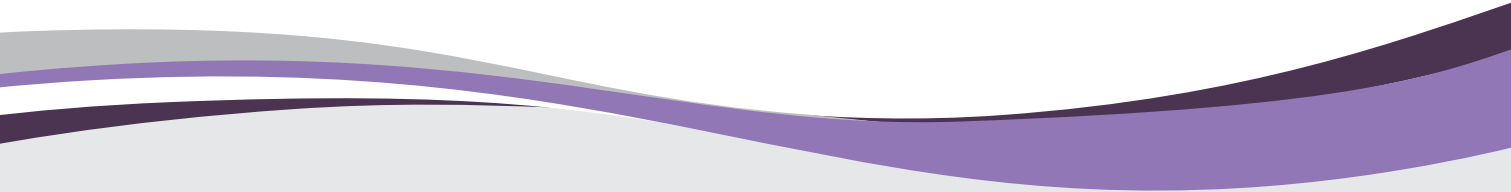


The Mid Staffordshire NHS
Foundation Trust Inquiry



**Independent Inquiry into care provided by
Mid Staffordshire NHS Foundation Trust
January 2005 – March 2009
Volume II**

Chaired by Robert Francis QC

Return to an Address of the Honourable the House of Commons
dated 24 February 2010

Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009 Volume II

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When I launched my Inquiry on 15 September 2009 I asked people who had experiences of the care provided by Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009 to contact me.

In order to gain a full understanding of the service provided by the Trust and to identify lessons, it was vital that I heard from patients, families and carers about the treatment they experienced during this period.

The local community clearly cares deeply about Mid Staffordshire NHS Foundation Trust and the services it provides, and I have been overwhelmed by the efforts that people have made to provide evidence and share their stories with me. During the course of my Inquiry I have been contacted by 966 people, some via their Member of Parliament, the independent case notes review and Cure the NHS, but the significant majority of people have contacted the Inquiry directly. I also heard oral evidence from 65 patients and/or their families.

The evidence that has been provided has proved invaluable to my Inquiry and has played a significant part in shaping the outcome of my final report.

I am extremely grateful to everyone who has contacted me, and to those who gave their time to attend an oral hearing; I appreciate that for many this has involved reliving painful memories.

The stories they have told me deserve to be read by anyone seeking to understand the impact of poor care on those who seek help in hospital and on their families. I have therefore included them in this separate volume.

Robert Francis QC

*Chairman of the Independent Inquiry into care provided by
Mid Staffordshire: NHS Foundation Trust: January 2005 – May 2009*



WRITTEN EVIDENCE

This report has been produced using the information provided to the Inquiry from patients and/or their families and carers about their experience of care at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.

Every effort has been made to ensure that the material provided accurately reflects the experiences presented to me, and all names have been removed to protect patient confidentiality. The Inquiry has not sought to confirm the facts or information provided.



January 2005

The patient received treatment for an eye condition and was initially diagnosed as having the condition in one eye only. He attended appointments at Stafford Hospital over a number of years and was seen by many doctors. However, it was not until he had an appointment at a different hospital that he was informed that the condition had spread to both eyes. Upon attending his next appointment at Stafford Hospital, a doctor informed him there was nothing wrong with either of his eyes. The patient was left confused as to whether he was going blind at all.

Source: Direct contact

“On each occasion
I was dealt with
in a ‘professional,
courteous and timely
manner”

On each of the six occasions when the patient attended Stafford Hospital, for hearing assessments and tests, he was dealt with in a ‘professional, courteous and timely manner’ and has no complaints.

Source: Direct contact

The patient has always had a good experience at Stafford Hospital.

Source: Direct contact

Following a GP referral the patient attended the hospital for an X-ray; however she was shocked to be left in a cold waiting area wearing only a gown for thirty minutes.

When visiting a friend at the hospital she was surprised to find the ward “depressing” in layout and did not observe any staff on the ward over a 45-minute period.

Source: Direct contact

Having attended Stafford Hospital on various occasions in 2005 for treatment on A & E, the patient has always been satisfied with the administration and the treatment from doctors and nurses.

Source: Direct contact

Having attended Stafford Hospital as an outpatient, the man has always been satisfied with his treatment.

Source: Direct contact

During keyhole surgery at Stafford Hospital for stomach ulcers the patient's drain became blocked and her operation was stopped. The patient suffered postoperative pain, but her family were assured by staff that she was doing well.

The patient's condition declined, though no reason for this was provided. However, the hospital advised her family that she required a second operation but that she was not strong enough to survive. This came as a huge shock to her family as they had never been informed that the first operation was not successful.

The patient was transferred to the Intensive Treatment Unit and staff on the unit were heard commenting that there had been a 'cock up' in surgery. At one point, her family believed she was sedated, but when she was still in the same condition two weeks later it transpired that she was actually unconscious. When the family agreed to turn the patient's life support system off there was a delay of one day before this was actually done.

Source: Independent case notes review

A patient who was admitted to the day unit at Stafford Hospital on five occasions was always treated by staff in a 'caring and compassionate way' and the ward was 'clean, bright and airy'. The staff in the X-ray department were very reassuring and explained everything to him simply.

Source: Direct contact

The treatment provided to a patient and his family on the main ward and in A & E at Stafford Hospital was very good.

Source: Direct contact

Having visited A & E, the Acute Cardiac Unit, Ward 1, Ward 10 and the Shugborough Unit at Stafford Hospital, a patient cannot 'speak highly enough' of the care he has received in all areas. Everyone who dealt with him was passionate and caring and the staff often worked 'above and beyond' the call of duty. He thinks that the constant barrage of criticism is 'counterproductive and unnecessary'.

Source: Direct contact

The patient was admitted to Stafford Hospital on two occasions. On one occasion, she was admitted as an emergency and the paramedics provided excellent care. Yet she found the assessment ward to be dirty and was only provided with food after having been at the hospital for a long period. She found that nurses were attentive and she was cared for well.

Source: Direct contact

A diabetic patient has visited Stafford Hospital as an outpatient on a regular basis. She has always found the staff on duty to be 'polite, helpful and very friendly'. She had also spent a couple of nights at the hospital and found the support and aftercare to be excellent.

Source: Direct contact

"He asked for a bedpan...The nurse said he would have to soil his pyjamas."

Following a fall the patient was admitted to Stafford Hospital. When the patient requested a bedpan he was told by the nurse to soil himself as she was too busy to help. On another occasion the patient injured himself by climbing over the bedrails to try to get to the toilet. The patient's son found the hospital understaffed and the care provided poor.

A few years later another family member was taken to A & E following a head injury and received excellent care. The patient was seen quickly and the doctors were both attentive and caring.

Source: Direct contact



Having contracted C. difficile in the community, a male patient's life was saved by two 'brilliant young doctors at Stafford Hospital'. He also had several skin cancers removed, his left knee replaced and surgery on his ear. His wife had a hysterectomy and major surgery on her foot. They have always received excellent care at Stafford Hospital.

Source: Direct contact

A cancer patient who had undergone treatment at other hospitals was admitted to Ward 6 of Stafford Hospital suffering immense pain. His wife requested pain relief medication for her husband but was told by a nurse that none could be prescribed, as she did not have the patient's medical notes; after his wife made enquiries, his medical notes were found.

When the patient, who had tumours in his lungs, was given physiotherapy to ease the fluid on his lungs he complained that the physiotherapist had hit him hard on the chest causing him pain.

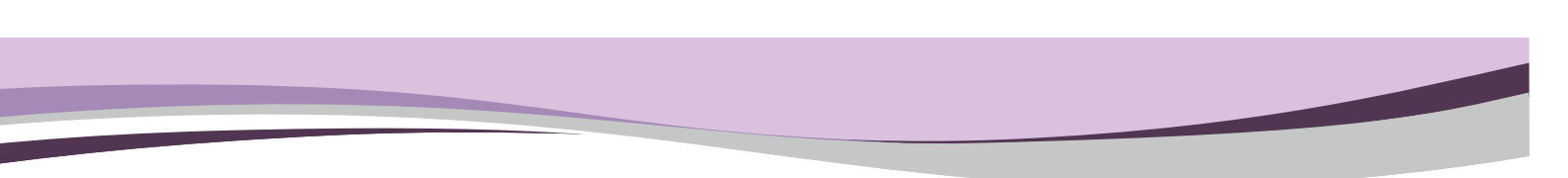
The following day his wife telephoned the hospital to inquire about her husband and was told by staff that he was fine. Two hours later, she received a call informing her that her husband had died.

The patient's wife has sent 15 letters of complaint and attended a meeting to discuss her concerns at the hospital.

Source: Cure the NHS/Independent case notes review



February 2005



Giving birth to her first child the patient was admitted to Ward 9 at Stafford Hospital. When she started to haemorrhage during labour the doctor decided to give her a Caesarean. The baby was successfully delivered and the patient was discharged.

Two weeks later she had a post partum haemorrhage due to 50 milligrams of retained placenta. She had an ERPC (evacuation of retained products of conception) and a D & C (dilation and curettage). The ERPC was 'extremely vigorous' and left her with 'no endometrium and a scarred uterus'. She has since had three hysteroscopies and a laparoscopy and been informed that she is unable to have any more children.

Source: Direct contact

Having visited the hospital on numerous occasions over a three year period, a young woman had a variety of experiences.

On one occasion she attended the hospital with her 18 month old son who was displaying symptoms of asthma. She had to ask for him to see a doctor several hours after admission and they were left in a dirty side room for long periods with a pulse oximeter constantly alarming. A year later she went to A & E with suspected appendicitis. On this occasion she was discharged and inaccurately diagnosed despite questioning medical staff about a relevant symptom. Sometime later her daughter attended A & E after sustaining a head injury. She received excellent care and prompt assessment by the medical staff.

She believes that her young age and professional background were directly linked to the fact that she had a more positive experience than other patients.

Source: Direct contact

Following a successful operation at Stafford Hospital to remove a tumour from the patient's lower bowel, he was transferred to Ward 6. Initially the patient was well and sat in a chair reading the newspaper. However, the following day his condition declined and he was in immense pain, but he was only prescribed paracetamol. Shortly later, his skin yellowed and he was unable to drink any fluid. The next day the patient was transferred to the Critical Care Unit where he received excellent care until he died.

After his death, it emerged the patient had contracted MRSA and the coroner ruled a verdict of "accidental death".

Source: MP

A retired builder was admitted to Stafford Hospital to have a colonic tumour removed. Following the operation, his condition deteriorated whilst on Ward 6, but his family could not find a nurse to check on him. He became yellow in colour and was in great pain. The following day he was transferred to ITU and underwent two further operations, but unfortunately, the patient died. His family were only later informed that he had contracted MRSA in the hospital.

Source: Independent case notes review/Cure the NHS

March 2005

The patient was admitted to Ward 6 of Stafford Hospital, in preparation for an operation for colon cancer. The surgery was a success and he was discharged. Whilst recovering his wife was concerned that he had developed a rash and he was returned to A&E, however there she obtained the impression that “she was disturbing the doctor’s tea break”. The patient was returned home after being advised it was bruising and prescribed anti inflammatory medication.

He returned again to Stafford Hospital, where a nurse was shocked at his condition and moved into an isolation room on Ward 7. There his wife found the “standard of cleaning to be diabolical” and she had to bring food from home to feed her husband as “nothing seemed to be being done on the ward”. Shortly after the patient was moved to an isolation ward at Cannock hospital which was “clean with super nursing staff”.

Source: Cure the NHS

Following an osteotomy operation at Stafford Hospital the patient developed DVT. She had been warned that it was a potential risk of the operation, although believes further preventative steps should have been taken. Upon discharge the patient was informed she would receive physiotherapy, however she never received a referral or an appointment.

Source: Direct contact

“She was left on a bedpan for hours and was never given a bowl of water to wash her hands in.”

Admitted to Stafford Hospital in March 2005 for open surgery for a cholecystectomy the patient was expecting a short stay. The surgery went well but her recovery was poor as she was not eating or drinking. Her family were concerned that she was dehydrated as she was not being given regular fluids and there was no fluid chart even though she was on IV. Her nutrition was also poor and caused her weight to plummet.

She was then discharged to a nursing home with *C. difficile* and diarrhoea. Her condition deteriorated further and she was re-admitted to Stafford Hospital where she received very poor care. No one communicated with her or the family and she was left on a bedpan for hours without a bowl of water to wash her hands. The family often found traces of faeces under her fingernails and on her hands and she was not given a bath or shower whilst at the hospital.

The patient died shortly afterwards.

Source: Independent case notes review

After being assessed in A&E at Stafford Hospital for abdominal pain the patient was sent home. However, she returned five days later and was re-admitted to the hospital. The patient initially began to recover, but subsequently deteriorated and a tube was inserted for nutritional support. The patient began to bleed internally and, following an operation to stop the bleeding the patient was transferred to the Intensive Care Unit where the care was excellent. However, the patient did not recover and died at the hospital. It was later found that the insertion of the nutritional support tube had severed an artery and caused the internal bleeding.

Source: Independent case notes review



April 2005

“Whenever you tried to ask the nurses or other senior person any questions, they were never around or, as happened one day refused to come out of the office.”

Following a colostomy operation at Stafford Hospital the patient was treated on the Intensive Care Unit where the care was “second to none” and he slowly began to recover.

The patient was then transferred to Ward 6 earlier than his family felt appropriate. On the ward his fluid levels were not monitored, the buzzer was placed out of reach and his colostomy bag leaked regularly. The patient required his chest to be suctioned regularly yet many nurses admitted they did not know how to carry out the procedure.

His family tried to find out about his treatment but there was a lack of staff on the ward to ask and on one occasion a nurse refused to leave her office to speak to the family. After eight days on the ward the patient contracted MRSA and was returned to the Intensive Care Unit, where he deteriorated rapidly and died.

Source: Direct contact

A woman’s parents were in-patients at Stafford Hospital and both received excellent treatment. Her 94 year old father attended following a heart attack and as a result of the treatment has a good quality of life.

Her 90 year old mother was admitted after breaking her hip from a fall at home. She had to wait for three days for an operation but subsequently received ‘excellent nursing care and attention’.

Source: Direct contact

“There was incompetence, negligence, indifference and dangerous practice.”

The patient went to A&E at Stafford Hospital suffering from abdominal discomfort. A junior doctor insisted it was a urine infection but the patient was certain it was appendicitis. When the patient asked to see a specialist he was ignored and discharged. The following day the patient collapsed when his appendix burst.

The patient was admitted to hospital as a result of the burst appendix and had a successful operation. However, on Ward 6 he was rarely offered water and his catheter was frequently left to overflow. On one occasion he noticed that oxygen tubes were passed between patients without being cleaned and observed that no one used the available anti-bacterial gels.

Source: Direct contact



May 2005

“If you couldn’t feed yourself, you went without.”

The patient had a pacemaker fitted at Stafford Hospital and during her stay contracted MRSA. However, her family was only informed after they questioned staff.

The patient was re-admitted later with a chest infection and the care provided by the hospital was poor. Patients were left to feed themselves, buzzers were left unanswered and there was a lack of staff discipline on the Ward and no sense of leadership. When the patient was dying, no one at the hospital contacted her family and she was left to die without them by her side.

Source: Independent case notes review

Admitted to A&E at Stafford Hospital by ambulance following a stroke the 90 year old woman was in a dirty side room. Her daughters asked the staff if their mother could be placed in a bed with cot sides, as she kept trying to get out of the bed, but none was provided. The patient was then transferred to the Emergency Assessment Unit.

The next day her daughter visited, her mother was sleeping and her face was partially covered by a sheet. There was blood on the floor and when the patient woke up her daughter saw that she had a very large bruise covering almost the whole of the right side of her face and neck as though “someone had taken a bat to her”. There was also blood on her nightdress. When her daughter eventually found a nurse she was simply informed that there was no entry in the incident book and given no information about what had happened. The patient’s daughters asked various nurses, the ward sister and the doctor what had happened, but none knew.

The hospital gave various excuses and suggested that it was because of the fall when the stroke had occurred, however the patient had fallen to the opposite side. They also stated that it may have been a result of blood clotting (stroke coming out), but blood tests appeared to rule this out. A complaint was made to PALS, who after investigation were still unable to say how the injury had happened and lost the formal complaint and incident report.

“The appalling way she was treated there, the complete lack of interest in her well-being, will stay with me for the rest of my days.”

The patient was moved to Ward 10, which was also dirty and understaffed. A tube was inserted into the patient’s stomach for feeding, which shocked the family as their mother had always been able to eat normally with assistance. She was then transferred to a nursing home where on arrival it was revealed that she had contracted MRSA, from the feeding tube.

On one occasion her daughter found her mother exposed and she had to replace her nightdress to preserve her dignity. The staff rarely washed their hands or wore a gown or gloves when dealing with patients.

The patient died 12 months later. Complaints were made to the Healthcare Commission and Parliamentary Committees.

Source: Independent case notes review/Cure the NHS

A week after a routine operation at Stafford Hospital to remove gallstones, an internal abscess ruptured and the patient was rushed back to hospital. In A&E she was provided with antibiotics and again discharged. At her follow up appointment the consultant prescribed more antibiotics and advised the patient to use antiseptic to clean the wound. Requests for a scan were refused and she was told the wound “would clear up”. Seven months later the wound was still weeping and the patient was re-admitted. It was then discovered that one of her stitches was infected which had prevented it from dissolving.

Source: Direct contact

Although a man lost his wife to cancer, he is unable to fault the care and dedication shown by the nursing staff during her stay at Stafford Hospital. The nurses were 'empathetic and sensitive' and always took the time to listen to all their concerns.

Two months later the man was admitted to the hospital to have gall stones removed and had 'no qualms whatsoever about the care'. He firmly believes that the doctors and nurses are doing a 'fantastic job' under 'immense pressure' and that the problems lie with the administration of the hospital at higher levels.

Source: Direct contact

Following a successful operation for carcinoma of the rectum at Stafford Hospital, a male patient was transferred to Ward 6. Despite being nil by mouth and sweating profusely, he was not administered any IV fluids. Later that day he was found by his family trying to wash himself and he had received no pain relief. Two days later the patient was not passing any urine and was moved to a high dependency unit. On the unit he was not monitored regularly. His wife was informed that he was suffering from acute renal failures and he was subsequently transferred to the Intensive Treatment Unit where he received dialysis. The following day the dialysis machine broke and there was a delay in getting authorisation to replace it. The patient was then informed that there were metastases in his lymph nodes and that he would have to begin a course of chemotherapy. However, no metastases were found at the post-mortem examination.

Three days later the patient returned to Ward 6, against the recommendations of his Cardiologist. He was given no assistance with feeding and his complaints of chest pains were ignored. Staff were also unable to take his blood pressure due to faulty equipment and the patient died 45 minutes later. His relatives were not given an explanation by the hospital for the cause of his death.

Source: Independent case notes review



June 2005



An older patient was treated at Stafford Hospital and her son was unhappy with the level of care she received.

Source: Direct contact

Following surgery to have her gall bladder removed at Stafford Hospital, the patient was admitted to a general ward to recover. When her dressing needed changing the nurse put on surgical gloves but then attended another patient, touching the table and curtains before returning to change her dressing, still wearing the same gloves.

Source: Direct contact

After suffering blackouts the patient attended A&E at Stafford Hospital where he waited for six hours without being offered even a drink of water. Only after suffering another blackout was he admitted onto a ward.

Source: Direct contact

Suffering from a trapped nerve and pernicious anaemia the patient was admitted to Stafford Hospital and subsequently transferred to Cannock Hospital where she was given laxative medication but was not administered sufficient fluids. She had severe diarrhoea but was not given assistance and was left extremely upset by the smell. Her mobility level dropped whilst in the hospital and her family were asked to take home fully soiled clothes which had been “left un bagged” in the bottom of her wardrobe.

When she was discharged she was prescribed new medication but not given any explanation as to how they should be taken. Whilst at home she became dizzy and fell, she was returned to Stafford Hospital with a fracture of the pubic ramus. The patient was only put on a drip when doctors realised that she was seriously ill. She died the next day.

Source: Direct contact

When the patient, a 39 year-old lawyer, presented at A&E at Stafford Hospital with heart attack symptoms she was left to wait for a long period before being examined by a nurse. She felt that the nurse mocked her concerns and she was made to feel she was wasting hospital time. She observed patients being antagonised by the nurses who were rude and dismissive.

When the patient's son required treatment at the hospital some time later she found the treatment much more professional.

Source: Direct contact

“When we found her we were horrified at what we found.”

An elderly lady unable to move, feed herself or communicate, was admitted to Stafford Hospital by ambulance with vomiting. The paramedics provided an excellent standard of care. The patient was eventually moved to a ward where a nurse shouted that she was too busy to take her medical notes. The family was later horrified to find their mother left in a heap on a bed without cot sides or a pillow. The bed was far away from any nursing staff and her family feared she would choke on her own vomit. The patient had not been given fluids, despite fluids having been requested by her doctor, and her incontinence pad had not been changed.

When the patient was visited by a doctor, nurses were unavailable to assist with moving her. It was decided that she should return to her residential home, but nurses were unable to obtain her medication for discharge that evening. Her family discovered their mother had a large scratch on her face. They are unclear how she received this, as she could not physically move without help.

Source: Direct contact

On the assessment ward at Stafford Hospital where the patient was waiting for treatment for an umbilical hernia, there was a serious lack of staff. The ward was not cleaned for three days and his bed frame was covered in someone else's blood.

When another of the patient's family was admitted to A & E at Stafford Hospital in severe pain, he had to wait for four hours before being examined. He was informed there was only one person on duty that night and if he went home to wait he would lose his place in the queue.

Source: Direct contact

"Sisters were all excellent and gave 110% effort."

A Crohn's disease sufferer was admitted to Stafford Hospital for surgery. When moved to a ward to recover he found standards were below what he expected. Overnight nurses did not always respond to calls for help and incorrect quantities of medication were administered. On one occasion when the patient was nil by mouth a nurse offered him lunch. However, despite the obvious staffing shortages the patient found the ward sisters excellent.

Source: Direct contact

Following a fall an elderly patient was admitted to A & E at Stafford Hospital. She required a hip-bone replacement, but had to wait for a week for the procedure. During her seven week stay following the operation, her son observed a number of problems. His mother's bed was left soaking in urine and she developed a number of bedsores. The emergency button was often left out of reach and her son had to leave work early to ensure someone was there to help feed her. She also received minimal physiotherapy and is now wheelchair bound.

"Calls for help were regularly ignored and he was often left in his own excrement for hours."

The patient's husband was also admitted to Stafford Hospital on several occasions and caught both the norovirus and C. difficile whilst an inpatient. He was given the same hospital number as another patient and his son found that false entries were often made in his notebook regarding food and drink. The patient was regularly ignored when he asked for help and was often left to lie in his own faeces for hours.

Source: Direct contact



July 2005

Complaining of a cough and back pain and suffering a loss of appetite, weight and sleeping continuously the patient, who was Type 1 diabetic, was taken to A & E at Stafford Hospital. He was admitted under the care of a doctor who increased his insulin dosage but did not allow him to have any food. He was then given a chest X-ray and informed nothing was wrong except for some old scarring. He was concerned about his treatment and requested a meeting with the doctor, who was continually unavailable. He was then seen by a junior doctor who reassured him that there was no cancer.

After he was discharged the patient went on holiday and when he returned there was a letter requesting that he attend hospital for a scan. He then received a phone call from the hospital stating that the situation had changed and he was told he had untreatable lung cancer. The patient died two weeks later.

Source: Independent case notes review

“Staff worked hard, from the tea lady to the team of doctors.”

On Ward 10 at Stafford Hospital for treatment of kidney stones, the patient received good care and the staff worked hard. The bathrooms were not always fully clean, but the ward was always busy.

Source: Direct contact

Following a fall from a ladder the patient was admitted to A&E at Stafford Hospital. He had to wait for a long period before being examined by a doctor and then faced a further wait for an X-ray. The doctor told the patient he had no broken bones. However, he was unable to move and when he tried to stand he collapsed. The only person who assisted him was his daughter. The doctor just watched as his family lifted him back onto the bed. His requests for a second opinion were ignored and the following day he was informed he would be discharged. When he complained, a nurse forcibly lifted his leg, which left him screaming in agony. Another doctor attended and sent the patient for another X-ray. It was then discovered he had in fact fractured his spine.

The patient was transferred to a ward to recover. Here the lavatory was filthy and the shower was covered in “black slime”. On one occasion, he required assistance whilst in the shower, he rang the buzzer but no one came. He later discovered the buzzer did not work.

Source: Direct contact

A 97-year-old independent lady was admitted to Stafford Hospital for emergency treatment for a stomach ulcer. She remained in hospital for some time before her condition stabilised. Her discharge was poorly organised, social services were not informed and she was not seen by a physiotherapist. Therefore, when she returned home, her home care had not been re-established and no physiotherapy programme had been drawn up.

