A] was totally confused, and had a temperature. Sister said, well, [Code A] has no temperature now, and are you happy that [Code A]s to be discharged today. I said -- If [Code A] mind is back to normal, yes, send [Code A] home. I phoned again at 9.15 when [Code A] was awake. Matt. (male nurse) said all well. Not confused, sending [Code A] home by patient transport later today.

12.0 Matt phoned me, saying [Code A] not absolutely, totally confused. Could not understand how to move from bed to chair. Matt said [Code A] will be in there for several more days. Still no results on urine sample, taken yesterday afternoon, or thorascopy, which were told to me would be available by the end of this week (today is Friday) I asked Matt if I should visit, he said no point, as [Code A] wouldn't know me. However, my [Code A] is taking me in this evening at 6.00 p.m.

13.0 [Code A] phoned, and said I have to now get some information from staff. See consultant etc.

14.0

*Ask to see Robin Clark consultant.  
antibiotics? 2281?*

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QA 24<sup>th</sup> Nov. contd.

After the fiasco today, [Code A] coming home, no, [Code A] not all the time, My [Code A] and [Code A] took me to QA to get some questions answered.

We saw [Code A] who now has three drips in [Code A] arm, but otherwise looks fairly OK. [Code A] recognized us, but later said there had been a lovely party in the ward last night! We stayed half an hour, then went to speak to the sister - [Code A] told her that I have had six strokes, am on Warfarin and should not have had the stress I have had today. [Code A] was apologetic. I said it was not her, but sister Cari who had been unpleasant. Anna said Cari is really very nice. I know different. Someone I know worked with her recently and told me that Cari has a dreadful bedside manner and treats relatives like dirt. A job's worthlady. Maybe Cari just does not like my face!

I asked why three drip sin [Code A] arm. One saline, as [Code A] is not drinking enough, nor eating enough, two are different antibiotics. They are trying different ones to kill the severe infection. I asked if it was MRSA or collostum difficile. Anna said could be, but not sure till test results are back. U's and E's results are awaited. I asked why so long to do tests, she said because they have hundreds to do. + have to wait for software to form. [Code A] told her there is no way I could manage [Code A] like this, at home. Anna assured us [Code A] will stay there till fit.

[Code A] then told her that [Code A] had been the only survivor from GWMB in 2000. [Code A] had gone in for two week's bed rest, and came out, in an analgesic coma due to morphine overdose. Anna said she quite understood why we were so ultra-careful.

I told her that is why I now work for the PPI, so that I can keep my eye on hospitals to try to stop such a thing ever happening again.

*I should not have to fight for information. They treat us like idiots*

Y/A 27-11-06

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Visited [Code A] today with [Code A].  
[Code A] looked reasonably well, but weak. [Code A] knew who we were. Lunch arrived, and we tried to get [Code A] to eat [Code A] did try, but [Code A] just did not feel like eating. [Code A] had just a few mouthfuls of everything.

Sister Anna arrived at the bedside. She told us [Code A] blood pressure was very low, and that [Code A] really must eat or he will not have the strength to fit the very bad infection. She is beginning to be concerned. She told us she spends a lot of her day coaxing [Code A] to drink highly concentrated drinks. [Code A] should have 4 a day, but it's hard work getting [Code A] to drink them. She said [Code A] has a drip for fluids, another for antibiotics, but [Code A] must get these drinks into him.

A Dr. Sandra Hutchings examined [Code A]. She said must drink these bottles up. She was very nice, as they all are, with the exception of sister Cam.

I noticed that [Code A] bed sheets and pillows were saturated, and questioned Anna about this. She said it is to be expected with a very bad infection. She said [Code A] is what they call in the nursing profession 'septic'. After we had got [Code A] to finish one of these bottles, Anna took [Code A] blood pressure again, and said it was now holding steady. We can just wait for results when????? And hope the antibiotics kill this infection, and hope [Code A] gets an interest in eating, very soon.

A family visiting another patient immediately took out tissues and proceeded to wipe the thick dust from the window sills, locker top and bed ends.

Tomorrow Anna said they are changing [Code A] bed for another patient who is being discharged hopefully tomorrow, as [Code A] needs the Ripple mattress to guard against pressure sores. They only have one ripple mattress in the ward, and [Code A] has been virtually immobile for 10 days!!!!

