

R BISHOP
Chief Executive

Management Centre
St Mary's Hospital
Milton Road
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Code A

PRIVATE & CONFIDENTIAL

18 February, 2000

Code A

Our Ref: RB/KLM/CA/littlemore/032/00
(Please quote Our Ref: on all correspondence)

Dear Mrs **Code A**

Further to our recent correspondence, I have received a report from the Surgical Unit General Manager, **Code A**. She has met with the Ward Sister and reviewed the medical records to put together the following response.

I am assured that the nursing staff respond as promptly as they can when a patient calls for help or assistance, but this is a busy acute surgical ward with often conflicting priorities. They are not always able to respond immediately, and I apologise for any embarrassment caused to either **Code A** or members of his family.

It is good nursing practice to encourage patients to be as independent as they can, with assistance where necessary. It has been documented in **Code A** case-notes that he was independent and self-caring from an early stage in his recovery. When asked if he needed assistance, he seems to have refused it or at least said he could manage. He was encouraged to mobilize by the Physiotherapists and required minimal assistance.

Nurses are told to remove the TED stockings when giving a patient a wash, and I apologise that it would appear that this did not happen. However, it is important to recognise that when **Code A** was initially admitted he was undernourished, and this is a factor when assessing a patient's risk of developing pressure sores. Throughout his stay his nutrition input was increased to address this, but this is a slow process and therefore he was vulnerable to pressure sores because of both circulation and nutrition problems. It could also be argued therefore that his vulnerability gave even more reason for ensuring that his TED stockings were removed and this omission is sincerely regretted.

Code A was re-admitted on 13th November because of deterioration in his condition. He had been discharged because there was no surgical or medical

reason for keeping him in hospital, and at the time of discharge had stated to the Occupational Therapist that he did not need additional help at home. Screening for MRSA is routine part of our discharge procedure as a precautionary measure, but we would not readmit a patient whose screening result was positive. This result would be communicated to the GP for a further assessment to be carried out, and for antibiotic cover to be given if necessary.

It is impossible to establish when Mr Littlemore actually become MRSA positive. From recollection, the Ward Sister thinks he was in a 6-bedded ward with MRSA contacts on his first admission, therefore it is possible he could have picked up the bug them. However, MRSA is a bug which commonly occurs in the community, and he may even have come into hospital on the first admission with MRSA. He was not re-admitted because of his MRSA but because his condition deteriorated. When he was re-admitted we had received the results of his discharge screen which showed he was positive. There are two types of MRSA - colonisation - on the skin, which does not give any risks to health, and infection in a wound. [Code A] did not have a wound infection.

I am very sorry that you are so unhappy with the treatment your father received and I do apologise as that was not our intention. I would like to assure you, however, that your comments have been taken seriously as [Code A] compiles a regular summary of complaints so that themes can be reviewed with her colleagues with a view to changing practice where appropriate.

I note your comments about soiled items of clothing being amongst your father's property when you collected it from Patient Affairs. However, this is a matter which places staff in a very difficult position. We have previously had complaints from distressed relatives that items of clothing were not included in a patient's property, and it was therefore decided that all items should be returned. This gives the relatives the option of either destroying soiled items, or having them cleaned and keeping them. The property bags are packed on the Ward, and Patient Affairs staff are not always aware that there are soiled items contained within. Nevertheless, I do understand how distressing this must have been for you, and am very sorry that you were caused additional upset at such a distressing time.

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I do hope that this letter addresses your concerns, however, I have for your information, enclosed a copy of a Trust leaflet which gives a summary of the entire NHS Complaints Procedure. If you have any outstanding comments or questions about this letter, please let me know in writing, or contact Kate Middleton on (023 92) 866422, who is co-ordinating your case on my behalf, so that we can consider the best way forward.

Yours sincerely

R BISHOP
Chief Executive