Source: Direct contact

When recovering from surgery at Stafford Hospital the patient was given no assistance with toileting, despite the pain this caused. No information was provided to the patient about how long he would have to remain in hospital until some days later when a senior nurse entered the ward, pointed at the patient and stated “you can go home now”.

As an outpatient the patient received a good standard of care.

Source: Direct contact

An 82 year-old lady was admitted to Stafford Hospital with vascular dementia, leaving her unable to communicate or move without assistance. She was ignored for long periods by nurses. There was no respect for the patient’s dignity, staff provided no help with drinking or eating and her family found that her meals were simply left by her bed. She was left with faeces in her hair and under her nails and the ward was so dirty that the family had to clean it themselves. On one occasion, when her family asked if she could have a shower because she was so dirty, they were told by staff they were too busy. The patient also developed bedsores which took four months to heal.

Source: Direct contact

August 2005

The patient has 'complete faith' in Stafford Hospital. Following an ectopic pregnancy she was an inpatient and was treated very well by the doctors and nurses. They were very communicative and saved her life.

A month later she found a lump in her breast and was referred to the hospital. An appointment was arranged two days later and she was treated with great care.

Source: Direct contact

"Nurses and doctors treated her with top service... I can't praise them enough."

The patient stayed at Stafford Hospital for three weeks and her husband thought she received a 'top service'.

Source: Direct contact

After falling in the street the active 83 year-old lady was admitted to Stafford Hospital. The patient underwent surgery and after a few days she was transferred to a nursing home to recover. Her wound failed to heal and her son was told she had MRSA.

Later when her wound burst open, she was re-admitted to the hospital. The patient's son immediately went to the hospital where he was told they would keep his mother in hospital overnight. But, at midnight, her son then received a call requesting that he collect his mother.

"Every time I would try and find someone to ask about my mum there was either nobody around, they were too busy to help me, or they simply refused and said it was not their job."

When her condition deteriorated again she was re-admitted suffering with diarrhoea. Her son found it impossible to find anyone he could speak to about his mother's condition. The patient was then moved to a side room and barrier nursed, although when her son visited no one explained to him why he had to wear an apron and gloves and when he asked to speak to a doctor he was told there were none available. He was then informed that his mother's condition had weakened and he stayed with her that evening; however she died shortly after he left. The patient's son only learnt that his mother had contracted C. difficile when he saw her death certificate.

The patient's son complained to the Chief Executive but never received a written response. He did receive a telephone call offering a meeting which was declined, but there has been no further contact from the hospital.

Source: Cure the NHS/Independent case notes review

**“I have nothing but
praise for the care
and treatment I have
received.”**

As a result of suffering from ‘Hughes Syndrome’ the patient has been a frequent visitor to Stafford Hospital since August 2005. His family have always been kept well informed of his treatment plan and he has always received excellent treatment.

Source: Direct contact

The man has always received ‘first class’ treatment at Stafford Hospital.

Source: Direct contact

The patient was admitted to Stafford Hospital for a colonoscopy and discharged six days later. However due to severe vomiting she was readmitted to hospital and underwent surgery for a hernia. During her recovery, she developed bedsores and a special mattress was provided, but she is believed to have developed MRSA, and she deteriorated.

Her husband attended the hospital for six hours a day to care for his wife as he believed she was being badly treated. Regular monitoring was stopped and morphine was administered to the patient who died a week later.

Source: Independent case notes review/MP

Following a heart attack the patient was admitted to Stafford Hospital. He found that his family were treated very sensitively and that all of his treatment was fully explained. The hospital was very clean and the staff were ‘extremely cheerful’.

His wife was also admitted after collapsing with a suspected stroke. She found the treatment and food to be good.

Source: Direct contact

After collapsing at home, a woman was taken by ambulance to A&E at Stafford Hospital where she was told she had a chest infection and discharged. When her son raised concerns that his mother was too unwell to leave the hospital, a nurse responded, "Put her in your car and take her home". Her son again refused and the hospital decided to organise an ambulance to return her home.

The patient's son returned home to prepare for his mother's arrival, but was called shortly after to be told by the hospital that his mother's condition had deteriorated. By the time he returned to the hospital his mother had died. He complained to the hospital, and the doctor responsible for treating his mother received a five-year warning on his record from the General Medical Council.

Source: Direct contact

Following a bladder operation, the patient spent six days at Stafford Hospital. During this time he was treated with 'great respect' by the staff and received excellent care. Three years later the problem reoccurred and he was admitted for a further operation. He received good treatment but was aware that the nurses seemed 'very overstretched'. Patients would call out for help but the nurses were in short supply.

Source: Direct contact

September 2005

The 26-year-old man was taken to A&E at Stafford Hospital after collapsing at a party. The consultant, doctor and nurses 'did everything possible' but he eventually died ten days later. His grandmother is grateful that her grandson was treated with 'great care and dignity'.

In 2008, his grandmother was admitted to A & E suffering from nausea and dehydration. She was put on a drip and sent home that evening. Weeks later, she was still unwell and was given a urine test. She was upset that a urine test was not carried out on her first visit to A & E, as it would have saved her much suffering.

Source: Direct contact

After admittance to EAU at Stafford Hospital the 71 year-old man was transferred to Ward 11 as the doctors were unable to diagnose him. On the ward he remained "forgotten" for two weeks. On one occasion, when his nutrition tube became blocked it went unnoticed until his wife informed a nurse. Whilst there his condition deteriorated and his stomach began to swell. When visited by the doctor one evening his wife and daughter had to act as nurses holding jugs into which the doctor drained large quantities of blood. They had to leave the jugs on a windowsill, as there was no one to take them.

The patient underwent surgery to remove his cancers and was moved to Ward 7 where he received wonderful care. However, he developed bedsores and on one occasion his wife found him screaming as 'his bottom looked like a raw piece of meat'. His wife was permitted to remain with him for the last few nights before he died.

Source: Direct contact

Following a referral from her GP the patient attended A&E at Stafford Hospital where it was found she had cancer and required surgery. She was transferred to ITU where the patient was sedated and put on a ventilator and was never able to speak to her family again. Her son was concerned that nurses on ITU spent a great deal of time "chatting around the nurses' station" and that he did not see a doctor until the day his mother died. The patient's son was also not told of what treatment his mother was receiving. Whilst in ITU her family noticed the patient's equipment was slowly removed over a two-week period, until she finally died.

Source: Independent case notes review

October 2005

“The least important people on these wards (10, 11 and 12) were the patients.”

After suffering a stroke the patient was admitted to Cannock Hospital for rehabilitation. Her husband found the unit to be “poor” with very little physiotherapy available. After finishing treatment the patient developed urine infections and later Chronic Obstructive Pulmonary Disease, asthma and epilepsy.

Over three years the patient attended A&E roughly 25 times, which her husband found to be a chaotic department with insufficient staff and very long waiting times.

The patient was frequently admitted to Wards 10, 11 and 12 where the care was poor and the wards unclean.

It was difficult to obtain information from staff, who her husband believed, would “disappear at visiting times”. There was a lack of continuity in care and he found some staff to be incompetent. Patients on the wards were often left without food and water.

When the patient’s family asked for items for her they were often met with a “huff” and had to wait an hour before it was brought. On one occasion her husband informed nurses his wife’s “tube” was knocked out, but it had still not been replaced the following day. The patient was usually hoisted in and out of bed however the equipment was not available and instead she was manhandled by staff in and out of a wheelchair.

During her time in hospital the patient was often left on a bedpan for long periods or left in a chair for hours and was never given a bath or shower. Whilst on ward 10 her husband noticed that she regularly developed diarrhoea and was left to soil herself. On one occasion she was due to be discharged whilst still suffering diarrhoea, only on her husband’s insistence was a stool sample taken showing that she had *C. difficile*.

On one occasion the patient attended A&E with a suspected stroke. After waiting for a long period, the patient was examined by a doctor who insisted she had a urine infection and that she could return home. This greatly alarmed her husband who felt the diagnosis was incorrect and that his wife had suffered a stroke. The patient was then discharged with medication in tablet form; on return home, her husband telephoned the hospital to remind them she could only take liquid medication. The nurse curtly responded that she had shown him the medication and that he had said it was suitable, but he knew this to be untrue, as he had collected the medication from the pharmacy. Two days later the patient returned to the hospital, she had fallen into a coma and was admitted to EAU. Her husband was informed there were no side rooms available and she died.

Her husband complained and a case review was conducted, however many of his wife's medical notes were missing.

Source: Cure the NHS

"I was in a terrific amount of pain and the staff were marvellous."

When the patient attended Stafford Hospital for a hip replacement and a Baker's cyst at the back of her right knee, she was in a terrific amount of pain and the staff were marvellous.

Source: Direct contact

"The pool of urine stayed on the floor and everyone walked around it."

Following a stroke, the 76-year-old man was rushed to A & E at Stafford Hospital. He waited for two hours to be examined and it was another two hours before he was transferred to the assessment ward. When the patient wet himself his pool of urine remained on the floor and his wife had to change his clothes and stripped his bed herself.

The patient did not have a CT scan for three days and because of his stroke, he lost his mobility and was severely mentally impaired. The patient was sent to a nursing home and died three and a half years later.

His wife questions whether the outcome for her husband would have been better had he received better treatment at the hospital.

Source: Direct contact

The couple have used Stafford Hospital and have always been happy with their treatment.

Source: Direct contact

“The standard of treatment, or lack of it, was one that would not have been out of place in a third world country.”

When the patient, a 94 year-old man, was admitted to Stafford Hospital with abdominal pain he was “dumped” in an observation ward where his family received no information regarding his prognosis. His son-in-law made two appointments to speak to his consultant, but the consultant was never available. The patient’s condition deteriorated and on many occasions, his family found him in soiled bedding with vomit on the floor. The family had to wash and care for the patient themselves. After four weeks, his son-in-law managed to speak to a doctor, who was surprised to find that no one had told the family that the patient was terminally ill. The patient died the following day.

The patient’s daughter was also admitted to the hospital, where she received treatment “of the highest calibre”. The ward was clean and the treatment was efficient with her being examined by three consultants in one weekend.

Source: Direct contact

At all times when being treated at the hospital for fluid on his lung the patient was given ‘the best of care’.

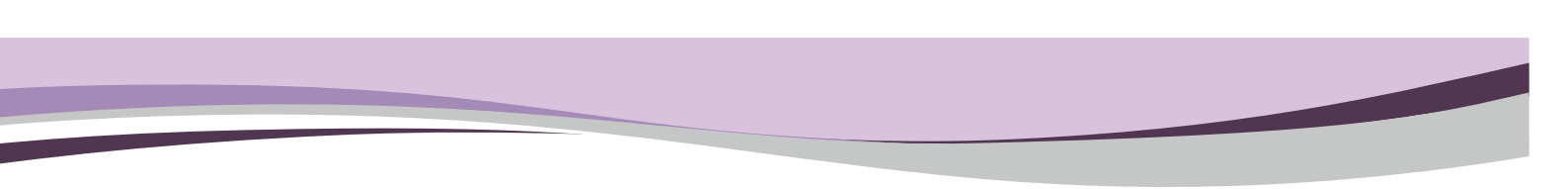
Source: Direct contact

Following a fall at home an 81 year-old man was admitted to A&E at Stafford Hospital. His son was concerned that his usual medication was changed and he had to return to A&E on many occasions in the two months before he died.

Source: Independent case notes review

The patient, who has visited a dermatologist and had a hearing aid fitted at Stafford Hospital can find no reason to complain about his treatment.

Source: Direct contact



A pulmonary fibrosis sufferer was admitted to Stafford Hospital with breathing difficulties. After being moved between many wards, he was taken to Ward 10 and given oxygen where his condition improved. A few days later his wife was informed his condition had deteriorated and by the time she attended the hospital he had died.

When the family were shown to the patient's bed they found him lying with his head back as if gasping for breath and did not understand why he had not been moved into a more natural position. After waiting for a long period his son spoke to a doctor, who simply stated his father's death "was to be expected given his cardiac problems". When his son questioned that the patient did not have any cardiac problems the doctor responded "it's been a difficult night I should be going home". The patient's son was left unsure as to what had happened to his father.

Source: Direct contact



November 2005

“Most of the time you would only find two nurses on nights, or weekend. Totally understaffed.”

The 64-year-old woman had been treated for breast cancer at Stafford Hospital, where she was making a good recovery. When she returned to A&E 18 months later her weight loss and nausea were not diagnosed and she was admitted to Ward 8. Whilst on the ward her husband was shocked to find she suffered a head injury whilst using a commode as nurses had failed to apply the brakes. Her husband found her ‘crying, blood, urine, everything’. On another occasion the patient suffered a fall and was ‘found under the bed in the middle of the night’. She had been given a bed without bedrails, and the nurses were unable to tell her husband how long his wife had been left lying there before being found. On another visit the patient’s husband found his wife ‘exposed to the rest of the ward’.

Eventually the patient was diagnosed with an inoperable terminal cancer and she was discharged to a hospice where she died.

Source: Direct contact

A 36-year-old patient died of bowel cancer 23 days after undergoing surgery at Stafford Hospital. According to his mother, he received exemplary care in Ward 6, which was ‘sensitive, professional and caring’ right up until the end.

She is pleased that the hospital did all it could to make him as ‘comfortable and pain free’ as possible. The patient’s brother is also grateful to the ‘fantastic, compassionate and understanding’ nurses.

Source: Direct contact

“We arrived to find a tatty, busy waiting room. The chairs were ripped with pieces of foam and plastic sticking out.”

A 67-year-old man was admitted to Stafford Hospital following a fall in his home. On attendance at A&E, his daughter was shocked by the ‘tatty’ waiting room and the presence of only two reception staff. The patient was left with his blood dripping onto the floor for 2 ½ hours, his daughter found it ‘humiliating and degrading’. However, when seen by a consultant he was given professional and caring treatment. A day later the patient suffered a heart attack and was transferred to a side room where the treatment provided was compassionate and professional.

Source: Direct contact

After suffering a seizure the patient was admitted to Stafford Hospital. She was 'scared and confused' but given very little information about epilepsy and no one explained why she had to remain in the hospital for such a long time. The patient was presented with medication and discharged, yet no one had told her of her diagnosis.

At her outpatient's appointment the level of care was much improved and she was provided with detailed information and given reassurance.

Some time later, when the patient suffered another seizure she returned to A&E and was left for six hours waiting on a trolley.

Source: Direct contact

"The staff of all disciplines were outstanding and a credit to their professions."

The patient attended Stafford Hospital with septicaemia and received "wonderful" care, he found all staff to be "outstanding and a credit to their profession". The patient's wife was also admitted to Ward 1 at the hospital, with kidney and heart problems, where she died. The patient found his wife had received excellent care throughout.

Source: Direct contact

"Well if I shout nobody comes. There is nobody there!"

An independent 86 year-old man was admitted to Ward 12 for a scan. The patient waited nine days for the scan and during this time neither he nor his family were provided with any information as to when the scan might take place, despite their persistent requests.

The ward was noisy and chaotic and the patient was so distressed by other patients that he was unable to sleep. Water and food were left on his table, but he could not reach them and when a family friend questioned the nurse in charge she responded that she "was only a bank nurse" and was "too busy" to answer questions. On one occasion the patient told his daughter that he was afraid to spill his drink, as if he did his sheets would not be changed and he would have to stay in dirty, wet ones.

There was a lack of nurses on the ward and many of the staff were bank staff. The patient's medication was often left on his table without instruction and the patient did not know whether it was for him or what to do with it. In addition he was often only half dressed and left without pyjama trousers on despite his family providing them. The scan revealed nothing was seriously wrong and he was discharged. Whilst waiting for his family he was sat in a chair while nurses changed the bedding. The patient then fell from the chair and died a few hours later.

His daughter complained and a meeting was arranged, although the family were not content with the explanations given.

Source: Cure the NHS

Following a referral from her GP the patient attended A&E at Stafford Hospital for a scan. However, she was left in a cubicle for four hours with only a moist towel on which to suck. The patient was later informed she could not have the scan that day, but told that if she left, she would undergo a similar wait on another occasion. The patient was admitted for the night, and given an X-ray that evening, the clinician's response at her wait was "I knew we were busy, but not that bad".

The patient was informed that evening that she did not have appendicitis, however the following day was informed that it was appendicitis and that she required surgery. Overnight the patient witnessed staff being rude to elderly patients and scolding them when they complained.

When the patient asked for help to wash, she was responded to by a short-tempered nurse who told her she had to wash herself. When she asked the nurse to pass her towel, the nurse mistakenly picked up a towel that had been left by another nurse to clean up blood from the floor.

Source: Direct contact

A breast cancer patient was admitted to Stafford Hospital when her condition deteriorated. There was a lack of nursing staff and her family found it difficult to speak to doctors who were always busy. This created confusion around her medication. On one occasion the patient was found by her family under her bed. It was assumed she had fallen but nurses could not be sure how long she had been there.

Source: Direct contact



December 2005

Experiencing problems passing water the patient was admitted to Stafford Hospital, but was discharged the following day. When his condition weakened further, he returned to hospital and a catheter was fitted, but his usual medication was stopped.

A day later, he suffered a stroke, and was paralysed along one side of his body. He was then transferred to Ward 10, which his wife found "dreadful". The patient's buzzer was left on the wall out of his reach and his bedside locker was always "swimming in water". The ward was "filthy" with both the sink and laundry container "smelling dreadful". The patient subsequently developed diarrhoea and a nurse told his wife "This is a dirty hospital you know". When she attempted to speak to a doctor, she found that no care plan for her husband had been established and she had to obtain his medical notes from the GP. The patient passed away at the hospital.

Source: Independent case notes review

"My mother was a person who looked after herself to the best of her ability. Yet, my mother's personal care was seriously neglected at the hospital. She did not have her hair washed during her entire stay in the hospital. She used to shower daily at home but was only showered once during her 29-day stay at the hospital."

A 95-year-old lady was admitted to Stafford Hospital by ambulance with a high temperature, stomach pains and vomiting. The patient went to the Emergency Assessment Unit via A&E and after two days he was transferred to Ward 2. Her son was informed that his mother would be discharged if a bed could not be found for her, however due to the insistence of her daughter the patient remained in the hospital at the Pre Discharge Unit.

When her daughter visited she found her mother's legs were very red and swollen and that she had developed a chesty cough, but she had not been seen by a doctor. Over the next few days the patient developed diarrhoea but was still not seen by a doctor. When a doctor eventually attended he was shocked to find the patient had not been seen earlier and treated her oedema. Four days later a doctor examined the patient and requested that she be reviewed the following day, but this did not occur. When a doctor did visit he was concerned that the patient's antibiotics had been stopped, but did not know who had made the decision. Care and hygiene on the ward were lacking, when the patient requested a fan, despite an unused electric fan being left on the windowsill, she was told she would "have to do without one".

The patient's condition deteriorated. She was told she was having an adverse reaction to the antibiotics and had congestive cardiac failure, but her daughter was concerned by this as the doctor on admission commented that her mother had a strong heart.

Upon return to Ward 2 the patient received her first bed bath in three weeks and underwent numerous tests although an X-ray of her abdomen was misplaced. A firm diagnosis could not be made and her condition weakened further.

At 10.30am the patient's family were called and asked to attend the hospital. When they arrived they learnt that the attempts to resuscitate the patient had failed and that she had died. When the patient's daughter looked at her mother's medical records she saw that a request for the family to be telephoned at 4.30am had been made, but this had not been done and her mother had died alone unnecessarily.

When the family attended the hospital to collect the patient's belongings they were simply handed over in the reception area, with no offer of support. The patient's false teeth had been thrown into the bottom of her bag and no care had been taken to wrap them.

The Coroner's report revealed the patient had C. difficile for three days prior to her death, but her family had not been told. The family complained to the hospital who admitted a number of failings.

Source: Cure the NHS

Suffering with flu the patient was admitted to Ward 7 at Stafford Hospital. Her son was concerned that whilst on Ward 7 scans were not conducted expeditiously and that his mother's diagnosis of liver failure was not made as soon as it could have been.

Source: Independent case notes review

“There were very few nursing staff... one was crying with exhaustion and frustration.”

Suffering from bowel and abdominal problems, the patient was admitted to the Stafford Hospital and discharged. Nearly a year later she returned to the hospital and was diagnosed with stage three ovarian cancer. Following treatment at Stoke a different hospital she was returned to Stafford for chemotherapy. The patient was terrified at the prospect but was not given an opportunity to visit the unit before hand as it was too busy. The treatment was excellent but the nurses were overwhelmed with the number of patients, one crying with exhaustion and frustration.

Sometime later the patient relapsed and was readmitted to Stafford Hospital and told that she was ‘gravely ill’. The family were required to assist with basic nursing care and her treatment was terrible. The food was ‘disgusting’, her bed was often soiled and the family were unable to get information regarding her condition and prognosis. She was then discharged and readmitted when the symptoms returned.

On this occasion she was taken to A & E where she was in pain and could barely stand. She was put in a side room with no vomit bowl or water. There was no assistance with toileting and the nurses were very dispassionate. The patient later died in a different hospital.

Source: Independent case notes review

“Staff did not know what they were doing.”

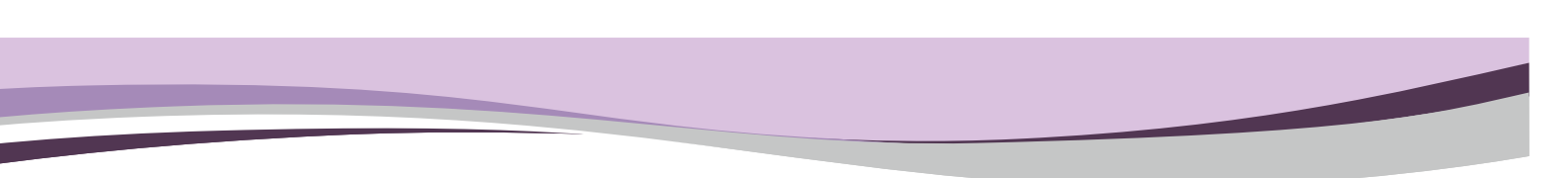
When the 52-year-old woman collapsed, she was admitted to the Medical Ward at Stafford Hospital where she received little attention, as staff had not yet returned from their Christmas holidays. Whilst on the ward her family were concerned that routine observation was not being carried out and that the staff “did not know what they were doing”. The patient was transferred to ITU where she fell into a coma and her family felt that the doctors “did not know what to do with her”.

At the strong insistence of her family, the patient was transferred to another hospital where she was diagnosed as requiring a liver transplant. The patient did not regain consciousness.

Source: MP



2005 (unknown date)



A diabetes sufferer attended A&E at Stafford Hospital on many occasions during 2005 where he found staffing levels to be inadequate. On one occasion when he fell on the ward, he cracked two ribs, but the nursing staff did not notice it for two days despite the patient experiencing severe pain. Whilst in the hospital the patient contracted both MRSA and C. difficile.

On the night of the patient's death his wife was informed of his deterioration via a telephone message from a nurse. When she attended the ward there were no nurses at all and she found her husband already dead.

Source: Independent case notes review

When visiting Stafford Hospital the patient found the staff excellent. They were polite, helpful and friendly, though very busy. She has nothing but praise for the hospital and was impressed with the physiotherapy department.

Source: Direct contact

A dementia sufferer, an 88-year-old woman, was admitted to the hospital with a blocked bowel. She was given a successful colostomy but her daughter found the size and layout of the wards far from ideal to keep frail, older people mobile.

Source: Direct contact

The patient attended Cannock hospital regularly where he had "no complaints at the service" and was pleased with the way he was treated.

Source: Direct contact

Admitted to A & E at Stafford Hospital the patient who had complex vascular dementia disorder had had to wait over six hours to be assessed. His daughter was dismayed to find that no one had any experience of his condition.

He was then admitted to a ward and promised a full and complete assessment of his needs with a view to fully funded NHS continuing care. This did not happen and the family had to manage without support for a number of months. The patient died later that year.

Source: Direct contact

For the six weeks that the patient stayed at Stafford Hospital, he did not receive a bath and was discharged with heavily soiled clothes. The patient's wife was concerned that the ward was cold, hygiene levels were poor and that the staff did not respect the patients. On one occasion when the patient rang for a commode, no one attended and the patient was left to soil himself.

Source: MP

"I received respect and kindness from all members of staff from cleaners to surgeons."

Following three successful operations at Stafford Hospital the patient had no problems with the care or treatment received. He was shown respect and kindness from all members of staff and the hospital was clean.

Source: Direct contact

A patient attended Stafford Hospital with pituitary gland problems and underwent an MRI scan. Despite this scan revealing she had a brain tumour this went undiagnosed for some time.

When she complained, she found the complaints system slow and non-responsive, which caused her additional stress. When the case was considered by the hospital, it admitted failings and apologised to the patient.

Source: Direct contact

Having visited Stafford Hospital for eye check ups, the patient has always had a good experience.

Source: Direct contact

A male patient had bypass surgery at Stafford Hospital and received first class treatment before and after the operation. He found the staff to be extremely courteous.