Staff now, I think becoming concerned. [Code A] and I think [Code A] is weaker now than when [Code A] went in. Fingers crossed the antibiotics soon work.

The ward is so 'cluttered' with several patients with oxygen bottles next to their beds, etc. It is just crowded with equipment. The staff continue to be excellent, and sister Anna constantly comes to [Code A] bed to do various checks. Tomorrow [Code A]

[Code A] and I will visit. Hope to find things a bit better.



QA 27<sup>th</sup> Nov Page 9

I phoned the ward at 8.00a.m. Still no change in [Code A] but nurse said [Code A] seemed brighter in [Code A] but no change in condition. I confirmed that [Code A] has not got septicaemia. Nurse said there is to be a Dr's review today.

[Code A] and I went in lunch time. [Code A] totally bewildered, thought [Code A] was [Code A] in law instead of [Code A]. [Code A] was sitting in a chair, but cannot move because of drips and catheters. [Code A] has not been given the ripple mattress bed, as the patient did not go home.

I said to the nurse (Cathy) that I knew there had been a Dr's review. That's right, she said. I waited, and finally said, so what did they say. She looked at her notes and said, they said [Code A] must eat and drink more. Is that all I asked. Yes, she said. We tried to get [Code A] to eat [Code A] lunch. [Code A] had a very small amount and a small glass of orange. [Code A] voice has almost disappeared, and [Code A] looks very weak.

We left after about an hour.

At 5 p.m. I phoned again, spoke to Cathy and asked if there had been any change. No she said. Is [Code A] eating [Code A] tea, or drinking I asked, No she said.

She said [Code A] will feel better in a few days and will then start to eat and drink. She said -- no cause for concern, nobody feels like eating when they're ill. [Code A] has a very nasty infection. I said well, [Code A] didn't have when [Code A] came in here nearly two weeks ago. She laughed and said -- well hospitals these days usually make patients worse when they leave, than when they came in. *Flippant!*

No results of any kind yet, and I've never seen a Dr, only the two who were on stand by over the two weekends.

[Code A] was given two paracetamol this afternoon.

[Code A] and I will go in again tomorrow.

At 11.00 p.m I phoned again as I suddenly remembered that [Code A] should not be given painkillers while on Trastec patches. Indian Sister, I explained. She said [Code A] had been given cocodamol (in the afternoon, Cathy said it was paracetamol.

She (Indian Sister) said [Code A] had pain in [Code A] lung. [Code A] showed no pain while I was there and when [Code A] was given the paracetamols. [Code A] certainly was not alert enough to know if [Code A] lung hurt or [Code A] big toe! The sister said I must see the Drs today to discuss medication.

I am now considering complaints procedure through PALS. They might treat the patients well, but treat relatives and next of kin with disdain. [Code A] teeth had not been cleaned.

There was dried blood on the outside of the alcohol gel bottle. I brought this to the attention of Cathy, who thanked me. If that was [Code A] blood, whatever infection [Code A] has will run right through the ward.

*Contd...*

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If the infection is unknown, should barrier nursing or at least a separate room be used for Code A in case it is MRSA or C.Dif.

QA 28<sup>th</sup> Nov. 2006

I phoned the ward 8 a.m. [Code A] had a bad night due to severe constipation which also adds to confusion. Had a slight fall over a little 'battle' with an enema, then accidentally pulled out [Code A] catheter.

I received an appointment letter for [Code A] for the respiratory clinic next week. I phoned and asked if they did not know [Code A] was still in F4 ward. Lady said they thought [Code A] had gone home!!!! Communication?????? She cancelled the appointment. I then asked to speak to [Code A] consultant Dr Robin Clark, re: results of thorascopy etc. She said she would put me through to his secretary. After two wrong directions, one to Gynae Dep. One to A&E I finally got through to Dr Clark's secretary, only to find an answer machine!! I left a message asking someone to phone me.

[Code A] and I went to see [Code A] [Code A] very tearful, saying [Code A] misses me. Nurse says [Code A] calls me all the time. [Code A] calmed down, enjoyed [Code A] dinner. Not all of it, but better than for weeks. I asked the nurse for any results, she went to look at the notes, she came back saying nothing at all had been written up. Her name, too was Cathy (another one) We left when [Code A] was getting in a dreadful state about wanting a bottle, and not understanding the catheter at all. [Code A] then tried to pull out the catheter, we called the nurse and we left.