Source: Direct contact

A husband and wife have visited Stafford Hospital on numerous occasions and have no complaints about the service they received.

Source: Direct contact

A couple have only 'praise and grateful thanks' regarding their outpatient visits at Stafford Hospital. They have received excellent treatment from 'reception right through to doctors and nurses'.

Source: Direct contact

An 84-year-old husband and his 79-year-old wife have received 'second to none' care and treatment on numerous occasions at Stafford Hospital. They do not think that the 'medical treatment and courteous general care' could be better anywhere else. Being of an older generation many of their friends have visited the hospital and also received excellent healthcare.

Source: Direct contact

Having undergone an operation at Stafford Hospital the patient has 'no complaints'. The care and consideration of the staff was of the 'highest standard' and his appointments have always been arranged efficiently.

Source: Direct contact

"I cannot fault the treatment I received."

Admitted to A & E at Stafford Hospital on two occasions, the patient was always treated with respect and understanding. She cannot fault the treatment she received.

Source: Direct contact

On the numerous occasions the patient visited Stafford and Cannock hospitals and when he underwent surgery he always found that there was little waiting time and cannot complain about any aspect of his treatment.

Source: Direct contact

“I was listened to and treated with care and respect.”

Following a mastectomy, a patient received aftercare at Stafford Hospital. The care was excellent and she was treated with care and respect. She found the clinic to be clean and the staff were ‘helpful, polite and supportive’.

Her only criticism was of the main hospital, as she felt the main entrance was very ‘grubby’.

Source: Direct contact

Having had experience of three different departments at Stafford Hospital, the patient is very satisfied with all of them. She has ‘no qualms’ with her on-going appointments.

Source: Direct contact

Between 2005-2009 the patient received excellent treatment at Stafford Hospital. He has no complaints and has found the publicity surrounding the hospital to be in contrast to the positive experience he had.

Source: Direct contact

“The staff were very helpful and efficient.”

When visiting for routine tests at Stafford Hospital the patient found the staff to be very helpful and efficient and her experience at the hospital was very positive.

Source: Direct contact

The patient underwent successful surgery at the Breast Care Unit at Stafford Hospital and she had no complaints about the standard of care received. However, she was disappointed to find that follow-up appointments could not be held at Cannock Hospital which is more convenient for her to attend.

Source: Direct contact

When attending the Breast Unit at Stafford Hospital, the patient found the consultation room unclean and the paper covering the examination table was covered in footprints.

The patient does not feel that she was given adequate information about the proposed treatment. She also has concerns that the nurse who carried out a procedure was not adequately qualified. She left the hospital without making a return appointment and suffered shock. The wound from the procedure subsequently became infected and she developed pneumonia which was treated by her GP. At her follow up appointments at the hospital she did not feel that the doctor addressed her concerns regarding surgery and she decided to withdraw her consent for the operation. She found staff to be unsympathetic and not familiar with modern surgical procedures and standards of hygiene.

Source: Independent case notes review

When the 19-year-old man was admitted to A&E at Stafford Hospital he was suffering from severe abdominal pain. He had to wait for a long period for the receptionist to return to her desk and he then faced a further wait to be provided with pain relief. When he eventually saw a doctor he was advised that he needed a scan, although he had already had one. After spending three days in hospital with only pain relief he was diagnosed with kidney stones and discharged. Two years later he returned to A&E again suffering abdominal pain, on this occasion he again experienced a long wait, before being diagnosed with appendicitis and undergoing an operation.

On a third occasion he was transferred to Stafford Hospital, for surgery on a broken leg. His surgery was postponed, and he spent nearly a week as nil by mouth. Following the operation his mother was shocked to find that he was given no assistance using the shower. The lavatory was "filthy" and on one occasion a trail of blood was observed left on the corridor for two days. When his mother visited she found another patient falling

from his bed and when she informed nurses their response was "we'll be there in a minute". After twice receiving no assistance she lifted the man back into bed herself. She found the discharge process to be the "same silly performance" with her son being informed that he would receive an outpatient appointment in the post, but despite making many "chase-up" calls none was ever organised.

Source: Cure the NHS

The patient regularly attends the Pain clinic at Stafford Hospital. She received an excellent standard of care from staff. However, there is a lack of changing facilities at the clinic, with patients being required to change into hospital gowns in the public toilet.

Source: Direct contact

"The treatment was second to none... the doctors and nurses were exemplary."

The patient has had five operations at Stafford Hospital and the treatment was "second to none". The doctors and nurses were "exemplary".

Source: Direct contact

After an allergic reaction that caused swelling to the mouth the patient was admitted to A&E at Stafford Hospital by ambulance. She was left for 1 ½ hours in the waiting room and spent a further four hours in a cubicle before being assessed by a doctor, by which time the swelling had subsided.

Source: Direct contact

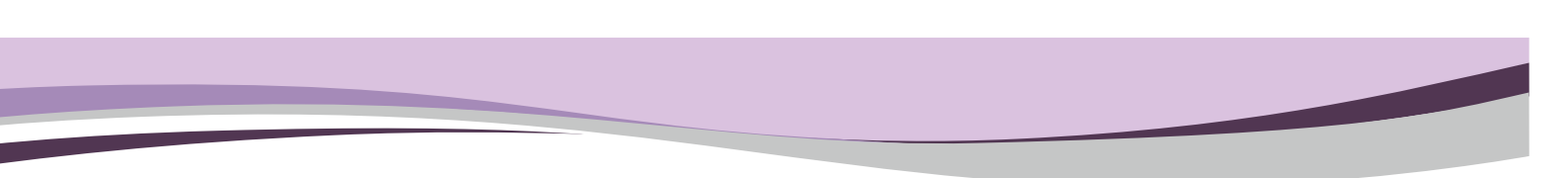
Having seen a number of doctors at Stafford Hospital over the past few years, the patient has always been happy with the treatment provided.

Source: Direct contact

"As a family we have no complaints against the staff or the hospital, only gratitude."

Following an operation at Stafford Hospital the patient received "first class" care and attention. The food was good, the wards were clean and the staff were very polite. His wife also attended for painkilling injections and was very grateful for the service she received.

Source: Direct contact



A patient who has been referred to A & E at Stafford Hospital on two occasions and has also attended the hospital as an outpatient has always been happy with the treatment he received and impressed with the concise manner in which things were explained to him.

Source: Direct contact

Due to chronic health problems, including cancer and diabetes, the patient, an 83-year-old man, was admitted to A&E at Stafford Hospital a number of times during a four year period. On one occasion he waited for six hours to be seen. He had low blood sugar but nurses repeatedly ignored requests for some food. His wife was dismayed by the behaviour of staff who ignored patients and their requests for help and instead socialised amongst themselves.

On Ward 10, the patient's wife was disgusted when she saw spilled urine being wiped off surfaces without the use of gloves or disinfectant.

Source: Direct contact

A patient who attended the Orthodontist department at Stafford Hospital to have braces fitted and monthly check ups found the standard of care and aftercare to be excellent. The appointments and waiting time were reasonable and realistic.

Source: Direct contact

Three nights were spent by the patient in A & E at Stafford Hospital and on the ward and she was very happy with the care and attention provided. She also received 'wonderful care' as an outpatient.

Source: Direct contact

During 2005 the patient attended Stafford Hospital numerous times. She received good care and services from the doctors and nursing staff.

Source: Direct contact

“Every aspect of my treatment was to a very high standard.”

In 2005 and 2006 the patient received treatment on the endoscopy unit at Stafford Hospital. He was very happy with all aspects of his treatment and found it to be considerably better than treatment he had received at a private hospital.

Source: Direct contact

Upon returning from a short holiday a 57-year-old patient found she had been allocated an appointment at the Breast Care Unit at Stafford Hospital, the date of which had already passed. When she telephoned the Unit she was advised that as she had not attended the appointment and had not telephoned to cancel she would be put to the end of the nine-month waiting list. When the patient eventually attended an appointment, she was diagnosed with breast cancer.

The patient’s husband was also admitted to the hospital with heart problems, via ambulance. His wife drove separately to the hospital and was told to wait in A&E and someone would direct her to her husband, she waited for over an hour before being shown to his ward.

On another occasion when her husband was admitted his wife again waited for over an hour to find out where her husband was before insisting the receptionist show her where he was. When the receptionist told her ‘that if she refused to wait her turn she would be removed from the hospital’, she requested to speak to a manager. Shortly after she was taken to her husband.

Source: Direct contact

On numerous occasions the patient has attended the Outpatients department at Stafford Hospital and has no complaints. She was very satisfied with her treatment.

Source: Direct contact

After a fall from his wheelchair the patient, who was paraplegic, was taken to Stafford Hospital. He had renal failure and was advised that he did not have to have dialysis provided he continued to excrete a reasonable amount of urine. He was discharged, and returned to hospital when he had a fractured thigh, which was operated on the next day.

His son then advised the hospital that he was an MRSA carrier. This was recorded in the patient's notes from Cannock hospital but Stafford Hospital had failed to notice this. His breathing then became noisy and he was constipated. His son was sure that his chest was filling up and was concerned that he was always left lying down. There was also some vomiting during this period and the patient died shortly afterwards.

A provisional death certificate was issued which indicated renal failure and impacted faeces. However, the autopsy showed renal failure and aspiration of vomit. The verdict at the inquest was accidental death.

Source: Independent case notes review

A 72-year-old diabetic underwent an operation on his leg at Stafford Hospital and was admitted to Ward 7 to recover where he found treatment "first class". However on a later occasion he attended A&E at Stafford Hospital with cellulitis (inflammation of the skin) where he was left in pain for four hours. He was then treated on Ward 11 where the care was adequate.

Source: Direct contact

"They said she was eating everything... I emptied her locker and it was full of food parcels that she had wrapped in tissue paper."

A 91-year-old lady was admitted to Stafford Hospital for dehydration and malnutrition. This led to water retention in her legs and they started to leak as they were so swollen. Her son visited everyday and would find his mother soaked in water and freezing cold as no one had attended to her. She was also covered in faeces and sores all over her bottom. The son was told by the hospital that his mother was eating properly but when she was discharged he found that her locker was full of uneaten food wrapped in tissue paper.

Source: Direct contact

"I will always choose Stafford Hospital for further treatment."

The treatment provided by the ear, nose and throat outpatients clinic at Stafford Hospital was "totally acceptable". The patient had an MRI scan in a mobile unit and was pleased with the efficient and pleasant surroundings and he will always choose Stafford Hospital for treatment.

Source: Direct contact

A man, who has visited Stafford Hospital for illnesses including a water infection and prostate cancer, has always received first class treatment.

Source: Direct contact

At Stafford Hospital the patient underwent a bladder repair operation; she received good treatment and care from her surgeon. She was later admitted to Cannock hospital for a hip replacement and received "good care", but was concerned she was discharged only three days after surgery.

Source: Direct contact

"I stood for twenty minutes whilst the receptionist was chatting to her friend."

Upon presenting to reception at A&E at Stafford Hospital, the patient was left to wait for twenty minutes whilst the receptionist chatted to a friend. The patient then waited for four hours before deciding to return home, as she could not wait any longer. The patient later received a written apology from the hospital.

Source: Direct contact

A female patient has always experienced very good care from Stafford Hospital. Her only criticism is that she found some of the reception and security staff to be extremely rude and dismissive. She wrote a letter of complaint and an apology was received.

Source: Direct contact

The patient has used Stafford Hospital and his mother and mother-in-law both died there. He does not blame the hospital for this and is unhappy with the current portrayal of the hospital.

Source: Direct contact

A patient has visited Stafford Hospital on three occasions and stated that he was treated with courtesy, respect and great care every time. He found the medical staff to be exceptionally caring but was acutely aware that they were very understaffed.

Source: Direct contact



January 2006

An elderly man was admitted to Stafford Hospital, he was surprised to find that the ward was not clean and nursing staff did not act in a professional manner. There was a general feeling that the hospital was poorly managed.

Source: Direct contact

A gastrointestinal cancer patient was admitted to A&E at Stafford Hospital on three occasions with vomiting and constipation. Each time he had to wait on a trolley for long periods and when seen found the rooms were dirty with rubbish on the floors. On one occasion, his family were advised that the patient needed to provide a sample of vomit, but were told by a nurse she was "too busy to deal with it".

After being told he only had a month to live, the patient's condition deteriorated. An attempt to fit a catheter was made, but it failed and the patient was admitted to Ward 7. The following day his daughter found her father improved, but after lunch, nurses began to remove his tubes, and she was told he was dying.

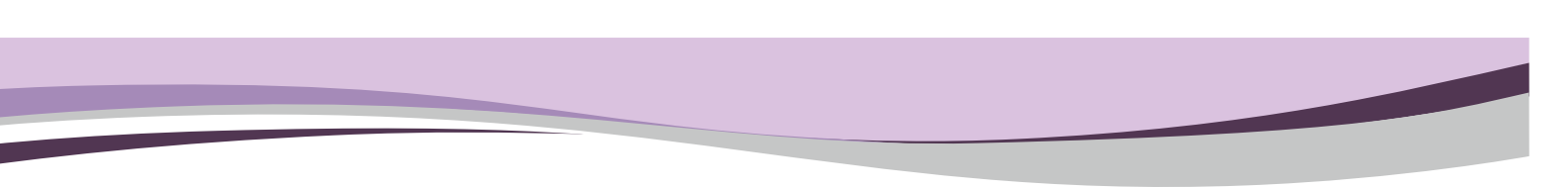
By late afternoon, the patient began to suffer pain and it transpired that his morphine pump was not working. As his pain grew more severe, his family requested further pain relief, but it was over half an hour before this was done and the patient died shortly after.

Source: Independent case notes review

The patient attended Stafford Hospital for a heart rate test. On arrival he was informed that not only was there no one who could carry out his test but also that his medical notes had been lost.

Source: Direct contact

A retired doctor was admitted to Stafford Hospital after suffering a fall and dislocating his knee. He underwent a successful knee operation and was returned to a ward for recovery. He found the ward to be understaffed. The patient was left sitting on the lavatory and to soil the bed and his plaster cast had to be reapplied due to the soiling. He also developed a bowel infection causing diarrhoea, then a water infection, which required a catheter to be fitted, then a chest infection at which point the patient stopped eating.



The patient was due to be discharged despite being weak in appearance and having developed bed sores. When he could not hold down water he was eventually seen by a doctor who moved him to the CCU. He died two days later.

Source: Cure the NHS

Suffering with chest pains, the patient attended A&E at Stafford Hospital where he was seen by a junior doctor, prescribed antacid medication and discharged. He returned the following day with chest pains and suffered from a fatal heart attack.

When the patient's son complained to the hospital, a senior doctor admitted that the ECG results from the first admission should have warranted further investigation by a specialist.

Source: Direct contact



February 2006

With a history of heart disease, the elderly patient was admitted to EAU at Stafford Hospital for tests after becoming ill at home. After four days, her family had not been given any information but were told their mother needed to remain in the hospital. During this time, she began to develop mobility problems and her speech was slurred.

Her family found that there were not enough qualified staff and doctors and that consultants and nurses did not communicate with one another. Patients were moved back and forth between wards and different hospitals, with some left on the pre-discharge ward for as long as three weeks. When the patient was transferred to Cannock Hospital she was told by a sister to “walk to the toilet alone”, which her family found inappropriate.

When her son and husband visited, at Stafford Hospital they found the patient’s heart monitor buzzing and a green light showing and were then told the patient had died. Her family were given no information by the hospital about the cause of death; her death certificate indicated renal failure.

Source: Independent case notes review/Direct contact

After giving birth prematurely at Stafford Hospital the mother and baby were transferred to the special unit. The treatment she received was ‘first rate’ and she ‘cannot fault the vigilance and care’.

A year later, the woman was pregnant again and began to miscarry. She was taken A & E at Stafford Hospital suffering from severe pain and was put into a cubicle with just a curtain around it. A member of staff stood outside ‘talking about her holiday in Turkey’ for half an hour and then drew back the curtain surprised to see the patient in so much pain. The patient was eventually taken to a ward where a newly appointed doctor ended the miscarriage.

Source: Direct contact

The treatment provided by the surgeon was excellent at Stafford Hospital, but there were too few nurses to provide proper care to all of the patients. The ward was very cold and patients had to wrap themselves in extra blankets to keep warm. There was also a cobweb hanging over her bed and urine samples were left in the toilet cubicle.

Source: Direct contact

March 2006

After being on a waiting list for a long period the patient was admitted to Stafford Hospital for a gall bladder operation. The patient suffered post-traumatic stress and required a stick to walk, so a side room was reserved for her. However, the room was not available and the patient was admitted to a general ward following her operation, causing severe distress and prompting flashbacks.

The patient did not receive her required medication to help with her anxiety and flashbacks. When a nurse was told of this, she advised the patient that she would return with a doctor who could administer her medication. No one returned and the patient was left without her medication. The patient was unable to reach her buzzer to ring for assistance and when she called out for help no one came.

The patient developed a wound infection, which staff failed to notice before discharging her. She also developed a jarred shoulder from being moved between beds and this did not heal. Today she has to be assisted by her family when using the shower and is unable to walk for long periods.

Source: Direct contact

“The door to the room was open, she was sitting on an incontinence pad, naked from the waist down in a very cold and semi-conscious condition... she died 3 hours later.”

After being discharged from Stafford Hospital where she was treated for pneumonia, the 81 year old patient started to suffer severe diarrhoea. Feeling extremely unwell she returned to the hospital but on arrival she was told by a doctor that ‘it was just an infection’ and that she was not ill enough to stay overnight. The symptoms worsened and two weeks later she was admitted to Ward 7.

On Ward 7 she was often left covered in excrement and her family resorted to cleaning the ward and washing her soiled clothes themselves. The patient died in the hospital.

Source: Direct contact

Admitted to Cannock Hospital for a hip replacement the patient has only praise for the staff. He felt that he could not have been treated better if he was ‘Head of State.’ His wife was also treated for insect bites at the hospital and was ‘completely satisfied’ with her treatment.

Source: Direct contact

The patient was admitted to Stafford Hospital for surgery on an enlarged spleen. Shortly after the operation, the patient contracted C. difficile and died.

Source: MP

The patient was admitted to A&E at Stafford Hospital where he had faced very long delays for treatment, however when undergoing surgery he received 'first class' attention from the doctors and nurses.

Source: Direct contact

Following a fall the patient attended A&E at Stafford Hospital. Unable to put any weight on her legs she was left waiting all afternoon before being transferred to a ward. An X-ray later that evening revealed that the patient's hip had "worn away".

Two days after admission, her daughter visited the hospital to find her mother 'drugged up' and confused, but there were no doctors or nurses available to give information. The following day the patient was "unrecognisable, with bleeding lips and a swollen, brown tongue" and her silver crucifix that she wore had gone missing. Her daughter understood that she had suffered a further stroke and that her kidneys were now failing. She was then informed that her mother's organs were failing and that she was not expected to live much longer.

A couple of days later the daughter received a call from the hospital to inform her that her mother's condition was deteriorating. When the patient was dying, no staff came to see or check on her condition and she was left to die on a noisy ward with visitors coming in and out. Not one member of staff noticed when the patient died. It was left to her daughter to check her mother's pulse, inform staff of the death and ask for her monitor to be turned off.

Source: Independent case notes review



April 2006

Following admission to the Emergency Assessment Unit at Stafford Hospital the patient was treated for a chest infection and transferred to Ward 1. On the ward, the patient was upset to find the lavatory covered in faeces and his wife was concerned that his feet became 'filthy'. The patient was found to have C. difficile, but was just prescribed medication and discharged.

Whilst at home he suffered chronic diarrhoea and his stomach enlarged. He returned to the hospital where the consultant made light of his face which was contorted with pain and of his enlarged stomach saying 'Is he having twins?'. The patient underwent tests but was again discharged.

The following day the patient again returned to the hospital and was diagnosed with a twisted bowel, he was unable to undergo surgery immediately due to his medication and was transferred to Ward 6. He was given a side room with a sign on the door stating barrier nursing was in place, although when his wife asked a nurse what this implied she did not know. The patient died overnight.

When the patient's wife complained to the hospital it took over three months for a response, which contained many errors and simply stated numerous apologies.

Source: Direct contact

"During the admission she contracted MRSA which infected her legs, C.difficile and deep vein thrombosis.... infection control on the wards was poorly handled."

Suffering from meningitis the patient, who was blind, spent 15 weeks at Stafford Hospital. During this she contracted MRSA which infected her legs, C.difficile and deep vein thrombosis. The family observed that the ward was understaffed and that infection control and personal care were poor. The patient was often left to soil herself and she received no help with feeding.

Sometime later, following a fall, she was taken to A & E and then transferred to Cannock. She was then diagnosed with an inoperable brain tumour. Some of the nurses at Cannock Hospital were good but there were not enough staff.

Two weeks after the scan she had still not seen a neurologist and her condition began to deteriorate. She then had a second CT scan and a meeting with a consultant who stated that she could go to a nursing home prior to any possible surgery. However the patient died soon afterwards.

Source: Independent case notes review

The 94-year-old woman, who was in good health, was admitted to Cannock Hospital following a hip operation at Stafford Hospital. Within 10 days, she had developed a chest infection and C. difficile. Her daughter was appalled by the standard of care on the Littleton ward. The ward was understaffed with low staff morale and security, safety and general cleanliness was poor.

C. difficile was recorded on the patient's death certificate as a contributory cause.

Source: Direct contact

As a day patient at Stafford Hospital for an operation the patient had a good experience. She received nothing but 'kindness and consideration' and all the staff were polite and sympathetic. At the end of the day she was pushed in her wheelchair by the ward sister to the car park. Her husband visited the eye clinic on numerous occasions and was very satisfied with the treatment.

Source: Direct contact

Suffering from a cut to the head, the patient attended Stafford Hospital. The staff were very kind and she was satisfied with her treatment.

Source: Direct contact

After admittance to Stafford Hospital with an ulcerated heel the patient was transferred to Cannock Hospital. Her family were shocked to find she was often left in soiled bedding and that nurses stated it was "quicker to change the sheets than respond to all the requests for toileting". On one occasion the patient became particularly upset, it transpired a male patient had entered her room overnight and slept across her legs. She was unable to use her buzzer as it had not worked for four days and nurses did not hear her calls for help.

On two occasions she was returned to Stafford Hospital where she received adequate care, assistance with eating and was attended to regularly by staff. Yet the patient was very upset when she was told by staff to "toilet in her bed".

Source: Independent case notes review

“His life ended in an undignified manner”

After being diagnosed with terminal cancer the patient spent the last weeks of his life at Stafford Hospital. On admission to EAU, there were no pillows available and for two days he was forced to use a rolled up towel as a pillow.

The patient was transferred to Ward 2 where, despite him not having the use of either of his hands, his medication was left in a pot by his bed and no help with eating or drinking was given. On one occasion when his wife visited, she found her husband lying in his own faeces and she was left to clean him herself. During his 12-week stay the patient only received one shower and two bed baths and it was his wife who was left to wash and shave her husband as ‘no one else would’.

Source: MP

After an appointment at Stafford Hospital with a chest physician where tests including lung function and ECG were carried out, the patient waited six months before getting her results at her next appointment. It was a further two months before she began her steroid treatment due to administrative confusion.

Five months later the patient returned to the hospital with breathing difficulties, she was admitted to EAU but her husband was informed she would not be seen by a doctor until the following day. When eventually examined by a doctor it was found she may be suffering from previous exposure to asbestos which had not been noticed earlier. She was transferred to Ward 12 where her condition improved, but later she fell into a coma and died the following day.

Source: Independent case notes review

Suffering chest pains the patient was taken to Stafford Hospital. When a nurse carried out initial tests, she was required to remove her clothes, yet the examination room door was left open. The nurse then fitted a cannula without giving any warning or explanation of the procedure.

The patient was admitted to EAU where her care was “exemplary” and her needs were met despite staff clearly being busy. She was then transferred to Ward 2 where her experience changed; she was not given information regarding her treatment and was only spoken to in a “grudging” manner by staff. Her four-hourly observations were carried out only once during a 48 hour period and there was a lack of communication in receiving her test results.

Whilst a patient she observed other patients also receiving poor care. Regularly buzzers were not answered and patients who could not feed themselves were given no assistance. She noticed that most staff treated patients with “disdain”.

Source: Cure the NHS

Having visited Cannock Hospital for a knee X-ray a patient found the ‘system and staff’ to be excellent.

Source: Direct contact

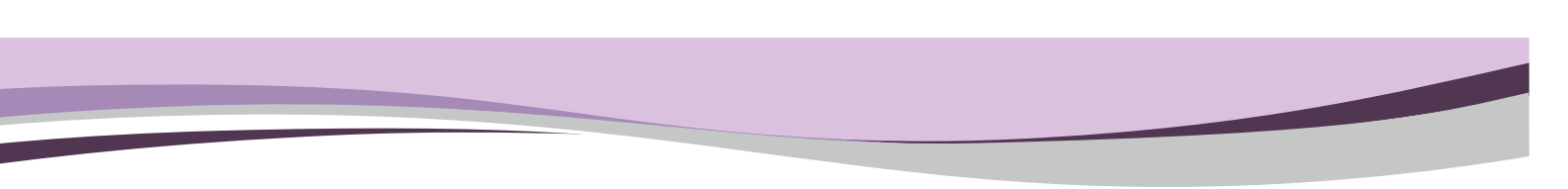
‘Several of us were in the same position having to sit around, in some pain and discomfort, feeling very undignified.’

Following an excision of the mammary fistula at Stafford Hospital the patient was “forced to wait” on Ward 14 in pain for hours to be discharged, as there was only one nurse available.

Two years later she returned to the hospital for an operation on her bladder. On arrival she was informed that no beds were available and that the operation may have to be re-scheduled. Two and a half hours later a bed was found. On the ward there were not enough staff and the nurses were clearly exhausted.

Source: Direct contact

Following admission to A&E at Stafford Hospital by ambulance with a suspected stroke, the patient was left on a trolley for four and a half hours before being examined by a doctor. During this time, her friend asked nurses for information but none was provided. When the patient needed to use the lavatory, her friend had to borrow a wheel chair to assist her and the nurses ‘failed to even notice’.



After finally being examined by a doctor the patient was discharged without diagnosis. She was taken home by her friend in a wheelchair.

Source: Direct contact

A 56-year-old woman was admitted to EAU at Stafford Hospital presenting with symptoms of jaundice, lack of breath and abdominal swelling. She informed the hospital that she had consumed some alcohol, whereupon her daughter believes the doctor's attitude changed and "she was not treated with the same care". The patient was then discharged and told it was "nothing acute".

The patient's condition deteriorated rapidly and a month later, she returned to A&E where she was left for seven hours before being transferred to ITU. Dialysis was attempted but her organs had already begun to fail and she died that evening.

Source: MP/Independent case notes review



May 2006

An 83-year-old woman underwent successful surgery to remove a malignant tumour and she was recovering normally on Ward 6 at Stafford Hospital.

A few days later, the person in the next bed developed a severe diarrhoeal infection and the patient subsequently caught C.difficile and MRSA. The family were concerned that there was a lack of proper hygiene on the part of the staff.

When the patient was moved to a single room her daughter noticed that she had deposits of faeces under her fingernails. Her condition deteriorated and she became very dehydrated. The family complained to the ward sister who then roughly scrubbed the patient.

The patient was then moved to the high dependency unit where the family were pleased with her treatment but again concerned with the lack of hygiene.

Source: Direct contact

A 25-year-old patient was taken to A&E with relapsed Acute Myeloid Leukaemia and a tumour on her uterus. On admittance to Stafford Hospital her condition quickly deteriorated and she developed generalised oedema. Staff failed to monitor her fluid levels and it was left to her family to highlight when her fluid levels became alarming. Numerous requests for assistance were ignored and the patient complained that she was unable to pass urine, yet the patient was left waiting for a doctor to attend.

As a result the patient chose to discharge herself and sought treatment from another hospital. The decision saved her life as she was diagnosed with acute renal failure, requiring emergency dialysis.

Source: Direct contact

Following admission to Ward 2 at Stafford Hospital the patient received "first class" care from staff who were "a credit to their profession". However, on a subsequent occasion he waited so long to undergo a left knee replacement operation that he paid for treatment privately.

Source: Direct contact

After her waters broke, a pregnant woman telephoned Stafford Hospital where a midwife laughed and advised her it was too early to attend the hospital. The woman went to the hospital some hours later where the midwife continued to mock her and inform her 'it was too early', for her to attend. A few minutes later, the woman gave birth and the umbilical cord was wrapped around the baby's neck.

Four hours later the mother and baby were discharged; but the baby could still not drink due to a cleft palate. It later transpired the baby should have been transferred to an alternative hospital where nurses were specially trained to feed babies with this condition. Some years later the child was diagnosed with velocardiofacial syndrome, which she should have been tested for at birth. Today the child suffers symptoms of hyperactivity, seizures, eating problems and self-harm.

Source: Direct contact

A baby suffered a spiral fracture to his left leg and stayed in Stafford Hospital for six weeks. His grandmother thought that the care he received was of a 'consistently very high standard.' The baby has returned to 'boisterous good health'.

Source: Direct contact

The patient was taken to Stafford Hospital by ambulance with breathing difficulties. Blood tests were conducted and she was provided with a portable oxygen unit. The following day the oxygen unit was removed and she passed away shortly after. After conducting their own research, the patient's family raised concerns that she was treated with inappropriate medication.

Source: Cure the NHS

June 2006

Keyhole surgery to correct the patient's hernia at Stafford Hospital was unsuccessful and his bowel was damaged as a result. He was admitted to the Emergency Assessment Unit as a high dependency patient. On the Unit the level of care given was poor and nutrition and fluids were not adequately administered. His family were so concerned at the lack of care that they requested a transfer to an alternative hospital. The patient has been left with little stomach muscle and severe scarring.

Source: Cure the NHS

Following a GP referral, the patient attended A&E at Stafford Hospital; however, she waited five hours before being assessed and a further two hours before being admitted to a ward. Her husband found care on the A&E department to be poor. After blood was taken for a pre-operative assessment the patient was discharged, but returned the next day when it became evident she had contracted MRSA in the puncture wound. She was admitted to a side ward where a nurse commented, "We don't want anyone to find out about this infection". Because of the infection the patient's planned operation was cancelled.

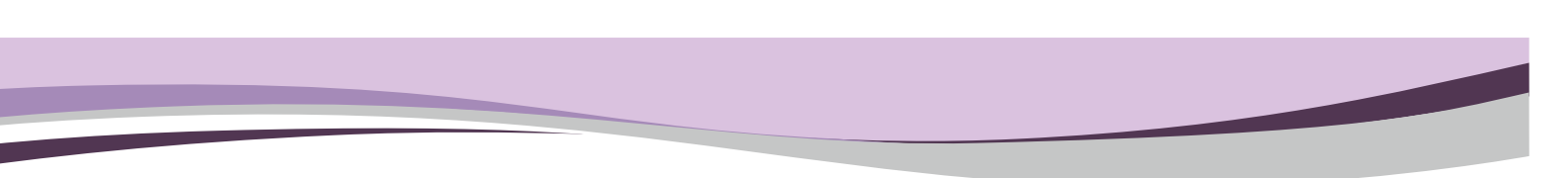
Her husband was concerned by the lack of care his wife received; nurses were found congregating around the nurses' station and not attending to patients' needs. He felt there was an over familiarity between nurses, which detracted from discipline and resulted in nurses distancing themselves from patients.

The patient was informed she had ovarian cancer but that treatment was not possible due to her clinical deterioration and she was given a life expectancy of a few weeks. The patient was transferred home where she later died.

Following her death, her husband was upset when numerous letters regarding appointments for his wife arrived from the hospital.

Source: Independent case notes review

The patient was admitted to Stafford Hospital in labour. The midwives were kind and supportive, however the doctor was clearly 'in a bad mood', scolding the patient for not 'pushing hard enough' and acting aggressively towards the midwives. After some time a caesarean was performed, which uncovered that the baby had not even been fully engaged.



The following day the patient informed the hospital she was unhappy with her treatment. She was visited by a senior member of staff who said the doctor had “had a bad day” and that if she complained the midwives would also be blamed. This left the patient feeling highly pressured not to pursue her complaint.

Source: Direct contact

Following heart surgery at Stafford Hospital the patient was admitted to the Cardiac ward and placed on a portable heart monitor. A few days later he was transferred to ITU and when his sister asked the reason for this, a nurse informed her that he had been found on the floor and required CPR. Despite him being on a heart monitor she could not say how long he had been left alone on the floor.

The patient required a second operation, however there were severe complications and he died.

Source: Direct contact

Whilst a patient for five and a half weeks on Ward 11 at Stafford Hospital the patient received ‘excellent and life saving’ treatment. The cleaners and nurses worked ‘extremely hard’ although they were very understaffed.

Two years later the patient was referred to A&E at Stafford Hospital by his GP where he was very unhappy with the service provided. He arrived at 3.30pm and four hours later he had still not been given anything to eat. The patient was not examined by a doctor until 11pm that night and did not have an X-ray until 2.10am.

Sometime later he spent four days on the Emergency Assessment Unit and was happy with his treatment. He has had a number of out-patient appointments at the hospital and has been given tests and scans which have saved his life. He is grateful for the treatment he has received.

Source: Direct contact

'If you wanted to find a member of staff, you could find them at the nursing station, but little 'nursing' was in evidence for the patients.'

When admitted to Stafford Hospital with pneumonia the patient's family observed that her food was always untouched. Her water jug was always left out of reach and she constantly complained of being thirsty. A few days later the patient was still thirsty and her family insisted that she be fed and administered fluids. In order to see a doctor they had to book an appointment. The doctor then stated that when a person of 93 was ill and had not had liquid for a period they were 'less likely to want it at all'.

Following the appointment with the doctor, the patient was still not receiving help with her meals. The family also noticed that meals were being removed from other patients before they had been touched. They made enquires with the nurses and were told there were not enough staff to 'hand feed' patients and that the meals had to be removed at a certain time. Days later the patient died.

Source: Direct contact



July 2006

It was a hot day and the patient, who had Parkinson's disease, was admitted to A&E at Stafford Hospital suffering with dehydration. When his son attended the hospital four hours later, his father had not been administered fluids or given anything to eat. When he questioned a nurse, he was looked at in a way to suggest, "Why are you bothering us?". A doctor then told him that he would organise for his father to be connected to a drip, however this was not done.

The patient eventually received something to drink and a sandwich, but when an X-ray had to be taken there were no porters available so his son took him himself. His son was shocked to see that his father's urine was red in colour and asked nurses to carry out a urine test, although he does not believe this was ever done. The patient's fluid charts were not accurately completed and his son noticed that on many occasions the fluid offered was recorded but the actual amount his father drank was not. Later his son found that nurses had not checked that his father had been taking the medication it had simply been left for him to take.

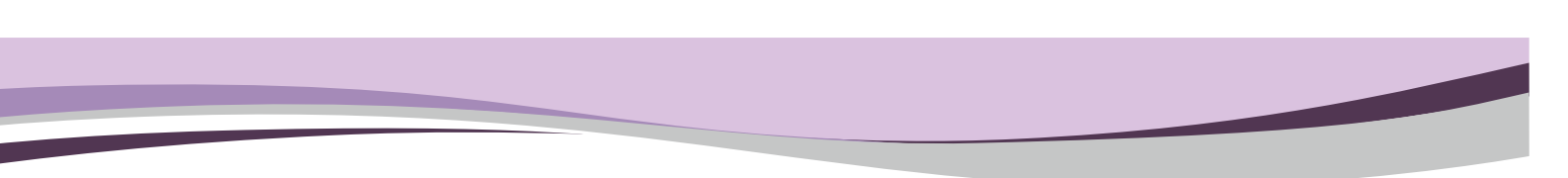
The patient's condition deteriorated further and he was transferred to CCU where it was found he was too weak to undergo surgery. His family agreed that the patient should not be resuscitated and within an hour, his son was contacted and told his father had died.

Source: Independent case notes review

During surgery for bowel cancer at Stafford Hospital the patient had a healthy kidney removed as full scans had not being taken prior to her operation.

Following surgery, the patient was generally happy with her treatment and found staff considerate and professional. Yet she was concerned that staff did not diagnose that she was suffering from oedema for a number of days.

Source: Direct contact



When admitted to Stafford Hospital by ambulance with severe stomach pains, the fit 63-year-old man was left to wait for four hours in A&E. A registrar, who concluded that he had gastroenteritis even though he had no diarrhoea or sickness, examined him. He and his wife were given no guidance about the condition and the following day the patient became 'agitated and seemed to be hyperventilating.' He was admitted to A & E via ambulance. The patient died fifteen minutes after arrival from septicaemia following a possible perforated bowel.

His wife made an official complaint and had a face-to-face meeting with the consultant in A & E and other managers. The hospital concluded that the correct tests had been carried out but that 'in hindsight the incorrect diagnosis has been made.' It is also accepted that if the patient had remained in hospital under observation his deterioration would have been picked up earlier and a proper diagnosis would have been made. His wife received no support for her bereavement and has found it difficult to come to terms with 'losing a loved one' under 'these circumstances'.

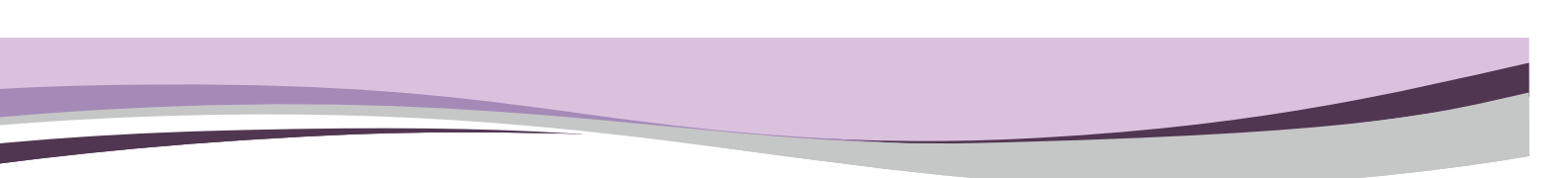
Source: Direct contact

An epilepsy sufferer was admitted to Stafford Hospital on a number of occasions with diarrhoea and vomiting, but sent home and informed "it was a bug". A number of months later the patient was finally diagnosed with bowel cancer and underwent surgery. Her family were concerned by the number of "errors" that occurred with her treatment. Within ten weeks at the hospital, the patient contracted five infections and died.

Source: MP



August 2006



When admitted to the A&E at Stafford Hospital, the patient's mother was told to wait in the waiting room. Her daughter subsequently died but her mother was not informed and she was left to wait.

Source: Cure the NHS

Upon attending Stafford Hospital, the patient was informed that he had prostate cancer and that that no follow-up appointment was required as nothing could be done except to "watch and wait". He was then seen by the cancer nurse who offered to transfer him to another hospital. There he underwent surgery, following which he was informed that if he had waited, as advised at Stafford Hospital, he would not have survived.

Source: Cure the NHS

The patient was treated at Stafford Hospital. Her family are concerned that the level of care provided was poor.

Source: Direct contact

Following a fall, the patient went to the A & E department at Stafford Hospital. She waited for three hours and was then told that it was too late and that she would have to return in the morning. She went to an A & E department at a different hospital where she was examined, X-rayed and treated that day.

Source: Direct contact

A cancer patient was admitted to Stafford Hospital with shortness of breath and admitted to EAU where he received a blood transfusion. During the transfusion, a nurse asked his wife if he was to be given a transfusion of platelets. His wife responded that she did not know, however this was recorded as a refusal of treatment.

The patient's condition was terminal and he was due to return home, however whilst in the ambulance it emerged that a platelet transplant was necessary and he was returned to the ward. The following day, before the transplant was carried out the patient became unwell, the crash team were called but resuscitation was not carried out due to his underlying conditions and he died.

Source: Independent case notes review

Following a hip replacement at another hospital the patient attended Stafford Hospital as an outpatient. On some occasions her surgeon was unable to see her and on others the appointment was very rushed. The patient was informed that she must not move her leg further than a 90-degree angle however, at a later appointment at a different hospital, it became apparent this advice was incorrect; in fact, full movement was advised after six months.

Source: Direct contact

After fainting at home due to inhaling solvents the patient was taken to A&E at Stafford Hospital by ambulance, where he was assessed, underwent tests and subsequently discharged.

He attended outpatient appointments at Cannock Hospital where he was treated with hostility by the doctor who he believed "seemed to take an instant dislike to me".

Source: Direct contact



September 2006

After breaking a bone in her foot a woman attended A & E at Stafford Hospital where she was promptly treated. She was satisfied with the treatment in A&E and the service she then received as an outpatient.

Source: Direct contact

Following a hernia operation, a 69-year-old man was unable to fault the care and aftercare he received at Stafford Hospital. He was discharged the same day and had no after effects.

Source: Direct contact

“I have no complaints whatsoever and can only praise and thank the hospital for the treatment I received.”

During her eight day stay at Stafford Hospital she received excellent treatment and all the staff treated her with ‘care and consideration.’

Source: Direct contact

After a five-hour wait and pressure from his son, who worked as a doctor in another hospital, the patient who had been admitted to Stafford Hospital with pneumonia was assessed. He was treated on a general ward where his family found mouldy sandwiches in the bedside cabinet and needles and syringes being kept in an open box on the windowsill. On one occasion, the patient found the lavatory covered in blood, which he cleaned himself. When the patient was transferred staff asked his wife, who suffered with back problems, to push her husband’s bedside cabinet to the new ward. When the patient was discharged he was made to wait in the ambulance area wearing only pyjamas until his wife arrived to collect him.

Some months later at an outpatient appointment it was found he had been suffering from Legionnaires’ disease and not pneumonia.

Source: Direct contact

October 2006

Following surgery at Stafford Hospital a bowel cancer patient was admitted to a six-bedded ward where after three days he was told to take a shower unattended. When he found his wound bleeding, he called a nurse, but was left in the shower whilst a more senior nurse was located.

The patient feels his care lacked attention, his catheter bag was not emptied regularly and when he developed an infection, he was left on the general ward for some time before being transferred to a side ward. Despite requiring a physiotherapist, he cannot recall ever seeing one.

Source: Independent case notes review

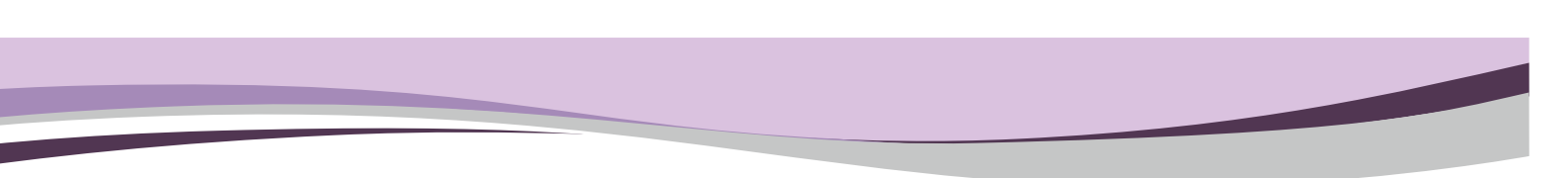
Over an eight year period the patient received treatment on two occasions from Stafford Hospital. Overall the care was excellent. However when the results of a routine colonoscopy were inconclusive, she found it extremely difficult to book another appointment due to the lack of staff and a back log of patients. A colonoscopy was eventually carried out two years later and was again inconclusive. A further procedure took place and she never received the results despite weeks of chasing the hospital.

Source: Direct contact

Following a fall at home the patient, an 86 year old man, required hip replacement surgery at Stafford Hospital. The patient was confused and frightened and the nursing care provided to him was inadequate. He was left on a commode for long periods, he developed bed sores and no attention was given to his nutritional needs. Despite being vulnerable and distressed the patient was asked directly by a doctor whether he wished to be resuscitated.

Diarrhoea and vomiting developed on the ward, however staff rarely used hand wash. The patient was transferred to a side room that had not been treated for hospital infections. He died shortly later.

Source: Independent case notes review



The patient, who had Hodgkin's and non-Hodgkin's lymphoma, was admitted to the Emergency Assessment Unit at Stafford Hospital with dehydration. To help cool down he asked staff if he could have a fan. One was not provided and, despite doctors stating it was extremely hot, the windows in his room were left closed. The patient's drip was also removed, against the instructions of the doctors. When his family asked for water to be provided the response was "watch my face" and he had to be given drinks brought from home.

Moments after receiving an injection, the patient suffered chest pains and went into cardiac arrest. He was not resuscitated, despite having talked of his future plans the same day. His family left for his body to be attended to, but when they returned he still lay alone. There were no staff for the family to speak to or ask what had happened.

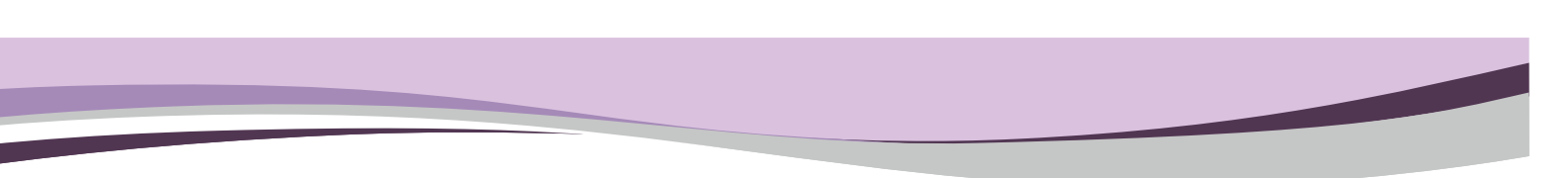
Source: Direct contact

Whilst in A&E at Stafford Hospital, following a fall at home, the patient became ill as the result of an undiagnosed underlying condition. She was transferred to the Emergency Assessment Unit prior to surgery but was not monitored by nursing staff while she was there. No information was provided to her family regarding her condition or treatment and the patient died 48 hours after surgery.

Source: Direct contact



November 2006



Following a counselling session the patient collapsed. She was taken by paramedics to A&E at Stafford Hospital. She was put on a trolley and a nurse told her to get up. When she couldn't she took the patient's shoes off and "jammed a brio" into her foot. The nurse continued to shout at her and tell her to get up, and when she could not she was grabbed by two nurses and landed on the floor. After hospital staff threatened to call the police, she left the hospital with assistance from another patient.

She complained to the hospital and was informed that when the nurse touched her foot it was to tests her reflexes and that at no point was she mistreated. She wrote again to the hospital but did not receive a response.

Source: Cure the NHS

Following a number of tests at Stafford Hospital, the patient was diagnosed with prostate cancer and subsequently received hormone and radiotherapy treatment. He was pleased with his treatment but concerned with the attitude of the reception staff. He found that they would often continue with their phone conversations and ignore the patients queuing directly in front of them.

He was also unhappy with the service his father received when he took him to the hospital in 2005 as an outpatient. His appointment was scheduled for 2.30pm but at 6pm he had still not been seen or informed as to how long he would have to wait. In the end the patient decided to leave and returned home.

Source: Direct contact



December 2006

The patient, a 94-year-old woman, spent two weeks at Stafford Hospital. Her daughter thought that she was treated very well during her stay. Another family member is an insulin dependent diabetic and has always thought that the staff were excellent.

Source: Direct contact

A woman has found the media portrayal of the hospital to be very unfair.

She had her first baby at Stafford Hospital and was so impressed that she planned to deliver her second child there as well. The patient went into labour early and the staff at the maternity ward talked her husband through the delivery. The baby was born at home and an ambulance and midwife arrived within fifteen minutes.

Source: Direct contact

A sufferer of myeloid dysplasia was admitted to Ward 2 of Stafford Hospital with a water infection and MRSA in his throat where he also received chemotherapy to which he responded well.

During his stay the patient had a pacemaker fitted, however it was thought that a temporary pacing wire should be inserted into his groin. This procedure was carried out in a curtained area and his wife overheard the doctor say he would not continue the procedure without support. The procedure was carried out but the patient's wife could hear him gasping for air and staff "panicking". The patient died shortly after.

Source: Independent case notes review

Suffering with a sore throat the patient, who was diabetic, attended Stafford Hospital. The ward had run out of glucose and when the patient's glucose levels became dangerously low her family had to purchase some for her from the hospital shop. The patient was then prescribed pain relief medication for her throat and she was discharged.

A month later, coughing up blood, the patient returned to the hospital. A diagnosis of inoperable throat cancer was then made. Her family were concerned that the hospital attempted to cover up its failure not to take scans when the patient was first admitted by transferring the scans from her second visit into the file from her first admission.

Source: Direct contact

“I have had so many near misses with their cock-ups; I never want to go to that hospital again. I’m scared I won’t come out.”

A 42-year-old nurse attended Stafford Hospital as both an outpatient and inpatient with cardiac problems and was extremely dissatisfied with the care and treatment she received.

Initially she was placed on an all male ward following confusion with the spelling of her name. Following a transfer to a different ward she was placed next to a patient who regularly attempted to climb into her bed and incorrect notices stating that the patient was ‘nil by mouth’ and ‘diabetic’ were left by her bed. On one occasion after leaving the ward to visit a friend the nursing staff refused to let the patient back onto the ward mistaking her as a visitor.

When the patient was discharged it was 5.15am, she only had nightclothes to wear and was told she would have to take a taxi home. When a taxi arrived, the driver was reluctant to take the patient, thinking her to be a mental health patient.

Source: Direct contact

2006 (dates unknown)

Following a successful bowel operation at Stafford Hospital, the patient was discharged for chemotherapy. He later found the cancer had spread and he was returned to the hospital where he was treated in an isolation room, and then discharged to the care of district nurses.