I got home and phoned Dr Clark's secretary again. A lady answered - the secretary is away, and Dr Clark is away till Monday. She had heard my message on the answerphone so knew who I was. She told me the nursing staff had been given information for me which they were to tell me this afternoon. I assured her the nursing staff had no such information. She told me to get the nursing staff to bleep one of the Drs tomorrow, to come and talk to us.

This is all getting quite ridiculous.

QA 29-11-08

Today I visited [Code A] As soon as we arrived, a nurse (Cathy) told

me the Dr. wanted to see me, but she was busy at that moment. We spent our time with [Code A] who again was very fearful, and totally confused, even worse than yesterday. [Code A] sheets were covered in blood, as was the table where [Code A] lunch was put. A cleaner came in, and just mopped round the floor with a dry mop, getting people to move out of her way. Sheer chaos - the ward is too crowded with equipment to clean anything. I think maybe it is a four-bed ward, which has been stretched to a six-bed ward. [Code A] had pulled out all drips and everything else [Code A] could get at. So very depressed. By 2.30 [Code A] and [Code A] had to go to collect their [Code A] from school. They did not want to leave me alone, but I decided to sit and wait for the Dr. She arrived just before 4 p.m. and took me into a side room.

She apologized for all the delay and anxiety, but then told me that [Code A] has mesothelioma. A lung cancer related to asbestos. It is terminal, no operation or treatment will help. She said I will be meeting two special nurses on Friday who will explain things to me. I asked if [Code A] will come home, she hoped so, but I told her I am not well enough to care for [Code A] if his mind has gone. Is there cancer in [Code A] brain I asked. She said that would be unusual, but it was possible. [Code A] had had a stroke, and they were planning a CT scan of [Code A] head soon to find out. As I left the room, [Code A] nurses were standing around and asked if I was OK. If they knew, which I suspect they did - why was I left in the dark for so long?

30<sup>th</sup> Nov. I could not visit today, as I had Wartin Clinic to attend. [Code A] phoned to say [Code A] was now without any drips, and was walking alone to the toilet, talking quite rationally and eating [Code A] meal. What is going on?

Tomorrow I have many questions. When [Code A] had cancerous mole removed in St Mary's a few years ago, why was it not followed up etc. Would it have prevented this terminal disease? If [Code A] is to come home, will I need help to look after [Code A] I know nothing of all of this. Dear God, I'm nearly as much in the dark as before.

B

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QA 1-12-06

I phoned the ward this morning and was told [Code A] in high spirits and had washed unaided and was eating and drinking. Talking completely rationally.

[Code A] and I arrived at 1.15 and [Code A] was in a very distressed state again, asking where did I live etc. I thought, oh no, not again. I told the nurses that I was expecting to see a lady, Ann at 1.30. I was told she will be up on the ward as soon as possible. By 2.45, [Code A] had to leave to collect the [Code A] from school.

A young lady Dr arrived to take BP's and temps. She was concerned with [Code A] took off the light blanket and said [Code A] had a temperature. I asked if it was yet another infection. She did not know. I sat with [Code A] who was crying and talking rubbish till 4.15p.m. A lady arrived, Ann. We went into the little office. She explained she was the cancer nurse. She spoke about getting [Code A] various disability benefits raised to the highest level, etc. She said she would see to all of that.

I asked if the cancerous warts or pernicious anaemia was connected to mesothelioma. She said definitely not, this was wholly connected to asbestosis. I asked how long had they known, as I feel I have been given the run around for nearly three weeks. She said they suspected it as soon as [Code A] arrived in A&E, but could say nothing until tests and results were ready. OK. No results apparent on CT scan yesterday. She said I will have support later on.

I asked what next. She said when [Code A] is fit enough to leave there (not yet [Code A] will need a few weeks rehabilitation. She said the options were: St Mary's, QA or War Memorial. The first two I cannot get to easily daily, the third was the place where [Code A] nearly died in 2000 with an analgesic overdose and dehydration. I have all the paper-work to prove this. I just don't know what to do now. If [Code A] goes to GWMH I would have to sit there day and night, as I will never trust them again.

Thinking about it when I got home (taxi journey took one and a half hours due to traffic, I am wondering why does [Code A] need rehab. When I do everything for [Code A] from tea making and helping [Code A] in a bath etc....