His condition deteriorated and he was returned to hospital by ambulance and admitted to Ward 11. Whilst there his wife was concerned by the level of care given. On one occasion he was administered the wrong medication and despite suffering immense pain was not provided with pain relief. Nurses also often failed to answer the buzzer. The patient died after four days in the hospital.

Source: Cure the NHS

“General cleanliness of the ward left much to be desired.”

Following an operation for bowel cancer at Stafford Hospital, the patient spent six days recovering at the hospital and began a course of chemotherapy, which lasted for nine months. He has no complaints regarding his treatment but did note that the ward was overcrowded and that some older patients were ignored.

His wife also stayed overnight at Stafford Hospital following a gallstones operation and was unhappy with the cleanliness of the ward.

Source: Direct contact

The patient was admitted to Stafford Hospital, where she suffered a miscarriage. Whilst there both she and her husband were concerned by the poor treatment that she received. Some of the nursing staff were uncooperative and the standards of hygiene, particularly in the lavatories, were poor. She complained to the hospital and received a letter apologising for the low standards.

Source: Cure the NHS

When attending the hospital, the daughter had concerns that her parents contracted *C. difficile*.

Source: Cure the NHS

An 86-year-old diabetic man was admitted to EAU at Stafford Hospital. His family were asked to provide toiletries and pillows; however these were lost when he was moved between wards. Often his daughter attended to find his meal left on the table, her father could not eat unaided and had simply been left.

On one occasion his daughter visited and found her father in urine soaked clothing and bedding. She asked a nurse to change the bedding, which was done “grudgingly” and when she took out his clothes bag she found urine soaked clothes had been mixed with clean clothes. The hygiene on the ward was poor, soiled sheets were left in an open bag and unemptied urine bottles were visible.

When the patient was discharged his family were telephoned to collect him, however it transpired that he had been left waiting in a chair for six hours previously. Upon return home he was seen by a District Nurse and found to have a “raging infection” and was taken back to the hospital. There his daughter believes they were treated “differently”, staff claimed her father was delirious, however she found him responsive and communicative. He died shortly afterwards and his post mortem revealed respiratory failure.

Source: Cure the NHS

A woman’s husband passed away in 2006 and he received excellent treatment at Stafford Hospital.

Source: Direct contact

Having stayed in Stafford Hospital for six weeks, the patient has mixed reviews about the treatment he received. He found the food to be ‘unbearable’ and some of the staff to be good.

Source: Direct contact

A man’s late wife had ongoing health problems and was treated at the hospital. She always assured him that she was satisfied with her treatment and had no complaints.

Source: Direct contact

An elderly male patient suffering from bowel cancer received excellent treatment on Ward 7 at Stafford Hospital despite the shortage of staff. He was particularly impressed with one of the surgeons who saved his life.

Source: Direct contact

An 84-year-old lady with eye problems attended Stafford Hospital where she was informed that she had Glaucoma. She was told to expect an appointment for tests in the post, but did not receive one. When the patient made enquiries she was told her medical notes stated she had been discharged. Some time later it was found a mistake had been made and the patient returned to the hospital where she underwent laser surgery.

The patient's 86-year-old husband has attended Stafford Hospital on a number of occasions, with breathing problems and after suffering falls. He was very grateful for the good care that he received.

Source: Direct contact

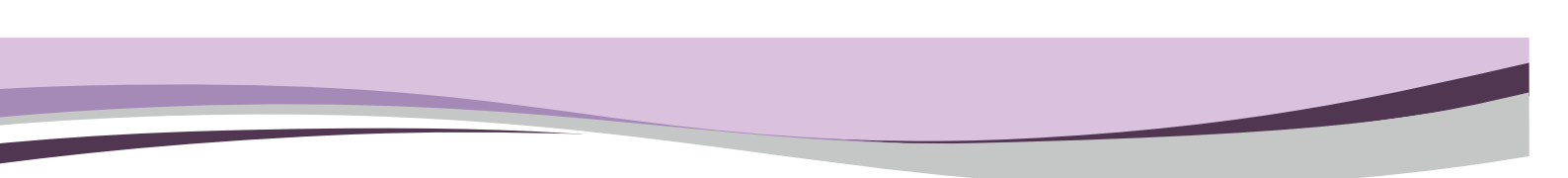
The patient has attended A&E at Stafford Hospital on two occasions. On both occasions it was extremely busy and on one occasion, she had to wait 10 hours before being transferred to a ward. There was a lack of equipment and nurses were unable to carry out work properly due to understaffing. The patient also failed to receive any information on her diagnosis.

Source: Direct contact

The bowel cancer patient received 'very good attention' while in Stafford Hospital. The aftercare was also 'very satisfactory'.

Source: Direct contact

A paraplegic patient was admitted to Ward 10 at Stafford Hospital with suspected colitis. Nurses seemed not to understand nor respect his needs as a paraplegic and he was prescribed laxatives but given no assistance using the lavatory. Consequently the patient soiled himself and the nursing staff initially refused to clean him – only assisting after much complaining. Bedsores developed; a condition the patient was prone to, and one of which he had informed staff.



The patient was discharged but he was concerned he had not received the requested second opinion. After leaving the hospital, he was re-admitted with a ruptured bowel requiring emergency surgery. Following successful surgery he was transferred to Ward 7 where he himself had to teach nursing staff how to care for a paraplegic patient. The patient remained in the hospital for several months; he regularly suffered a lack of sleep due to lights being left on, nursing staff chatting during shift changes and drafts from windows. All of these things slowed his recovery.

When the patient returned for a CT scan the treatment on A&E and Ward 7 was 'first class'.

Source: Direct contact

Suffering with severe abdominal pain and vomiting, the patient was admitted to Stafford Hospital where she remained for four days whilst tests were conducted. Over the following months she returned to the hospital presenting with the same symptoms, and was prescribed pain relief and discharged. She was not given a follow up appointment on any occasion, and when her symptoms continued she visited her GP.

Source: Direct contact

Spondylitis sufferer was referred to Stafford Hospital by his GP for further investigations. In A&E he was administered medication and discharged, but his GP was concerned that the necessary tests had not been conducted. The patient decided to have a consultation with a private specialist who confirmed that he had Crohn's disease. He now receives private health care and is very disappointed with the standard of care he received at Stafford Hospital.

Source: Direct contact

Admitted to Stafford Hospital with a heart condition, the patient died from a massive heart attack. His daughter believes she was given false hope by doctors that her father would recover.

Source: Direct contact

When admitted to Ward 11 at Stafford Hospital, the patient contracted C. difficile. His daughter was concerned that whilst on the ward he received poor care and there was a lack of food and fluids.

Source: Cure the NHS

Having visited Stafford Hospital the patient has nothing but praise for the professional skill and patient care given at all times.

On one occasion, he went to A & E following an accident at home and he was given instant attention and thought that the service was excellent.

Source: Direct contact

After being diagnosed with prostate cancer, the patient was required to attend a number of outpatient appointments at Stafford Hospital. He found he was treated well with tests being carried out quickly. However his follow up appointments have been erratic with his six monthly monitoring appointments heavily delayed.

Source: Direct contact

The Angina Clinic at Stafford Hospital, where the patient was treated, was clean and the staff friendly. The patient was given information about her treatment, which minimised the distress she suffered.

Following a fall, the patient's mother was treated for a broken wrist at Stafford Hospital. It took two days for her wrist to be cast, by which time she required surgery to realign the bones. She was transferred to Cannock Hospital to recover where she was "reasonably well cared for and happy", however upon discharge physiotherapy was not arranged.

After another fall, she returned to A&E where she waited for six hours before being treated and transferred to a ward. Treatment on the ward was poor, there was a lack of staff and the patient's complaint of stomach pains was not investigated. Her health deteriorated rapidly and it was discovered she had a twisted bowel, which required surgery.

Source: Direct contact



January 2007

Following major heart surgery the patient was admitted to Stafford Hospital where he was informed that his heart rate was altering rapidly and an operation was required to stabilise it.

The patient requested to be transferred to his specialist hospital but was informed there was inadequate time. The consultant spoke to the specialist hospital that provided instructions, however the patient died during surgery. On viewing the patient's body, his son was upset to find an endotracheal tube still attached to his father's body.

Source: Independent case notes review

A patient was taken to the medical assessment ward at Stafford Hospital with a severe lung infection. He was then transferred to a ward where he stayed for four days where he was never taken to the bathroom and was given a bowl of water to wash himself.

He had a urostomy but none of the nurses knew how to tend to his appliances so it was left to his wife to help him. An hour before he was discharged his appliances were lifted completely so he had to change everything himself using alcohol gel and water to clean around his stoma.

Source: Direct contact

Suffering with severe vomiting and diarrhoea a diabetic woman was admitted to A&E at Stafford Hospital. She was told to drink a lot of water and was immediately discharged by a junior doctor. Her condition deteriorated further and she was readmitted to the Intensive Treatment Unit where she was sedated and given dialysis. The patient did not regain consciousness and died of a heart attack and renal failure.

Source: MP

After undergoing a successful hysterectomy operation at Stafford Hospital the patient began to haemorrhage and the doctor immediately conducted a painful and invasive procedure whilst nurses "pinned" her down. She was given no pain relief or explanation of what was happening.

Whilst on the ward the patient was shouted at by nursing staff for sleeping and when she asked for a bowl to be sick in she was refused. Fortunately, a passing nurse gave her some bowls, which she vomited in immediately. The patient was asked to vacate her bed before her husband had arrived to take her home as it was needed for another patient and she was left to sit on a chair in the ward with her belongings.

Source: Direct contact

“I want them (the hospital) to take note and make sure that people do not suffer in the future.”

A 79-year-old lady was referred to the hospital with abdominal pain and vomiting. She was treated as an outpatient for a number of months undergoing various tests and was diagnosed with gallstones by a consultant who recommended she be put on the waiting list for surgery. After some further months, she could not bear the pain any longer and visited her GP. She was admitted to another hospital by ambulance and underwent surgery to remove the gallbladder privately.

Upon discharge from hospital the patient's condition deteriorated and she was admitted by ambulance to Stafford Hospital. Her daughter was informed that she had numerous inoperable obstructions in her bowel. Her daughter requested that her mother was not given the news until further tests were carried out. However, shortly after she was asked to attend the hospital as her mother was upset as she "had been given the bad news". The patient had been given the news by a consultant in a jovial way who asked "do you want the good news or the bad?" This upset the patient and "caused her distress until she died".

Her daughter complained to the hospital about her mother's treatment and received an apology for the way in which her mother was given her diagnosis.

Source: Cure the NHS/Direct contact

After suffering leg pains, the patient was admitted to Stafford Hospital where her daughter was concerned by the lack of care provided. Her mother was not bathed whilst on the ward and despite not being able to feed herself food was left out of reach. Her family attended to assist with eating. The hygiene standards "were appalling" with her daughter observing a nurse take blood from her mother and then another patient without washing her hands in between.

The patient's daughter found bandages and excrement on the floor that had still not been removed a day later. When her family visited the patient, they often found her lying in a wet bed covered with faeces. When faeces were found under the patient's nails, her family asked for assistance but were told by nurses that they were not allowed to clean or look after nails.

The patient developed MRSA and was transferred to a single room. Despite family complaints, the nurses left the door to the room open and chairs from her room were frequently borrowed. Her daughter was so disgusted by her treatment that her mother was transferred to a private nursing home where she received excellent care, but died a week later.

Source: Independent case notes review

Over a two week period, a young girl was moved to four different wards at Stafford Hospital. The nursing staff failed to supervise her and she absconded from the final ward. Following an MRI scan she and her family were told that there was a problem, but were later informed that there had been a mistake. The misdiagnosis caused a great deal of unnecessary worry.

Her family made a detailed complaint to the hospital, as they were very unhappy about the care provided, but have never received a response.

Source: Direct contact

At her six month scan the woman was told that her baby was small. A foetal trace then showed a relatively slow heart rate but did not cause significant concern. The mother went into labour and observed that the baby's heart rate was slow on the trace. When the baby was born she was meconium stained and blue. The student midwife proceeded to fiddle with the equipment and did not attend to the baby. The baby started to breathe but was very sleepy and did not breastfeed or cry. The mother noted that there was no urine in the nappies but was told that it must be mixed up with the meconium.

The next day they were discharged with the baby displaying the same symptoms. The baby died a few days later.

The mother complained to the hospital and attended a meeting where she saw the notes relating to her delivery. The entries made by the midwife were false and did not mention any of the symptoms that the hospital failed to treat.

Source: Independent case notes review

Following a lumpectomy at Stafford Hospital, the patient was admitted to the Short Stay Ward. She was concerned that she did not receive adequate care after surgery and reported her complaint on the hospital questionnaire and at an NHS Trust meeting. Some time later, she returned to the hospital as a day patient where staff were kind, caring and professional.

Source: Direct contact

“Only Hitler’s henchmen should die like that; it should not happen to good people in a hospital.”

Diagnosed with a chest infection by his GP the patient attended the hospital after noticing his foot had turned black. At the hospital the patient was informed that there was no vascular surgeon on call and told to return the following day. His daughter took him to A&E the next morning by which time the patient was experiencing difficulty breathing and he was admitted to EAU and given paracetamol. After tests the patient was diagnosed with a clotting disorder, but when his daughter found her father he was lying on the floor and his calls were being ignored by nurses. When the patient knocked out an intravenous line causing blood to cover his bedding a nurse replied that she could only change his bedding once a day and his daughter was left to change her father’s bedding for him.

The patient was then found to have gangrene in both of his legs but he was told he would not survive an operation. Rather than expressing concern for the family his daughter was shocked that the doctor was excited that he could write an article for “The Lancet” on her father’s condition as he “had never seen DIC travel so fast on a person”.

His condition deteriorated and he was moved to Ward 2. On the ward there was no light and the nurse administered the patient’s morphine by torchlight. On the ward his daughter was concerned that nurses did not care about her father’s treatment and there was no provision of privacy. The patient died four days after being admitted.

The patient's wife was admitted to Wards 10 and 11 on several occasions, which she found "filthy". When her husband visited he was "able to write his name in the dust that was on top of the blanket cabinet". The standard of nursing "was appalling". Often there was a lack of nurses and nurses there had poor attitudes. The patient was not showered or bathed on any occasion and a nurse gave her stitches without using anaesthetic. No assistance with eating was given and her family would bring food when they visited.

When the patient's son-in-law was admitted to Ward 11 his wife had to care for him without assistance for nurses who she believed had no concern for his personal hygiene. On one occasion her husband telephoned her upset, as he needed to use the lavatory and the nurses were ignoring his buzzer. By the time she reached the hospital the ward Sister was scolding her husband for telephoning her, saying he should get out of bed on his own. Later when he tried to do this alone he fell onto his face, whereby he was "dragged" back into his bed.

The ward was "filthy", when she wiped spilt water from the floor the towel she had used became "black with dirt". Following her husband's death his wife was spoken to by a nurse in the pub who said "her husband was disgusting to get so fat, he needed every porter in the hospital to move him".

Source: Cure the NHS

At Cannock hospital the patient had a successful hip operation and felt "well looked after".

Source: Direct contact

"The consultant, doctors and nurses were so professional and caring... I shall be forever in their debt."

A female patient stayed on Ward 6 at Stafford Hospital for seven weeks with bowel cancer. The staff were caring and understanding which assisted her recovery. On one occasion she had a serious reaction to an antibiotic and was very impressed by the quick reaction of one of the nurses.

The staff who served the food were very cheerful and encouraged the patient to start eating again. She is very grateful for the care she received.

Source: Direct contact

“Medication was always very late – 2 to 4 hours late was common.”

Following admission to A&E at Stafford Hospital by ambulance, the patient was left alone in the waiting area for several hours. Eventually she was transferred to the Emergency Assessment Unit where staff worked very hard, but she did not feel the unit had enough staff members. She regularly received her medication late and her buzzer went unanswered. When she used the lavatory it was dirty, and she had to wipe the surfaces herself with alcohol gel. Upon discharge, the patient dictated the notes to a nurse as the nurse said she had not discharged a patient before.

Six days later the patient was returned to the hospital as her wound had not healed. On this occasion, the patient was very forceful regarding her treatment and received a reasonable standard of care. When she wrote to the Chief Executive detailing her experience, he replied stating that it ‘was nothing he didn’t already know’.

Source: Direct contact



February 2007

Following a motor cycle accident, the patient was admitted to a hospital in Rhyl with a fractured hip, leg and foot. He was then diagnosed with MRSA and transferred to Cannock Hospital where he received 'wonderful' treatment. The nurses were 'hardworking and kind', the rooms were clean and he was given fresh sheets and pyjamas every day.

When he was ready to leave the hospital an occupational therapist took him to his home to assess his needs. He then received 10 weeks of physiotherapy at Stafford Hospital and found the physiotherapists to be 'patient, cheerful, sensible and well-informed'.

Source: Direct contact

A dementia patient was admitted to Ward 10 at Stafford Hospital, where he received poor care. His wife believed it was due to the lack of understanding of her husband's condition by nurses. He was unable to move from the bed, but his wife was concerned as to how he sustained grazing to his shins.

Source: Cure the NHS

"The entire A&E department is shabby and far too small."

Suffering a ruptured patella the patient attended Stafford Hospital and was discharged with a diagnosis of bad bruising. Only after strong insistence from his physiotherapist were scans taken which showed a torn tendon requiring surgery.

When attending A&E with his daughter the patient was concerned that the department was "shabby" and "not fit for purpose". During a wait of four and a half hours there was no evidence of any cleaning being carried out.

Source: Direct contact

Suffering with a chest infection the 90-year-old man was admitted to EAU at Stafford Hospital where he was diagnosed with leukaemia. Four days later, he contracted *C. difficile* and was transferred to Ward 10. Whilst there his family noticed a rapid deterioration in his health and were concerned by the patient's loss of confidence and the sharp manner in which he was spoken to by nurses. In addition, they were made to feel unwelcome by staff and questioned openly regarding resuscitation of the patient.

His family were concerned that fluid charts were not completed fully despite him being catheterised and his medical notes stating that two hourly output measurements were required. There was also confusion regarding his diagnosis; his family were told he had an aggressive form of leukaemia but he did not undergo any invasive procedures and there was no discussion regarding treatment.

Source: Independent case notes review

At an outpatients appointment at Cannock hospital, the patient was diagnosed with prostate cancer. He was prescribed medication, but his wife does not believe they were fully advised as to the extent of the illness. A year later he attended another hospital and was informed of the severity of the cancer; it was only at this point they realised the extent of his illness. They were referred to an Oncologist, but the patient only lived for another three weeks.

Source: Independent case notes review

At Stafford Hospital, the patient contracted E. coli and died. The investigation into her death concluded that the patient had refused treatment. Her daughter is concerned that if her mother had made such a request it should have been discussed with her immediate family, as the patient was confused at the time.

Source: MP

March 2007

“Patients used to come out of the ward and urinate up the wall.”

The 92-year-old patient was admitted to the A&E at Stafford Hospital with pneumonia. She was then admitted to Ward 12 where her condition improved until one day her daughter noticed a ‘smell beyond what you could take’ and was informed that her mother had C. difficile. She attended the hospital everyday to wash her and her hands and fingernails were ‘full of excrement’. The staff never wore gloves or washed their hands and used to take the soiled sheets off the bed and drop them on the floor. The patient was never fed unless the family attended to her and the ward was very dirty. One of the patients used to come out of the ward and urinate up the wall.

One on occasion she attended the hospital at around 6 am to find her mother in a side room calling ‘please help me, please help me’. The patient was covered in dried faeces and was completely naked. She ran down the ward to find the staff ‘chatting and laughing’. She assisted in washing her mother and it was ‘awful’. Her ‘hands were absolutely caked’ and it ‘was dried and it was up her arms and it was round her neck’.

The patient died later that night.

Source: Direct contact

After collapsing, a patient with carcinoma was admitted to A&E at Stafford Hospital where a scan revealed cerebral metastases and he was transferred to Ward 12

The patient’s wife was concerned that there were deficiencies in her husband’s care plan. In addition, records regarding her husband’s falls were not kept accurately, with confusion as to whether he fell from his bed or in the bathroom. On the day of his death, the patient fell twice from his bed. Following his second fall the patient went into cardiac arrest; unfortunately, CPR was not successful and he died. When she complained she was told that a particular nurse would be given further training in dealing with bereaved families.

Source: Independent case notes review

“I felt bullied while there, not cared for at all.”

Suffering with excruciating pain in her sides the patient was admitted to A&E. Following an X-ray the doctor told her that he could see a ‘mass’ and that she was constipated. A year later she was sent for a scan that diagnosed an ovarian cyst and she then waited four months for

a hysterectomy. She had concerns that the doctor who initially examined her in A&E misdiagnosed her condition.

On arrival at the hospital for her operation she was transferred to Ward 8 where she found the nurses' attitude to be very sharp and unsympathetic. She was given laxatives in preparation for the operation, but was then informed that the surgeon was ill and her operation was cancelled. Later she was informed that she would have to wait a further three weeks for the operation, but was then told it could be performed the following day. She found the uncertainty and change 'very unsettling'.

Following the operation the patient was told that she was ready for discharge, although she was suffering with chronic diarrhoea. The nurses made her feel like she was a burden and one nurse admitted that her diarrhoea was the result of excessive laxatives, adding that the hospital had been 'very naughty' for administering so many. On another occasion a nurse shouted at her for mistakenly using the staff toilet, because the other toilet was dirty.

After being discharged her surgical wound became infected. The patient returned to hospital where she was told that tape from a previous operation had come away and that an operation was required. She then had to wait for 14 weeks for the operation and she dreaded the thought of returning to Stafford Hospital, however on this occasion however the nurses were 'absolutely lovely'. Yet she remains concerned at the attitude of nurses at the hospital.

Source: Cure the NHS

A recovering alcoholic attended A&E at Stafford Hospital with blurred vision and stomach pains; however, he was advised to return later in the afternoon, as there was no doctor available. Upon return, he was diagnosed with a chest infection and the doctor attempted to discharge him. The patient's mother forcefully objected to his discharge and he was admitted to the Assessment Ward.

The following day his partner attended to find he had not eaten and was complaining of a swollen stomach. Overnight his relatives were telephoned and informed his condition had deteriorated, but the patient died before they arrived at the hospital. His post-mortem revealed bilateral pneumonia.

Source: Independent case notes review

The patient underwent treatment at Stafford Hospital for glaucoma and hip problems; she was concerned by the long waiting times in A&E and that the lavatories were unclean, however these problems have improved recently.

She was also a patient at Cannock hospital where she had two knee replacement operations and received "excellent treatment and care".

The patient's daughter underwent treatment for breast cancer at the Breast Care Unit at Stafford Hospital. She found the care, treatment and staff "second to none".

Source: Direct contact

Following emergency admittance to A&E at Stafford Hospital the patient was transferred to Ward 12 where she remained for three weeks. There was a lack of nursing staff, the patient's commode was left unemptied for hours and when she rang her buzzer for assistance she was ignored. Over the Easter weekend her bedding was not changed and there were no medical ward rounds.

When the patient's daughter was given an update on her mother's condition it emerged the nurse was actually discussing a different patient who had in fact left the ward.

The patient developed vomiting and diarrhoea but it was not until her family complained that tests were conducted and it was found she had contracted *C. difficile*. Staff tried to discharge the patient twice when she was still suffering from diarrhoea. It was left to the Infection Control Team and her family to stop the discharge by pointing to her medical notes that stated the patient was still suffering from diarrhoea.

Source: Direct contact

April 2007

“He has Down’s Syndrome, it’s all you can expect.”

When the patient’s son was born at Stafford Hospital he had Down’s Syndrome and a ventricular septal defect. Numerous tests were conducted on the new born, but the results have never been communicated to his mother and she was told they were ‘lost in the system’. When her son’s condition deteriorated the doctor told her “he has Down’s Syndrome, it’s all you can expect”.

After numerous tests at the hospital it has still not been confirmed to the mother whether her son is deaf.

Source: Direct contact

A 77-year-old man attended a stroke outpatient clinic at Stafford Hospital and was given positive advice from the consultant about how his life could be improved. However at subsequent appointments he was told nothing further could be done to help him. Fifteen months later it transpired that the patient should have been referred to a specialist for help and advice on how his quality of life could be improved.

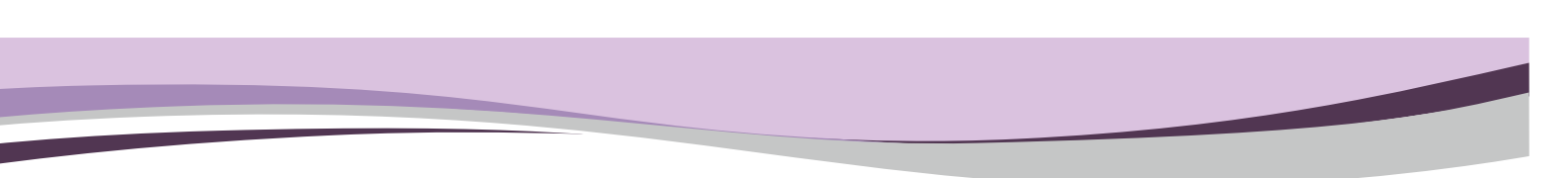
Source: MP

“One of them (care workers) told me I’d be better off bringing in toilet paper from home if I needed it as it was like gold dust.”

A 54-year-old male patient was admitted to Stafford hospital when his cancer returned. After two weeks at the hospital he was discharged and went on a holiday. Two days after returning home he went to A&E where he was found to have C. difficile, which the nurse said was contracted during his previous stay at the hospital.

The Emergency Assessment Unit was unclean with used urine bottles and soiled bedpans left for lengthy periods without being cleared and there were used intravenous lines left in the isolation room. His family had to clean old bloodstains and dirt from the door and dust from the floor. Whilst his family were required to wear aprons and gloves when visiting the patient; however, nurses did not do so, nor were they seen to wash their hands.

The patient was transferred to Ward 2 where his daughter found the standard of cleanliness to be “slightly better”, although medication from a previous patient was found in the bedside locker. There remained a lack of nursing staff, and often patient charts were not completed and buzzers went unanswered and on occasion the patient was found in clothes and bedding covered in blood. No assistance with eating was provided even though the patient was unable to eat without help.



Doctors gave contradictory diagnoses, but his daughter was informed that her father would improve. When his condition deteriorated further the doctor stated that he had just “given up on life” as he should be improving. Two days later the patient died.

His daughter complained to the hospital; however the response simply stated that the hospital was improving its standards.

Source: Cure the NHS

Following a slip on the stairs the patient was admitted to A&E at Stafford Hospital, an X-ray was taken and she was informed nothing was wrong and discharged. A week later she returned, still in pain and eventually persuaded staff to X-ray the ankle again, she was again advised nothing was wrong.

Some 18 months later, she was still in pain and her physiotherapist ordered an MRI scan, this revealed she had in fact suffered a heel fracture and required surgery.

Source: Direct contact

After attending Stafford Hospital, a 67-year-old brain tumour patient discharged himself and took a bus to the police station. He was covered in bruises.

Source: Cure the NHS



May 2007

“On one visit we arrived to find my mother wearing the teeth and spectacles of another patient despite the fact that her own were on her bed trolley.”

Following a stroke, an 83-year-old woman was rushed to A & E at Stafford Hospital. She had been immobile on the floor for 14 hours and her body temperature was very low.

At A & E, she was left on a trolley in a corridor, naked to the waist with members of staff ignoring her plight. She was paralysed from the waist down and unable to help herself. Her daughter was dismayed that she was not admitted to the assessment ward until teatime where she observed a serious staff shortage.

The patient suffered from emphysema, osteoporosis and had a serious heart condition and had to be propped up in bed in order to breathe. On many occasions, her daughter would arrive to find her mother lying flat on the bed, which resulted in the need for aspiration. The patient, who could not swallow, was not properly fed and when her daughter complained her mother was accused of expecting ‘special treatment’. During the patient’s stay no scan was taken, despite suffering a stroke.

A week later, the patient was transferred to Cannock hospital where she received excellent treatment.

Source: Direct contact

Following a stroke the patient was admitted to Ward 10 at Stafford hospital where his condition appeared to be stable. He developed aspiration pneumonia and his wife found that there was no opportunity to meet senior medical staff and therefore she had no understanding of her husband’s condition.

There were also very few nursing staff on the ward and they came across as ‘overworked, ill-informed and careless’. Patients were told to defecate in beds if commodes were unavailable and faeces was left on the floor. The patient was unable to use his call button and nurses would often fail to empty his catheter bag.

The patient died two weeks after entering hospital.

Source: Independent case notes review

Following a fall in her care home the patient, an 81-year-old lady, was admitted to Stafford Hospital by ambulance. When she arrived, she was left waiting alone in a wheelchair in a cold room for over six hours prior to being assessed. The patient soiled herself and staff were unaware of whether the patient had been given anything to eat or drink. When family members complained, a senior nurse informed them that they 'should be looking after her at home in any event'. The patient was eventually provided with a bed but there were no pillows available.

On a further occasion the patient was admitted to the orthopaedic ward. Her false teeth were lost and the patient was not able to eat, but nursing staff were not concerned.

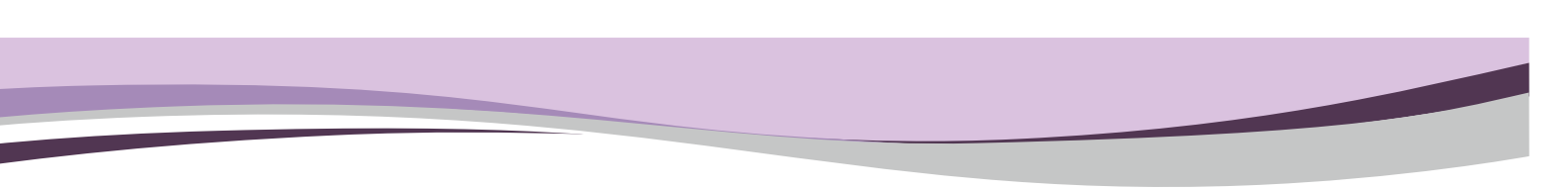
Another family member received excellent care from a duty doctor when she was admitted as an emergency. On a further occasion another family member was admitted to A&E with breathing difficulties and the care was excellent. However when she was transferred to a ward there was confusion over her medication, a lack of communication between nurses and the ward was in a "general sense of chaos". On three occasions when the patient was due to be discharged the nursing staff failed to prepare her and discharge was postponed. When her family complained, a nurse commented she was "just going with the flow".

Source: Direct contact

The care at the Breast Care Unit at Stafford Hospital was 'exemplary'. The patient was given a prompt diagnosis and admitted for surgery quickly. When she suffered a pulmonary embolism she was transferred to A&E, Emergency Assessment Unit and Ward 12. Again, the standard of care and attention was excellent. Staff were professional and the ward was clean.

Source: Direct contact

The patient was six months' pregnant when she was taken to A & E at Stafford Hospital. She was suffering from a severe asthma attack and showing some symptoms of a heart attack. The hospital stated that her difficulty in breathing was caused by the pregnancy and sent her home. She then visited her GP who confirmed that she was suffering from pregnancy-related asthma. The patient was concerned that basic tests which would have diagnosed her with asthma were not carried out.

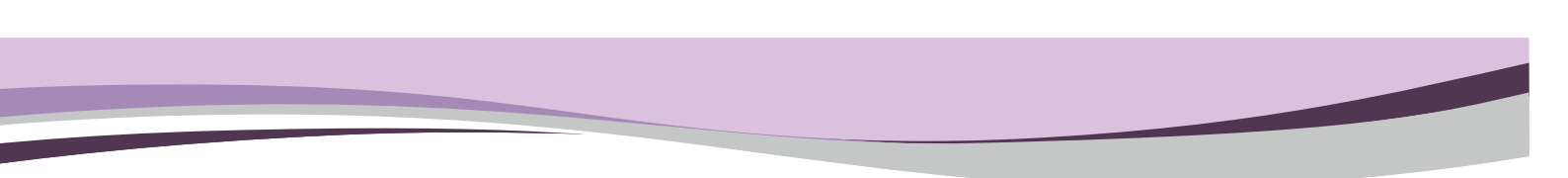


Three months later she visited the hospital as she was having monochromic twins and had a high risk pregnancy. She went into labour and very few of the midwives could use the monitoring machine to take the heartbeat of the twins. During labour her husband learnt how to use the machine and had to demonstrate this repeatedly to the midwives on each shift. When the twins were born one had to stay on the maternity ward and was given a heat lamp to maintain her body temperature. The midwife was unable to work this machine and the patient discovered that this was due to the fact that it required a feedback sensor which was not present. Consequently, the baby was not receiving the heat required to assist the maintenance of body temperature.

Source: Direct contact



June 2007



A throat cancer patient was admitted to Ward 10 of Stafford Hospital where she remained for seven weeks. She was transferred to a different hospital for surgery, where it was discovered that she had C. difficile. Surgery was postponed and she was returned to Stafford Hospital, where it transpired other patients had also contracted C. difficile. The patient died 2 days later.

Source: Cure the NHS

After being admitted to Stafford Hospital with pneumonia, the patient was provided with the wrong medication on two separate occasions. Nurses were heard making rude comments about other older and terminally ill patients and she witnessed some nurse is being physically rough with weak patients.

When the patient's elderly friend was admitted to Ward 11 she was concerned by the lack of hygiene. The stairwells and toilets were unclean and there was disorganised paperwork on the ward.

Source: Direct contact

A cancer patient attended Stafford Hospital for treatment. As an outpatient the staff were kind and caring, however when she was admitted to a ward the staff were less than caring, lazy and often surly in attitude.

Twice when admitted to the hospital following an outpatient appointment the patient had to sit and wait in A&E even though she was prone to infection as a result of her chemotherapy. Patients, wearing hospital gowns and attached to equipment, were also permitted to smoke at the hospital entrance.

Source: Direct contact

After knee replacement surgery at Cannock hospital, the patient has only praise for the staff. He found the level of care and cleanliness to be 'first rate'.

Source: Direct contact

Suffering with abdominal pain and a high temperature the diabetic patient was admitted to A&E at Stafford Hospital. It took five days before the patient was diagnosed with a perforated bowel, which required surgery. His condition deteriorated and he was transferred to CCU.

Upon returning to Ward 8, the patient contracted MRSA and was moved to a side room in Ward 7 where his wound was not dressed for five days, despite pus leaking into his nightclothes. When questioned about this staff responded that they were "not used to dealing with the patient's type of surgery". His family were concerned by the lack of observation and that his fluid levels charts were not completed. No assistance with eating and drinking was given or treatment for his low oxygen saturation or diabetes.

On one occasion the patient fell whilst moving back into his wheelchair, as the nurse had not applied the brakes. On another despite water being over the floor, an Health Care Assistant was unable to dry it as there were no mops. When the patient developed pressure sores, a special mattress was not used and instead pillows were put on the bed. After a second operation, his family found the patient on a life support machine, which they had not been warned of and he died three days later. After his death, his family found that the patient had been previously resuscitated.

Source: Independent case notes review

July 2007

“The care at Cannock consisted of lying in bed all day with no physiotherapy, no attempt to give solid food, permanently on a drip, no reaction to the buzzer for toileting needs and inevitable soiling.”

The emergency surgery on the patient’s strangulated inguinal hernia was successful. After a few days at Stafford Hospital, the patient started to deteriorate and he suffered a massive stroke that led to the loss of bodily functions, although he was still mentally sharp. The patient was then transferred to what his son understood was a specialist stroke ward at Cannock hospital.

The care at Cannock was poor. The patient was left to lie in bed all day and given no physiotherapy. No attempt to give him solid food was made and the patient was left on a drip. When he rang his buzzer needing the toilet no one would come and the patient would soil himself. The patient was told that he was a ‘dirty old man’ and that he should ‘not expect his sheets to be changed each time’. His son also noticed that his father’s catheter bag was always full and that he was sometimes in pain as he did not appear to get any pain relief medication. He received no help for his sleeping difficulties and he was bullied by other patients who got fed up with him calling for help when his buzzer went unanswered. This included having water thrown over him and having his spectacles stolen.

The patient was transferred to a nursing home, who were shocked at his condition. Five days later he was transferred to a different hospital. He had breathing difficulties from a severe chest infection and died five days later in an isolation ward after it was discovered that he had MRSA.

Source: Independent case notes review

Suffering with chest pains the patient was referred to the Cardiology department at Stafford Hospital. The consultant conducted tests and informed the patient that she had a 3cm hole in her heart which required surgery. Following surgery at a different hospital the patient was told that she did not in fact have a hole in her heart and was perfectly healthy. The patient returned to the Stafford hospital where she was told by the consultant that he had mistaken her heart valve for a hole in the heart.

Source: Direct contact

“I arrived to find my husband lying in his own urine. I have no idea how long he had been in that distressing situation.”

Suffering anal bleeding the patient was taken to A&E at Stafford Hospital where upon arrival a receptionist commented that it was “unlikely to be serious” and he was not examined by a doctor until 2½ hours later. He was then transferred to Ward 8 where his wife was concerned by the lack of nursing staff. The patient had suffered a seizure but was left alone

to use the commode and it was his wife who discovered him suffering another seizure whilst using the commode.

Following a transfer to Ward 4 his wife regularly cared for him and other patients as there were no nurses to do so. On many occasions, he was found by his wife lying in his own urine.

Source: Direct contact

“Having been an employee at the hospital I feel very embarrassed and ashamed to have worked there... there was not a day went by that I didn't go home in tears.”

The patient, whose daughter in law was an employee at Stafford Hospital, was admitted to hospital following bowel surgery for unexplained bleeding.

His condition began to deteriorate and he was admitted for minor surgery. Hours later his family were asked to identify him as he had been operated on without any wrist identification or notes. The nurse told the family, who were extremely upset, 'don't worry, he is not dead'.

On the ward the patient was not cleaned or dressed. Often he was left exposed in view of other patients and nursing staff talked of his low chance of survival in front of him.

Five days after being admitted to hospital the patient died.

Source: Direct contact

When the patient stayed at the Emergency Assessment Unit at Stafford Hospital for three days he received excellent nursing and medical care. Despite the negative reports he continues to have the 'highest regard' for the hospital.

Source: Direct contact

“They had purposely not given this old lady a buzzer, she was a nuisance.”

When admitted to Stafford Hospital with heart attack symptoms the 53-year-old woman was surprised to be examined in a room with a workman present who was carrying out the building reconstruction. When the patient was asked to remove her top by a nurse, she had to request the man leave. She was transferred to the Medical Assessment Unit which her husband was concerned was not clean. When she pressed her buzzer to get assistance for an older patient a nurse informed her “they had purposely not given this old lady a buzzer, she was a nuisance”.

The patient was later transferred to a side ward where care was so poor that she discharged herself and attended a private hospital. All surfaces, sinks and windows on the ward were cleaned with one dirty cloth, meals were delivered late and always cold and the bathroom was dirty with bins not being emptied.

Source: Direct contact

“Nurses were so busy that ringing the bell was a pointless exercise.”

The patient was admitted to Stafford Hospital as an emergency and transferred to the Emergency Assessment Unit. There her medication was administered late and she stopped using the buzzer as nurses did not respond. She was concerned that nurses did not notice her oedema or treat it efficiently and when she requested a pillow to raise her leg one could not be found. She was subsequently transferred to Ward 2 where care was improved and the ward was clean.

Source: Direct contact

Following a hip operation the patient was admitted to A&E at Stafford Hospital presenting signs of dehydration and confusion. The following day the family were shocked when they visited. Their father was unable to communicate and appeared delirious. His pyjamas were covered in blood where a catheter had been inserted and it soon became apparent that their father’s catheter had become detached and blocked, which was causing much pain and discomfort. The doctor then informed them that their father had developed an infection.

Two days later the patient’s family were told that he had fallen out of bed and been X-rayed but were assured that he had not suffered a fracture.

Despite the pain it caused to the patient’s hip, he was moved on six occasions at the hospital. When enquiries were made by his family as to why the patient was not eating the nurse simply replied that he had not ‘ordered anything from the menu’.

Days later the patient was given another X-ray which showed a visible fracture. His leg was placed in a support and it was not until 24 hours later that a member of staff noticed the support was on the wrong leg.

Two days later the patient died of a pulmonary embolism.

Source: Direct contact

August 2007

Suffering with severe abdominal pain the 70-year-old man was taken to A&E at Stafford hospital where he was left on a trolley in the corridor. It was not until 3 hours later that he was admitted to EAU. Early the following morning his wife was informed that his condition had deteriorated, however before she arrived at the hospital he had died.

She made a complaint regarding his treatment and was offered counselling, although upon telephoning the number found there was no one to take her call. She left a message but has never received a reply.

Source: Independent case notes review

The patient was admitted to A&E at Stafford Hospital but later seen as an outpatient where she was diagnosed with TB. She was prescribed medication, but was not warned of the side effects. Her condition deteriorated and she was admitted to Critical Care, where she was told that she had reacted badly to the medication. She died the following day.

Source: Independent case notes review

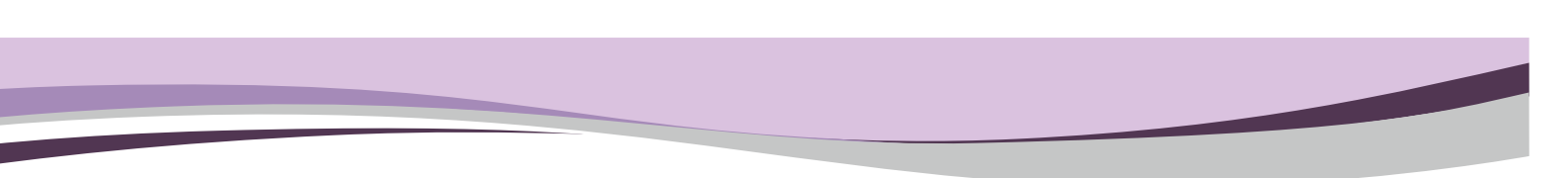
Following a hip replacement operation at Cannock hospital the patient was left in pain with scar tissue and unable to walk without a walking stick. She went back to the hospital and was discharged after being told that there was nothing they could do for her.

Source: Direct contact

“There were often only two nurses for as many as 24 patients, and on occasions there was only one nurse attempting to treat everyone on the Ward (10)”.

The patient was admitted to the hospital with E. coli, infection of her urine and septicaemia of the blood. She stayed on Ward 11 for three weeks and was then transferred to Ward 10, which was ‘disgusting’ in terms of cleanliness with stained tissues everywhere. On the ward there were often only two nurses to care for up to 24 patients and on one occasion the patient was left for four hours lying in her own faeces.

During her time at the hospital the patient contracted C. difficile. The administration of her medication for the infection was very erratic and on occasions medication was not administered until 1am despite being due in the early evening. During the time that the patient had C. difficile the family were not always told to put on gowns and gloves and hospital staff did not always maintain high levels of hygiene.



Her daughter found that the staff were very uncommunicative about her mother's condition and extremely abrupt. On one occasion a nurse waved some pads at her daughter and told her to change her mother as she was busy and it would 'save her from having to'. She also observed that patients on the ward were not provided with much assistance with feeding and that the staff seemed to care less about the older patients.

The patient's daughter complained to the Chief Executive of the hospital and to the complaints department.

Source: Cure the NHS

After a hip replacement a female patient was re-admitted to Stafford Hospital with chest pains. When she was sent for an X-ray she was left on a bed pan where she remained until she was transferred to the Emergency Assessment Unit.

The following day her family noticed that she had bruises on her face and arms. They were informed this was 'normal' for old people but the family were unhappy and asked for their mother in law to be transferred to a different ward. On Ward 12 little assistance with feeding was given. The patient was often found lying in her own faeces and her catheter was rarely emptied.

After three weeks the patient was transferred to Cannock Hospital where she received "excellent care" but died the following day from a chest infection and heart failure. The family had never been made aware of any problem with the patient's heart.

Source: Independent case notes review



September 2007

Following problems with his heart rhythm, a patient was referred to the Cardiac Department at Stafford Hospital. He was seen by a doctor within an hour and a pacemaker was fitted three days later. Throughout his stay the medical attention was 'exemplary', with nurses always attending to him within minutes of him activating his alarm.

He was extremely allergic to any plant of the onion family and was very impressed with the great lengths taken to monitor his food. The matron visited the ward one morning and received nothing but praise from all of the patients on the ward.

Source: Direct contact

"I will never forget the nurses that cared for me that night."

Following an accident at home, a patient was taken to A & E at Stafford Hospital with a broken leg. She had an operation to relieve a blood clot and was taken to Ward 7 where the care was superb. She also visited the Trauma and Orthopaedic Units where the consultants, nursing and cleaning staff gave her 'wonderful care and attention'. The aftercare was also excellent. She was so overwhelmed by the treatment she received that she wrote a letter of thanks to the hospital.

Source: Direct contact

"My mother had such a bad experience that she constantly says 'please don't send me back to Stafford.'"

Following a fall, a 75-year-old woman was taken to A & E at Stafford Hospital and put into a side room for five hours where she was left without pain relief. A doctor finally X-rayed her and told her that she would be operated on the following day.

The patient was kept nil by mouth for five days as her operation kept being delayed, for which her daughter was given various excuses. Her family were appalled by the uncompassionate nature of the staff and the lack of general hygiene. On one occasion the patient was sick and the nurse cleaned up so quickly that traces of vomit and a used dressing were left on the floor. When a 90-year-old woman fell out of bed the patient saw her ring her bell, but due to the shortage of staff it was 15 minutes before a nurse came to assist.

Her daughter was admitted to Cannock hospital for a hip operation and she "could not believe the difference": the ward was clean, she received good care and "edible food".

Source: Direct contact

“I felt that I may as well have been at home.”

On admission to Stafford Hospital, the elderly breast cancer patient provided the nurse with a list of her usual medication. The nurse then told the patient that she could manage her medication herself.

The patient was left to wait for surgery alone. She fell from her bed and broke a tooth but, following surgery, she was left alone again overnight. When she asked to use the lavatory she was told by a nurse to go by herself, despite being connected to a drip. The following morning she received no help or supervision from staff and was left to wash and take care of herself.

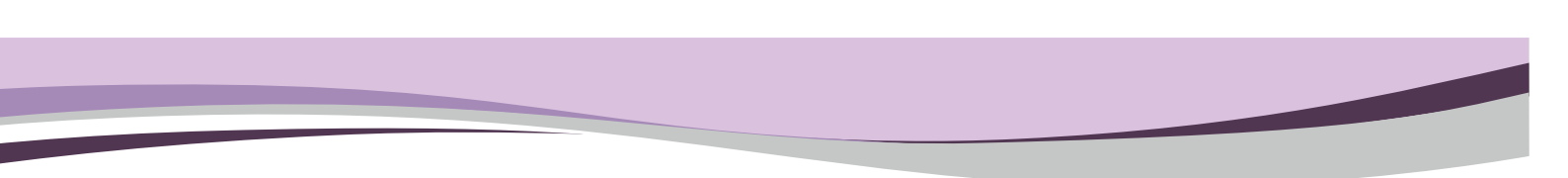
Source: Direct contact

“My mother kept soiling her bed and we had to beg nurses to come and change her.”

An 87-year-old retired nurse, who was very independent and lived on her own, was admitted to Stafford hospital following a fall. The patient required an operation for her hip, which was successful.

The patient was discharged but on arrival home her hip dislocated again and she was returned to the hospital. There she had to wait two days for surgery during which she was nil by mouth. Whilst recovering on the ward she twice fell whilst trying to help other patients who were calling out for help and required further surgery for a new hip.

Following her third operation she was put in traction. However she was so distressed by the suffering of other patients and their buzzers not being answered that she again moved from her bed to help and collapsed onto the floor, and it was an hour before a nurse attended. The patient underwent a fourth operation, following which her wound did not heal and she had to remain in the hospital.



Whilst on the ward her son was concerned by the lack of staff. He found one nurse crying as she had worked for 12 hours without a break and at the weekend. The nursing care was lacking and the patients were not given any assistance to eat. The patient's daughter found bedsores all over her mother, one of which was so bad that the bone had become exposed. The patient's condition deteriorated and she died. It was only at the inquest that the family discovered the patient had contracted C. difficile.

Source: Cure the NHS

A pregnant woman received pre-natal and maternity care at Stafford Hospital. The patient and her husband were pleased to have "the most wonderful community midwife" and had a good experience in the maternity unit.

Source: Direct contact



October 2007

“Stafford General Hospital was a factory where some people became insensitive.”

An 86-year-old man was admitted to the hospital after suffering a fall whilst gardening. He required surgery for a titanium pin to be inserted into his leg, however this was twice postponed. During the delay his son became concerned that his father had become confused and had developed nervous reflexes, but this was alleviated when his drip was re-inserted. On the day of his operation a doctor “in scrubs” briefly observed the patient although did not speak to him or carry out any physical examination.

The patient’s family were advised that the surgery had been successful, but told he had reacted badly to the anaesthetic and he died shortly after. His family were shown an X-ray of his lungs, which had been taken upon his admission to the hospital, which showed they were full of fluid. Upon seeing this, his son was shocked that his father had been permitted to undergo surgery in such a condition. He does not believe that his father had been told about his lung condition.

His son complained to PALS and requested further information, however he only received “answers sanitised by the Trust’s solicitor”.

Source: Cure the NHS

After damaging his wrist the patient attended A&E at Stafford Hospital, where he was shown “care and kindness” by the receptionist. Whilst an X-ray was carried out the patient felt he was treated by the technician and doctor as a nuisance.

Source: Direct contact

Following a mild heart attack the patient was admitted to EAU at Stafford Hospital, where he was concerned that some nurses were not qualified to operate the hospital equipment. Buzzers often went unanswered and despite undergoing blood tests he never received the results. He was concerned by the lack of care over hygiene and he was not washed for 36 hours after being admitted. There was a general lack of communication and monitoring and the patient was not spoken to by a doctor or given advice on his condition.