I will ask more questions when I go in tomorrow.

I'll fight tooth and nail for [Code A] whether they like it or not. I've been here before.

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QA 2-12-06

Today [Code A] and I went with [Code A] to see [Code A]. I had phoned at 9.00 a.m. and was told there was no change.

We arrived to find [Code A] crying sitting in his chair. [Code A] said [Code A] cannot stand much more of this and that [Code A] is going mad.

[Code A] and I went to see the nurse, Matt. I asked what is going on, and was told [Code A] has now another infection, but as soon as it is cleared, [Code A] will be going to the Gosport War Memorial for rehabilitation. I asked why? Matt said to get [Code A] walking -- I said [Code A] is already walking. [Code A] then said to see that [Code A] can make some tea or the like. I told him [Code A] doesn't do anything in the kitchen. I do everything for [Code A]. I then told him there is no way that [Code A] is going into the War Memorial after what happened there 6 years ago. Matt did not know what I was talking about, so I showed him a few newspaper cuttings and correspondence which I still have. Matt agreed that [Code A] will not go back there. I told him when this infection is gone (it is the third one in two weeks) they are to send [Code A] home, where [Code A] can be with friends and family and I have been told I will have help and support from professionals. He said I would have to see the Doctors about that on Monday, so I will. Another nurse told me [Code A] is so ill [Code A] is getting one infection after another. [Code A] is so very unhappy and bewildered, and [Code A] realizes [Code A] is not in [Code A] right mind, and it is driving [Code A] insane. I cannot let [Code A] be like this, so far from home. It's inhuman. First, Matt said the infection must be cleared before [Code A] goes anywhere. Let's hope [Code A] lives that long. [Code A] is getting weaker by the hour and is at screaming pitch.

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QA 5-12-06

Yesterday on visiting **Code A** and I found **Code A** almost suicidal. I spoke to a nurse, and asked if **Code A** was on any special medication, she said no. I asked if there was anything they could do for **Code A** she said no, so I said -- then get **Code A** out of here. She asked if the Drs. Knew -- I said I don't care, it's killing **Code A** in here. A sister came along and agreed **Code A** should be discharged. We packed up **Code A** bag, and the nurse arranged patient transport. We left to get back home first.

**Code A** transport took over two hours to get **Code A** home. **Code A** was dreadfully confused, but they wouldn't let me travel with **Code A**. When the transport arrived, they made **Code A** walk to the house in the teeming rain and cold, wearing just pyjamas and dressing gown. I asked for a blanket, they didn't have one. **Code A** was frozen when **Code A** got indoors, but so very pleased to be home. The confusion lifted once he was warm. I got **Code A** ready for bed and noticed several horrible bedsores on **Code A** bottom. Our warden came in and took photos of them.

**Code A** and I did not sleep last night due to the pain from these sores. This morning **Code A** pyjamas were stuck to the blisters and sores. I contacted our local surgery and called in district nurses. They were shocked, said this should never have happened. They spoke to QA ward F4 and asked if the staff knew about the state **Code A** was in. No, they said, we didn't notice. Yet **Code A** had been complaining for over a week that **Code A** bottom hurt, and staff did nothing about it.

My district nurses said they will take photos of the sores and put in a complaint. There is no referral letter, no follow-up, just nothing.

Our GP arrived later and said this was very bad and asked for the referral letter, I told him the hospital said **Code A** would get it in 3 or 4 days. He asked why not use the phone or fax? I said, well this is QA we're talking about here.

This afternoon I phoned social services and got a care package begun. They are coming in tomorrow morning to start the assessment. I have done all of this myself. If I had waited for QA to do something -- it would be next year before they start. I shall start some complaint procedure tomorrow. No complaint of staff, they are angels, but they don't seem sufficiently trained these days. I've been in and out of hospitals best part of my life, and never have had a bed sore **Code A** is far less confused now **Code A** is home.

QA 7-12-06

This just gets worse. Jim's carer came in this morning and noticed [redacted] still has a stitch in [redacted] side from the thyroscopy. She says the backside is the worst she has ever seen. If I hadn't got [redacted] out of QA I wonder how long it would have been before they noticed these bed sores and the skin now off, right down to flesh. This is disgusting.