The patient wrote to the Chief Executive to complain. A meeting was arranged by the hospital with a matron, but when he attended the hospital, the matron was not aware of his case details. He complained further but feels that the attitude of the hospital to complaints was "Keep them out, fob them off. If we don't answer them they'll go away".

Source: Direct contact

The patient, who had previously suffered bowel cancer, was diagnosed with secondary cancer on his liver and lungs. When the patient's condition declined, he returned to Stafford Hospital. On Ward 1 the patient's wife was concerned that he was not treated for the cancer and by the time he was discharged he had developed diarrhoea.

Due to the patient's ill health, his next chemotherapy session was delayed. When the patient became well enough to undergo chemotherapy, he faced a further delay due to the Christmas holidays.

When the patient's health further deteriorated, he was admitted to Ward 9. Again, the patient's wife was concerned that he did not receive the correct treatment and the nursing staff did not care for him properly. There was no one to assist the patient except his wife who took him by wheelchair to a scan and pushed him in his bed to have a stent fitted. When his colostomy bag needed changing again his wife did it.

The patient was initially advised by the hospital that he had 15–18 months to live, but he only lived for 12 months.

Source: Direct contact/Independent case notes review

Diagnosed with pulmonary fibrosis the patient, a painter and decorator, was informed at Stafford Hospital that there was no treatment and he was given a life expectancy of four years. He was advised by another hospital that he was a suitable candidate for a transplant, but before the transplant was carried out his condition deteriorated and he was admitted to Stafford Hospital, where he was placed on an oxygen cylinder.

On the day of the patient's death, he was initially fine, but when his wife visited, he suffered a cardiopulmonary and died. It later transpired that his oxygen cylinder had been almost empty, causing his intake to be drastically reduced. When the patient's wife complained, she received

confusing responses as to why her husband had been given a portable supply of oxygen. One nurse commented “It won’t happen again to anyone else, we’ll have more staff”.

Source: Independent case notes review

Upon admittance to A&E at Stafford Hospital via ambulance, the patient, a 98-year-old lady, was left alone on a trolley. It was a long time before she was moved to a cubicle where she waited again to be admitted to the Emergency Assessment Unit. The following day her family raised concerns that their mother’s condition was deteriorating rapidly yet she had still not been examined by a doctor.

The patient was transferred to a side room on Ward 10. The patient’s routine medication was stopped and nursing staff rarely checked on her. She was not given anything to eat and the patient soon grew weak.

The patient was informed she only had a short time to live. Her family wanted her to return home to be cared for but her discharge was delayed because her medication was not prepared.

At home the patient’s condition improved and she lived for a further 12 months outside of the hospital.

Source: Direct contact

Whilst on Ward 10 at Stafford Hospital to be treated for vomiting and diarrhoea the patient’s routine medication, including water tablets, was stopped. It was then discovered that he was suffering from kidney stones, which he was told would pass naturally. After being discharged quickly the patient suffered swelling to his legs. He was re-admitted following an appointment with his GP, who had diagnosed kidney failure.

In the hospital the nurses showed no concern that the patient was unable to eat. His family brought in nutritional supplements, but these were not given. His family were given little information and doctors gave conflicting diagnoses. The family were advised that their father had a lung and water infection but that he would recover. The following day another doctor advised that the patient had deteriorated and would not survive. Three calls were made by the patient’s wife that evening. She was assured by the nursing staff that if her husband deteriorated further they would

call her immediately. Later that evening staff called the patient's wife to inform her that her husband had already died.

Source: Cure the NHS

Following a hip operation the patient stayed at Stafford Hospital for four days. He was treated very well and has 'no criticisms at all'. A year later he was rushed to A & E after collapsing and was seen very quickly. His wife was touched that the doctor treating her husband offered to make her a cup of tea.

Source: Direct contact

"His time at Stafford General Hospital is peppered with missed opportunities and characterised by a complete lack of responsibility and care on the part of the treating physicians, surgeons, and nursing staff".

Suffering with back pain, the patient drove himself to A&E at Stafford Hospital, where numerous tests were conducted. His x-ray showed shadows on his lungs, but he was told that a doctor would review his results in six days' time. The patient had to wait for weeks to receive his results, during which time his pain relief medication was ineffective and he suffered immense pain and the patient attempted suicide.

Upon being returned to the hospital numerous diagnoses were given and a psychiatric assessment, which showed the patient was not suffering from a psychiatric condition, was conducted without his family's knowledge. Tests were booked for the patient but were often postponed or cancelled.

There were a lack of staff and his daughter found it difficult to speak to nurses or doctors and felt she was being "fobbed off, they did not have the time to waste on speaking to me". The patient was given no assistance eating or drinking and lost two to three stone. When the patient contracted C. difficile he was transferred to an isolation room, but the following day he was moved back to Ward 1, yet two days later, he was returned to the isolation room.

It was not until a month after his first admission that an MRI scan was conducted, which revealed cancer. The cancer had been pressing on the patient's back causing the immense pain and his family were advised that the cancer was inoperable. He was transferred to a hospice where he died six days later. A doctor later admitted privately to his daughter that he was embarrassed that neither he nor his team could diagnose her father.

His daughter complained to PALS following his death and received a report: however, this did not answer her questions. She contacted the Healthcare Commission who said it would organise a meeting at the hospital, but when she attended the hospital for the meeting, no one knew of it. She further wrote the Chief Executive, however he was suspended before a meeting could be arranged.

Source: Cure the NHS

'... two elderly patients fully exposed and crying for help whilst climbing over their bedsides.'

A blind and severely disabled patient was taken to Stafford Hospital with a pulmonary embolism. On his second day he was moved to three different beds. One of the moves took place at 11pm and his wife watched as nurses woke her husband, removed his oxygen and piled his clothes into a black bin liner. Her husband was then 'dumped' on another ward without explanation and left feeling very disorientated. At this point his wife observed two older patients climbing over their bedsides naked and crying for help.

A year later the patient was admitted to A&E following a fall. He had cuts to his head and no feeling in his legs. A newly qualified doctor examined him and discharged him but upon arriving home he collapsed. The following day his GP examined him and said he required an X-ray of his pelvis. At the hospital the patient was again discharged and told he had a 'trapped nerve'. At home the patient continued to lose sensation in his legs and developed a bladder condition.

Two weeks later he was re-admitted. A nurse informed his wife that he would be transferred to a different hospital for surgery. His wife stated that her husband was unaware of the plan, but the nurse insisted he had been informed and that he was a 'forgetful old man'.

Eventually he was admitted to a surgical ward where he was left for 12 days. During this time two MRI scans were carried out, the results of which were subsequently lost.

The patient was finally transferred to North Staffordshire Hospital where he was informed by two consultants that he should have been operated on within 48 hours of his fall. The couple will never visit the hospital again.

Source: Direct contact



November 2007

Upon admission to A&E at Stafford Hospital the patient was assessed by a receptionist who was reluctant to allow her to be seen by a nurse. Eventually she was examined by a nurse who was kind and efficient. The patient was then transferred to an assessment unit, where there were very few nurses and her husband had to bring her pillows from home. On the unit she was advised by a senior doctor to go home before “she caught anything terrible”. The patient continued to be treated as an outpatient where she underwent radiotherapy; staff were competent, intelligent and kind.

Source: Direct contact

“While of course I would have liked mum to live longer, I dread to think what else she would have had to endure if she had stayed on the wards of Stafford General Hospital for much longer.”

After admittance to the Emergency Assessment Unit at Stafford Hospital the patient was transferred to Ward 2. When her son visited he found his mother sitting at the end of the bed being violently sick with no one around to support her. She was eventually diagnosed with shingles and moved to Ward 1. The hospital failed to inform her daughter who panicked when she could not find her mother.

The next day the patient’s son received a call from the hospital informing him that his mother had had a fall. The nurse also mentioned that his mother had been ‘ranting about her £500 gold watch’. When her daughter arrived, she found her mother with a “massive, beetroot-like lump” on her face and head and she appeared to have serious concussion. Her watch had been moved to the windowsill and it was apparent that her mother had been worried that someone was trying to steal it. The nurses were very unsympathetic and did not offer any explanation regarding the fall. Later, in a letter the hospital said the patient had been put onto a commode and left there and while trying to pull herself up had fallen.

The doctor then asked the family for their permission not to put their mother on a life support machine if required, as she was unlikely to make a recovery. The patient died in her daughter’s arms soon afterwards.

A complaint was made to the hospital, but the response was unsatisfactory.

Source: Cure the NHS/Direct contact

When an independent lady of 75 was admitted to A&E at Stafford Hospital she was left in a cold room for three hours wearing only a hospital gown. When her family requested a blanket they were told by the nursing staff that they were too busy. The patient's family were forced to try to keep her warm with their own clothing and by rubbing her skin. The patient had faced a further wait for an X-ray and when it was complete she was left in a cold corridor. She was found to have a perforated ulcer, however due to her thin blood surgery was not a possibility. The patient's family believe the treatment she received contributed to her death.

Source: Direct contact

'She suffered an unnecessary amount of pain and discomfort, that could have been avoided.'

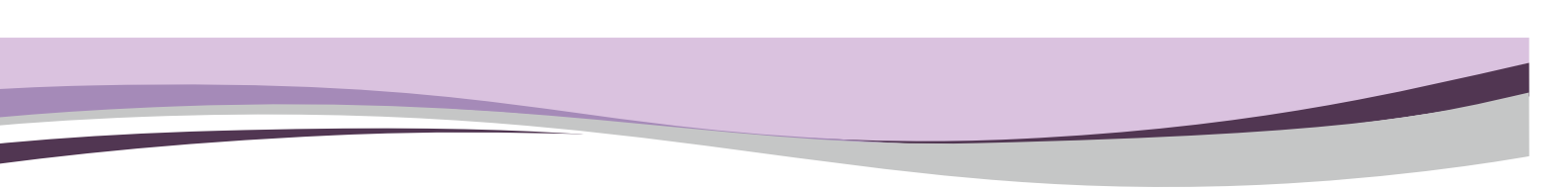
When being treated for a breast abscess at Stafford Hospital, over a four-month period the patient was seen by different members of staff and given inconsistent treatment. The attempt by doctors to drain the abscess before taking a scan was unsuccessful. Eventually a scan was taken and a minor operation resolved the problem. Her family believe their daughter suffered unnecessary pain and discomfort.

Source: Direct contact

Following admittance to Stafford Hospital the patient was transferred to a ward where the delay to his surgical assessment resulted in him being nil by mouth for a long period. When it was established that the patient did not require surgery he was left without water for a long time causing him much distress.

Prior to a colonoscopy the patient was asked to drink four jugs of water, which caused him additional upset. His wife complained to the hospital regarding his treatment, but was not satisfied with the response. A hospital matron was due to visit the patient and his wife at home, however she was unable to attend.

Source: MP



Upon attending Stafford Hospital the patient was discharged and given an appointment for an endoscopy in two weeks' time. She still felt unwell and decided to attend a private hospital where surgery was immediately carried out. She was informed that her kidney was so infected that she may not have 'lived another day'. Upon complaining to the hospital, she received an apology.

Source: Direct contact



December 2007

Following a GP referral, the patient attended Stafford Hospital with severe abdominal pain. After undergoing tests, the patient was put on a waiting list for a cholecystectomy. The patient was also required to attend outpatient appointments, however on many occasions these were cancelled at short notice and she was only given one day's notice of her operation. When the patient requested to speak to the Chief Executive she was transferred to the PALS office.

The patient did not feel her complaint was dealt with properly, a nurse who did not know her specific complaint details provided only general information regarding the lack of hospital beds.

Source: Direct contact

An 89-year-old woman was taken to the Stafford Hospital after being attended to by paramedics. She waited for seven hours to be assessed during which time her condition deteriorated. The patient was then told to wait a further four hours and was eventually seen by a doctor at 2am. She passed away a few days later.

Source: Direct contact

An 86-year-old man remained in Stafford Hospital for 5 months, during which time his hearing aid, costing £900, was lost. When his son complained PALS simply responded by saying that they "could not be sure the item had even been brought into the hospital". Additionally whilst in hospital the patient spent £200 to watch television; complaint letters regarding this were simply ignored and later found to be lost.

When the patient was discharged he had MRSA in his groin and feet, and when his family complained the hospital response was they "could not be sure he had caught MRSA whilst in hospital". When the patient died four months later half his foot had "rotted away" through the infection.

Source: Direct contact

'A patient died in one of the beds and the body was left on the ward for the rest of the day.'

A lady of 95 years who was registered as blind and diabetic and suffering from pneumonia was left to sit in a corridor in A & E at Stafford Hospital for three hours. The care, when it was eventually provided, was good.

The next day the patient was transferred to Ward 10 where she was left in soiled bed clothes and no one answered when she rang her call bell for help. When the patient's false teeth were lost she was assured that the dental department would provide a new set, yet weeks later she was told such a service was not available. The food provided to the patient was not suitable for a lady with no teeth and despite being blind, staff offered her no assistance with feeding. For the patient's entire stay, which was several weeks, she was not washed or cleaned.

Source: Direct contact

"If you are old or in need of a bedpan you are deemed a hindrance."

The aftercare at Stafford Hospital, following the patient's hysterectomy was poor. Whilst on the ward it would often take 15 minutes for her buzzer to be answered, as there were not enough staff. Despite being told prior to surgery that she must not lift anything, she was informed by nurses that she had to carry her catheter bag to fetch a jug of water.

Her catheter bags were regularly not emptied, which caused pain and she was careful not to drink too much water during the day for fear of her bag needing changing overnight when there was only one nurse between three ward sections.

Source: Cure the NHS

Suffering with pneumonia the 86 year old patient was admitted to A&E at Stafford Hospital before being transferred to a ward where nurses refused to provide bed rails for the patient until he was assessed. The patient developed bedsores and his call buzzer was removed. The patient was discharged, however he was re-admitted by ambulance the same day. Upon arrival he slipped into a coma and died.

Source: Cure the NHS

Having been anaesthetised in preparation for surgery on a broken leg the patient died at Stafford Hospital. The pathologist informed the coroner that there were difficulties when the patient was anaesthetised, though this was later denied to the patient's family.

Source: Cure the NHS

A patient with prostate cancer developed blood clots on his lungs and was admitted to Stafford Hospital. There was a lack of communication between different staff and wards and this led to confusion surrounding the patient's medication and inconsistent care.

Source: Direct contact

“The lack of hygiene in the wards was worse than the third world.”

Suffering with breathing difficulties the patient was admitted to EAU at Stafford Hospital by ambulance where he received excellent care. However when transferred to the general wards he was “appalled at the time wasted by general nursing staff”. The quality of the food was poor and he “survived” on the sandwiches his wife brought in. The hygiene was extremely poor and on one ward he was shocked to find an area of the floor ‘larger than a bed’ stained with faeces.

Source: MP

“None of the staff seemed to care about any of the patients.”

An 86-year-old male patient, who was very independent and had just returned from a cruise, attended Stafford hospital at his GP's request for an emergency X-ray, but there was some confusion and this was not carried out. The following day he was in extreme pain and he was admitted to A&E by ambulance. Here he was left to wait overnight in a cold corridor. He was then discharged, without medication, as it was Christmas period and he was told that the hospital would not be performing any procedures. Three days before Christmas he was rushed back to hospital again and discharged without an x-ray.

Eventually the procedure was carried out. In the New Year the patient's condition deteriorated and he returned to the hospital where again he was left in a cold corridor before being found to have C. difficile and transferred to Cannock Community Hospital.

There was a lack of nursing care at Cannock. When his friend visited she found the patient suffering a penile bleed from the insertion of a catheter, but the nurse was dismissive despite the patient being covered in blood and dressed only in a blood stained short gown. His friend found it difficult to obtain information about his treatment, there were never any staff to ask and on one occasion when she spoke to a doctor, he informed her that she could not be given any information, as she was not family.

When she called the hospital to inquire about the patient's health she was told "he was better", but the patient died that night. His death certificate listed dehydration and C. difficile.

Source: Cure the NHS/Direct contact

Following a GP referral the patient was admitted to A&E at Stafford Hospital where she was briefly examined by a doctor. The doctor requested blankets to be brought for the patient as she was cold, however this was not done. She was then transferred to EAU where oxygen was administered but no monitors were set up and she was left alone. She died shortly after and her post-mortem revealed she had suffered heart failure.

Source: Independent case notes review

"She was placed on a bedpan and told not to ring the bell when ready, as they were too busy to attend."

The patient was admitted to Ward 11 at Stafford Hospital, where her family were shocked to find that after four days they were not given any information regarding her treatment. Only after several requests from her daughter was a meeting arranged. One night the patient urinated in her bed three times as she was unable to reach the buzzer, when she tried to move from her bed as she received no response from the buzzer she suffered a sprained ankle.

The patient was often left for long periods shivering on a commode despite suffering from pneumonia and was not given fluids despite her dehydration. Nurses had left mouth swabs on the table but did not use them and her family were unaware of their purpose.

On one occasion the patient was diagnosed with liver psoriasis due to a drinking problem, although her daughter assured doctors that her mother did not have such a problem. However, she was later diagnosed with anaemia. When she was due for a transfusion the wrong blood was brought due to a mix-up with her date of birth, even though her daughter had already informed nurses of the date error.

The patient suffered oral thrush and bedsores for days before they were treated. Her family found her left in a bed with pads underneath her and a sanitary pad between her legs, she had been told to urinate in her own bed throughout the day. When her family complained the matron responded with shock and disgust but little improved.

The patient was due to be transferred to a hospice, however this was delayed due to her suffering from diarrhoea. It was not until days later that it transpired she was still being given constipation medication and was suffering unnecessarily for a number of days.

Her daughter found PALS to be supportive but they were unable to change the conditions on the wards.

Source: Direct contact

“My mother told me not to say anything because she would still be there after we had gone home, and was scared the nurses would be mean to her.”

Following an outpatient’s appointment the patient was admitted to Stafford hospital with a large gallstone where she contracted *C. difficile*.

When her daughter spoke to a doctor he said the patient required a CT scan. His daughter told him that her mother had already had a scan and he apologised and proceeded to look for the results. She was diagnosed with pancreatic cancer and discharged, although nurses had forgotten to provide the required pain relief medication.

The patient was returned to EAU with chest problems; however her daughter was unable to obtain any information regarding her treatment despite her mother’s weak condition. She was shocked to find that there was little care for her mother and on one occasion her mother had been left alone in pain on a commode waiting for help. On another the patient was left in damp nightwear whilst the nurse went off to find a nightgown, but no one returned and unable to reach the bell she had to “struggle” back into bed herself.

Her daughter agreed with a doctor that her mother would not be resuscitated, but this issue was raised again in her mother’s presence causing much distress. The patient’s condition deteriorated and morphine was administered. It took four hours for a doctor to arrive and he told the family she may have had a heart attack, but he did not examine the patient and just wrote a further prescription for pain relief. It later transpired that the pain relief medication had not been properly administered and that the patient had been left without any pain relief for hours. The patient later died at the hospital.

Source: Cure the NHS

A 90-year-old patient was taken to Stafford Hospital where she was informed that she only had three hours to live, but the next day she was sitting up in bed in the Emergency Medical Unit. She was transferred to Ward 1 and told that she had suffered a mini stroke and needed to 'get back on her feet' but she was given no help by the nursing staff to mobilise her or with feeding. The patient also contracted the noro virus and died shortly later.

Her son in law was assaulted by a hospital porter. Complaints were made to the Chief Executive but he feels he was 'fobbed off' with a phone call from a sister.

Source: Direct contact

2007 (dates unknown)

“Hell on earth!” The patient was admitted to A&E where he was concerned that protocols were not followed and his usual medication was stopped without any regard to the consequences. In addition his medical notes were lost and later he discovered that they were likely to have been destroyed. Whilst at the hospital a pacemaker was fitted, however the patient was concerned that it was not suitable for MRI investigation and he had to undergo further surgery. He was also concerned by the poor level of hygiene in the hospital and believes he contracted MRSA.

When the patient complained he was not satisfied with the response he received. A meeting was arranged but due to the loss of his medical notes little progress could be made.

Source: MP

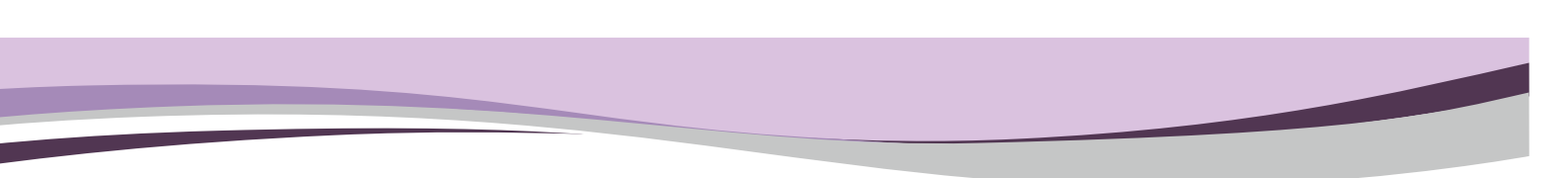
The patient was admitted to the A&E at Stafford Hospital, where her daughter was concerned that she nearly died. The patient’s daughter complained to the board and received an apology.

Source: MP

An 82-year-old woman was admitted to Stafford Hospital following a road traffic collision; however, she had to wait for three hours before assessment by a nurse. She was found to have a hairline fracture in her metatarsal and was given an outpatient’s appointment. At this appointment, she learnt that some of her other bones were also broken.

A year later, the patient was admitted with chest pains, on this occasion she was thoroughly assessed and treated well before being transferred to Ward 1. Here she was treated by a consultant who showed a lack of care and was rude in manner to her. The patient was left so upset that she had to be consoled by other patients on the ward.

Source: Direct contact



On five separate occasions the patient, who had heart problems, attended Stafford Hospital for appointments only to discover they had been cancelled. Staff showed no concern for the distress this caused. He attended the hospital whilst renovations were being carried out and found the temporary facilities were inadequate, with insufficient seats for patients to sit, poor hygiene and a shortage of both administrative and nursing staff.

Source: Direct contact

Following a hip operation at Stafford Hospital the patient's husband was unable to locate his wife as she had been moved to another ward without the family's knowledge.

Source: Direct contact

When attending Stafford Hospital with a heart problem the patient was very satisfied with the treatment he received. His wife also had an operation for breast cancer at the hospital and was treated with care and respect by all of the staff.

Source: Direct contact

Discharged from Cannock Hospital without any proper planning the patient was put into the care of her ill husband. Her husband believes that she should have been discharged to a nursing home. Eventually her husband went into hospital and she was transferred to residential care.

Source: Direct contact

The patient was admitted to Stafford Hospital nearly 25 times in one year. As an in-patient he was not happy with some of the care received.

Source: MP

Suffering with a stomach ulcer the patient attended A&E at Stafford Hospital where her treatment was "first class". Upon transfer to a ward she found it "grubby" but had no complaints about her care. The patient has since attended appointments at the hospital, having "nothing but praise for the treatment, explanations and care".

Source: Direct contact

Following an earlier heart attack the patient had a pacemaker fitted. He received good treatment whilst being admitted for the operation and at subsequent check-ups.

When taken to A&E at Stafford Hospital the patient has observed the department being dirty and "chaotic with few nurses".

Source: Direct contact

An eight-year-old boy was taken to A&E at Stafford Hospital, after an injury from playing football; his mother believed he had broken his arm. He waited for 3 hours to be seen by a nurse who examined him for a minute and then ordered an X-ray. His mother believed it to be inefficient to have left him waiting for such a long period when it was "clear" his arm was broken.

Source: Cure the NHS

“My wife was bringing in dressings we used at home and did the dressings herself as the nurses kept putting it off.”

A 62-year-old diabetic man was taken to A&E at Stafford Hospital by ambulance after suffering a heart attack, and was left sitting in a wheelchair in the waiting room for a long period. He was treated in the Acute Cardiac Unit and received excellent care, except when the in-house diabetic nurse changed his insulin dose against his strong requests and he “went hypo” for the first time in 7 years.

The patient was transferred to Ward 4 where he rarely saw a nurse even when he called for one using his buzzer. He contracted MRSA on a ward that was “not at all clean” and where consultants regularly did not use the hand gel. On many occasions, he did not receive the food he ordered and on some occasions was provided with nothing to eat at all. When he required a dressing to be changed nurses ‘put it off’ and his wife had to change it using equipment brought from home.

Source: Direct contact

“The cleaning was a joke; the cleaners were walking around like zombies.”

Following a successful hernia operation at Stafford Hospital the patient received care from “helpful and pleasant” nurses. He found that the “cleaning was a joke” and he cleaned lavatories himself before use. In addition he noticed that both doctors and visitors regularly forgot to wash their hands.

When the patient was discharged and returned home it transpired he had contracted MRSA and required medication for a number of months.

Source: Direct contact

When in Stafford Hospital for a gall bladder operation, a full urine sample was left on the patient's bedside table and she was never provided with fresh water.

The patient also attended the outpatient eye clinic at the hospital for glaucoma, a condition that can lead to blindness if it is not properly monitored. Her appointment was cancelled and a series of subsequent appointments were booked and then changed by the hospital. Her eye condition deteriorated but she was informed that she would still have to wait six months for her next appointment.

Source: Direct contact



January 2008

On numerous occasions over a 10-month period the patient was admitted to Stafford Hospital, however no action was taken to resolve his problems. Whilst there he did not receive good care and observed staff shortages.

Source: MP

Following a fall the patient was admitted to Ward 11 at Stafford Hospital. Other patients in the bay were suffering diarrhoea and the following day the patient also developed diarrhoea. However, nursing staff denied the bay was infected, despite carrying out a deep clean. When the patient's daughter attempted to complain to the Chief Executive, she was "fobbed off".

Eventually his daughter spoke to the ward sister and doctor; she was advised the patient had contracted C. difficile and MRSA and that his prognosis was poor. The patient returned to his nursing home but never recovered and died some months later.

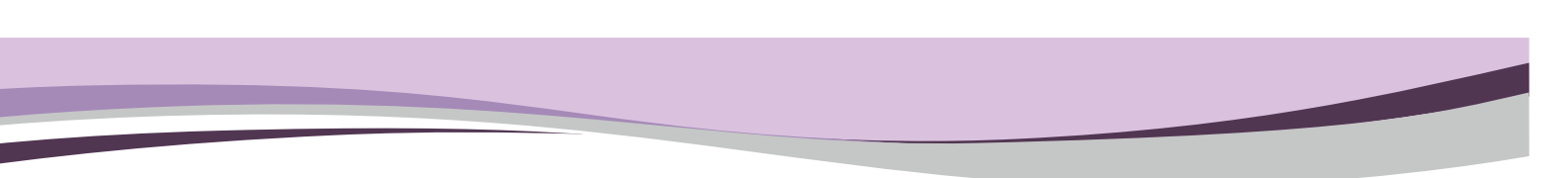
Source: Direct contact

"I was frightened to complain in case my treatment got even worse."

The patient was admitted to Ward 10 at Stafford Hospital for a bowel resection, but she was concerned that she did not receive any bowel preparation (a procedure where the intestines are cleansed of faecal matter and secretions). Following the operation she suffered a great deal of pain as the epidural had not worked and she then developed an infection as a result of her surgery and was told she required a second operation.

During this time neither she nor her family were given any information about her treatment, she felt they were "just ignored". Whilst recovering there were no attempts to control infection, hand gel was provided but "some people used them and some people didn't" and she developed MRSA.

The patient was moved to an isolation room, which again was not clean. Her wound was regularly re-dressed late and when her intravenous antibiotics were seen to be leaking it was one and a half hours before a nurse attended to check it. The door was left open and the isolation lavatory was used by visitors. The patient was then discharged, still suffering with MRSA.



She was later readmitted to reverse a stoma and ileostomy. The patient developed blood clots, but she found the nursing care was of a high standard. Later upon visiting her GP the patient was informed that she had had peritonitis and was lucky to have survived.

The patient's mother, a 93-year-old woman, also spent time on Ward 10 with a chest infection. Her daughter was shocked to find that she was given no assistance with eating and only given drinks when she specifically requested it. The ward was not clean and on one occasion the cleaner cleaned the sink but then put a dirty bin bag in it. The patient died 10 days after admission to the hospital.

Source: Cure the NHS

A diabetic patient was admitted to Stafford Hospital after collapsing at home. She was in a critical state and transferred to the Critical Care Unit, where her parents were treated well and provided with detailed information about her condition. Whilst in the hospital the patient received good care and was provided with full support to aid her recovery.

Source: Direct contact

The patient underwent surgery at Stafford Hospital and found staff friendly. However, she felt that she was "encouraged to get up and dressed" as the bed was required for another patient. Upon discharge her wound was not re-dressed and she left the hospital with an open bleeding wound.

Source: Direct contact

Following a fall the patient was admitted to A&E at Stafford Hospital and had to wait for three hours, despite being referred for direct admission to the Orthopaedics ward. His surgery was delayed for three days, during which time the nursing care was poor, telephones were left unanswered, the ward was not cleaned and urine was left uncleaned on the floor. The senior nurses seemed unconcerned with the care of patients and his own family had to assist other patients on the ward.

In July 2008, he was readmitted with a chest infection. The patient had to wait for three hours before examination by a doctor in the Medical Assessment Unit. The patient was then moved to a medical ward, but his family were not told. On the day he was due for discharge the patient was suffering with diarrhoea. It was only by reading her husband's medical notes that she learnt that he had contracted C. difficile. The patient later died.

Source: Independent case notes review

February 2008

In a serious accident the patient sustained a brain injury, multiple fractures and internal injuries and was admitted to A&E at Stafford Hospital where the staff provided excellent care. When the patient was transferred to Ward 7 he contracted MRSA and pneumonia. Due to the “professional and dedicated” staff the patient slowly recovered and was discharged, able to walk from the hospital.

Source: Direct contact

Whilst walking, the patient suffered a TIA (mini-stroke) and was taken to Stafford Hospital. She was admitted to a ward and placed next to an open window but told she could not have a blanket. Another patient on the ward provided her with their spare blanket. She was left alone overnight and surprised not to be given any breakfast the next morning. It later transpired that she had been confused with another patient.

On a subsequent occasion when the patient attended the hospital she was treated very well.

Source: Direct contact

During surgery for a hysterectomy at Stafford Hospital, it was found that the patient had a mass, which was diagnosed as cancerous and had spread to other organs.

Her husband was concerned that it was difficult to obtain information regarding his wife’s treatment and her daughter was “made to feel a nuisance” when she asked about her mother’s care. The patient received “tardy” care on the ward by nurses who had poor attitudes; however, some secretaries and doctors were helpful.

Source: Independent case notes review

Following surgery for acute appendicitis the patient was admitted for recovery to Ward 7 at Stafford Hospital. On the ward the shower was dirty, the lavatory floors soiled and bedpans were left un-emptied for several hours. After a few days the patient contracted C. difficile.

The patient underwent a second operation whilst he was still suffering from C. difficile and the toxins from the C. difficile infected his body. He developed septicaemia, renal and respiratory failure and was transferred to the Intensive Care Unit where the hygiene, care and treatment were "second to none". Following his discharge, the patient was concerned with the lack of communication between the hospital and his GP.

Source: Direct contact

A 91-year-old lady was admitted to Stafford Hospital with symptoms of a chest infection and dehydration. When her daughters visited the following day they were unable to find their mother. When they managed to locate her they were surprised to learn she had undergone cardiac tests. It then became apparent that there had been a mix up with medical notes and they had treated her mother believing her to be a different patient.

The patient was not re-hydrated as prescribed and she was given a heavy water glass that she was unable to lift. Solid food that she was unable to eat was also provided. There were not enough staff, no consideration was given by staff to older patients or those with sight and hearing difficulties and when the patient suffered a broken rib from coughing it took three days before any X-rays were taken. When the patient was discharged her family discovered that she had developed a number of bed sores.

Source: Direct contact

"Some patients who could not feed themselves were not fed at all; food was out in front of them and then taken away."

A 92-year-old lady with Alzheimer's was admitted to Ward 10 at Stafford Hospital after contracting the norovirus. Her family were shocked to find the hospital unclean and understaffed. Her daughter found that patients were not given assistance to eat and so attended every day to feed her mother.

Source: MP

Suffering from acute pain the patient was admitted to A&E at Stafford Hospital in the early morning. She was left to wait in an assessment room for hours and, despite requests, no pain relief was provided as she was told she must first be examined by a doctor. Internal and external examinations, which caused the patient a great amount of pain, were carried out by various doctors yet none of them were able to diagnose her condition. The following day the patient was told she would undergo

an ultrasound scan and a nurse told her she would let her know the time of the procedure. However, the nurse never returned. It transpired that the patient had not been booked in for the scan so she spent another day undiagnosed. She was nil by mouth throughout this period.

Three days later the patient's appendix ruptured. Following an operation to resolve this, she was informed by a doctor that she was "full of infection" and that "gangrene had already set in". Following the incident the patient has continually suffered from stomach problems.

Source: Direct contact

"The patience of the staff was endless."

Following treatment in A&E at Stafford Hospital for acute urine retention, the patient underwent an operation. She found both the post-operative care and staff on the ward to be excellent.

Source: Direct contact

March 2008

The patient was admitted to Stafford Hospital with bleeding from the anal area. He was informed he required a blood transfusion, which was carried out immediately. During the transfusion, the patient collapsed suffering with heart attack symptoms. The patient, who has a rare blood group, is concerned that he may have been given the wrong blood type at the hospital, causing him to collapse.

Source: MP

“I begged them not to take me to Stafford.”

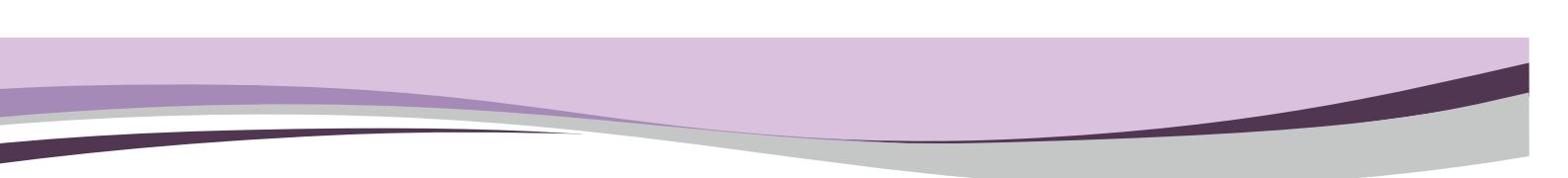
After suffering a head injury, the patient was admitted to Stafford Hospital, despite her insistent pleas to be taken to an alternative hospital. The patient had her wound stitched and was discharged, however shortly afterwards she collapsed again. After investigations by her GP, it was found she was suffering from vertigo, which may have resulted from the injury to her head. The patient was concerned that this was not observed at the hospital.

Source: MP/Direct contact

Following a suspected heart attack the patient, a 90 year-old blind retired nurse, was admitted to Stafford Hospital. The patient’s niece was concerned that her aunt did not receive the necessary attention and care. On one occasion, the patient was found by her niece lying in her own faeces with a swollen arm and leg that had not been raised despite instructions from her consultant.

Source: MP

At a follow up cancer appointment, the patient told her consultant at Stafford Hospital that some of her cancerous symptoms had returned, but the consultant advised that she was fine. A month later, the symptoms were visible and she visited her GP who referred her to the hospital for chemotherapy.



There was a four-month delay before the patient started chemotherapy, during which the patient underwent numerous blood tests, which she felt unnecessary as she had already been diagnosed. She is concerned that the hospital staff “did not know what they were doing”. The patient made a complaint to the hospital. The first response was inadequate and she only received a second response once the ombudsman had been contacted.

Source: MP

Following a routine knee replacement operation at Stafford Hospital the patient developed an infection in her joint. When she complained to nurses about the pain, she was advised to make an appointment to receive pain management advice.

When the patient’s friend attended hospital with a dislocated replacement hip she waited five and a half hours before deciding to leave and attend an alternative hospital.

Source: Direct contact

After a fall at home the patient attended A&E at Stafford Hospital where he had to wait for three hours before being assessed.

Source: Direct contact

A patient with Parkinson’s was admitted to EAU at Stafford Hospital with diverticulitis. Whilst on the ward she was treated well, underwent physiotherapy and her condition improved.

She was then transferred, without her husband’s knowledge, to Ward 10. On the ward, her physiotherapy was discontinued and she was given no assistance with eating or drinking. When her husband questioned this nurses informed him that his wife was unable to swallow so they were “just sponging her mouth”. The patient later died.

Source: Independent case notes review

When the patient was admitted to Stafford Hospital with terminal cancer she was given her own room within the hospital. However, staff failed to check on her regularly and when she asked for help to re-position herself in bed the nursing staff refused, saying they “did not do this sort of thing”.

The patient was due to be discharged to allow her to spend her final days at home. The hospital failed to organise the necessary medication and as a result of the delay she had to return home in an ambulance along with a number of other patients, as opposed to receiving the specialist care required.

Source: Direct contact

April 2008

“We have no complaints, only praise.”

After experiencing chest pains the patient was rushed to A&E at Stafford Hospital and a week later he had coronary by-pass surgery. He was very pleased with his treatment and impressed with the way that he was kept fully informed at all times.

Source: Direct contact

“Again, I told the doctor that my sister and I had to decide together and I did not, under any circumstances, want that machine to be turned off... However, despite my wishes, my father’s life support machine was turned off before I could discuss this very difficult decision with my sister. By the time she arrived, all of the equipment had been removed...”

An 88-year-old man collapsed at home and was taken to A&E accompanied by his daughter and her husband. He was taken to a side ward and a nurse attended to take details from the patient. It was explained that he was a urology patient and that he was in a lot of pain as he was urinating frequently. He had suffered two heart attacks and had angina. The nurse then left and they waited for three hours for someone to examine him. During this time he was not monitored and when his daughter asked what was happening the sister informed her “we are very busy tonight”.

Soon afterwards the patient’s eyes rolled back in his head and his daughter pushed the panic button screaming. Doctors and nurses rushed to the patient and they were told that he had suffered a heart attack. His daughter was adamant that they should continue trying to resuscitate him as her sister was due to arrive at the hospital and she wanted them to make the decision about resuscitation together. Despite her requests her father’s life support machine was turned off.

Following his death she spoke to a sister and expressed her concern that it had taken far too long for her father to be treated. The sister was insensitive in her response. She was also upset that her father was not considered a priority and felt that younger patients were given a priority. She complained to the Chief Executive of the hospital who admitted that her father’s care fell short of the appropriate standards.

Source: Cure the NHS

A patient who had previously suffered pancreatic cancer was admitted to Stafford Hospital with back pain. He underwent scans and throughout the day his condition improved, but by the evening he was in pain again. Overnight his condition deteriorated; he was transferred to ITU and it was decided his life support machines should be switched off. A post-mortem examination revealed renal failure and septicaemia.

Source: Independent case notes review

On the patient's bedside table at Stafford Hospital, three urine filled bottles belonging to another patient had been left. The chairs, table and cupboards on the ward were filthy and the patient's sister was left to clean them herself. When the patient was discharged it became apparent that he had contracted MRSA, but the hospital insisted it had not been contracted at the hospital.

Source: Cure the NHS

“The bed had been used previously by several other patients, and it had not been cleaned or the bedding changed.”

Following a road traffic collision the patient was admitted to A&E at Stafford Hospital by ambulance. After a nurse cleaned the blood from her face she was left sitting in a wheelchair for two hours. The patient then faced another wait for X-rays and then a further two hour wait before being examined by a doctor. The patient was then transferred to a discharge ward and she was given a bed that had not been changed or cleaned since it had been occupied by another patient.

The following day the patient received a telephone call from the hospital requesting her to return, as she had an injury to her hand which the hospital had “forgotten to treat”.

Source: Direct contact

Following a prostate biopsy at Stafford Hospital the patient was provided with an information leaflet warning that there was a small chance of infection. Telephone numbers were provided in case an infection occurred. Shortly after the operation, the patient developed a high temperature and began to shake. His wife telephoned the phone number on the leaflet and the only suggested response was to contact a GP. Despite numerous courses of antibiotics, the patient's infection remained for 18 months.

When the patient's 84-year-old father was admitted to A&E he was left alone, despite bleeding badly. He was attended to by a nurse only after a member of the public "raised the alarm".

Source: Direct contact

On a number of occasions when the patient attended A&E at Stafford Hospital he was assessed by a receptionist. The wait for clinical staff was between six and seven hours. The cubicles were not clean and ECG equipment was not working. When the patient underwent a gastroscopy the doctor was dismissive of his concerns and carried out the procedure in a rough and uncaring manner.

Source: Cure the NHS

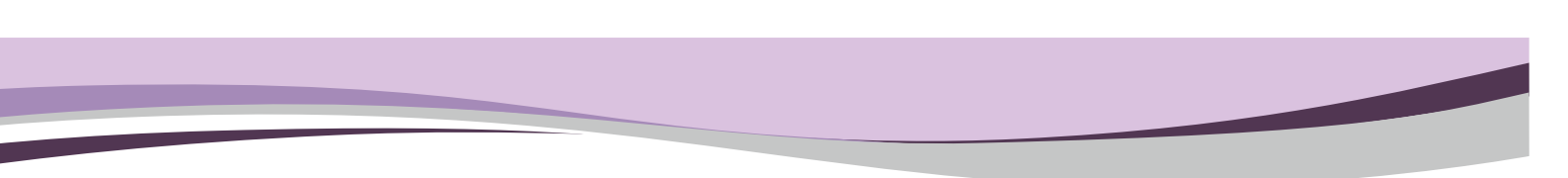
The patient was very impressed with the treatment provided to older patients by the ward staff at Stafford Hospital. He found that the ward was clean and the nurses were competent and helpful. His only criticism was the lack of leadership on the ward, which created confusion.

Source: Direct contact

A 74-year-old man, who was strong and proud and still worked part-time, was admitted to Stafford Hospital by ambulance after suffering a stroke. When his wife visited she was concerned that he continually pointed to his mouth indicating that he wanted a drink, however when she informed nurses they did not provide him with one. Two days later it transpired that he required physiotherapy to allow him to drink and was transferred to CCH.

"The nurses did not seem to care about the patients."

The patient's transfer was meant to take place in the afternoon, but it did not take place until 9.30 pm at night. When he arrived the patient was given a bed without cot sides and it was only due to his daughter's insistence that he was moved, although the new bed was broken. However, shortly after, his wife was informed that her husband had suffered a fall from a chair. She was shocked by this as she did not believe him well enough to be sitting in a chair. When she attended the hospital, there were no nurses; eventually one appeared and she was told she could not see her husband as it was not visiting time. However, she walked into his room and found him lying on the bed, which was covered in blood. The nurse was unable to provide any information and simply



handed her a complaints book. Later that day when she returned she found her husband in wet pyjamas. She asked a nurse to change him, but the nurse responded that she could only do so once a day, so his wife did it herself.

After suffering a seizure the patient was transferred back to Stafford Hospital where his wife was informed that he only had two days to live. During this time he was upset by another patient, whom his wife believed was withdrawing from drugs. This man pushed her husband's bed, causing him distress. Following the patient's death his wife noticed his face to be covered in bruises and his nose "out of joint"; she did not know how the injuries were sustained.

Source: Cure the NHS

A week after her first session of chemotherapy the patient, who had breast cancer, attended Stafford Hospital. She was admitted to Ward 8 for treatment but became confused and disorientated. There was little assistance offered on the ward and she had to be showered by her husband.

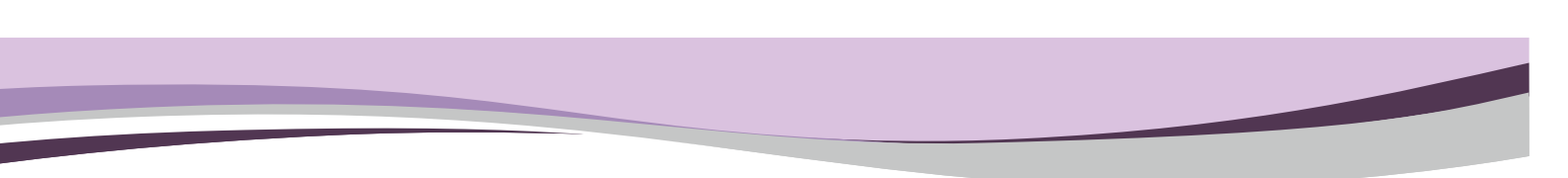
Source: Cure the NHS

A 91-year-old man, who was partially blind and deaf, was admitted to Stafford Hospital for tests. Drinking water was never readily available and the patient received no assistance with feeding or his hearing aid. The patient was discharged without warning and no information about his new medication or possible side effects was provided. Staff were insensitive and had no knowledge of how to care for people with disabilities.

Source: Direct contact



May 2008



Suffering with pain in his leg the leukaemia patient attended A&E at Stafford Hospital where he was immediately provided with a bed and examined by doctors. He underwent an operation to remove blood clots from his leg and received a full explanation and reassurance from the doctor.

However, when admitted to a ward to recover he was concerned by the lack of thorough cleaning and often when he visited the lavatory he would find blood and faeces on the floor. There were not enough nurses on the ward, but they always had good attitudes despite the difficult circumstances.

Source: Direct contact

In a deeply unconscious state the patient was taken to A&E at Stafford Hospital. The nursing care overnight was satisfactory although there was an incident when her oxygen bag went momentarily flat. The nurse adjusted the equipment and the bag resumed its normal motion.

Early that morning the patient started to look better but a doctor informed her daughter that she should not be resuscitated in the event of a cardiac arrest. The doctor was a very poor communicator who offered the option of administering an injection to “slow things down” and “help her on her way”. The family said that they would consider this and a stroke co-ordinator came to discuss future care possibilities.

His family then noticed that the oxygen bag had once again gone flat. They shouted for help and they were ushered out of the room. An argument then ensued as the nurses denied that the bag had gone flat. A junior doctor was rude to the family who were then informed that their mother had died.

Source: Independent case notes review

“Displays in A&E saying 1 to 3 hours’ wait was a nonsense.”

A multiple sclerosis sufferer was admitted to Stafford Hospital for surgery on her shoulders. Her husband found that the wards had not been cleaned, with blood-stained bandages being discovered behind bedside cabinets. Even when requesting help his wife had to wait for long periods before being taken to the lavatory.

The patient’s husband attended A&E with a broken rib, where he had to wait for 5 hours before being examined by a doctor.

Source: Direct contact

At New Cross Hospital in Wolverhampton the patient, who was going blind, was also treated for rheumatoid arthritis. She was then transferred to Cannock Hospital as she could not stand very well and it had a hydrotherapy pool.

At Cannock Hospital, despite being unable to lift her arm due to a replacement shoulder, she was given no help with eating. When she caught an infection the patient was moved to a ward. She was then moved back and forth between Stafford and Cannock Hospitals, catching another infection that turned into pneumonia.

At Stafford Hospital the family were told that they should go home in case they got ill themselves. Later that evening they were telephoned and told that the patient had taken a turn for the worse. They received no further explanation regarding her condition and she died soon afterwards. A doctor from New Cross Hospital and the patient’s GP queried her treatment, as her death was unexpected.

Source: Independent case notes review

The patient attended Cannock Hospital in May 2008 for an operation. He arrived at the hospital at 11.30 am but was told that there had been a mix up and he was four and a half hours early. He had his operation at 6.30 pm and at 10pm, he was told to go home despite being drowsy and coughing up blood. He lived 10 miles away and had no idea how he was to get home.

Source: Direct contact

June 2008

After attending A&E at Stafford Hospital following a suspected mini-stroke, the 76-year-old retired long distance lorry driver was discharged with medication the same day. He returned to the hospital on many occasions but was discharged each time.

Some months later when his condition deteriorated he was admitted to Cannock Hospital, where his daughters stayed with him 24 hours a day. However, when they were unable to remain with him he fell from the bed suffering cuts to the head. On one occasion his daughter was concerned that a suction tube used on another patient was left in her father's room; she informed nurses of her worries but it was not removed. Her father was often found with no clothes on, covered in urine and left on the floor.

One healthcare assistant was very unkind to the patients and when his daughter ordered him extra lunch he called her father "a fat bastard".

Source: Direct contact

Whilst on the waiting list for an appointment at the Gastroenterology Department at Stafford Hospital, the patient received a number of letters each giving different dates for her appointment. After attending the appointment she was discharged, but she continued to receive letters offering dates for further appointments. The patient complained to the hospital and the administrative error between two departments was immediately resolved.

Source: Direct contact

A woman of 95, who was "virtually blind and very deaf", was admitted to Stafford Hospital. All her regular medication was stopped and, though her family raised concerns about this, the nurse was unresponsive. Her family believe she became agitated, uncooperative and confused as a result of the sudden withdrawal of medication. Whilst on the ward the patient fell from her bed but the family were not informed of this and it was not discovered until her death.

Source: Direct contact

A 67-year-old woman was treated as an outpatient at Stafford Hospital for bowel problems. A rectal examination was performed by a doctor who was rude, dismissive and failed to provide any explanation about the procedure.

When her condition deteriorated she was admitted to Ward 11. On the ward she was monitored infrequently by nursing staff and on one occasion pulled out an intravenous line. Catheter bags were not emptied and it was left to the family to wash the patient. Fluid charts were not updated, prescribed nutritional supplements were not administered and nursing staff “forgot” to administer her pain relief medication.

The patient was transferred to Ward 7 for surgery. During her operation too high a level of fluid was administered and as a result the patient suffered kidney failure and died.

Source: Complaint to hospital

In A&E at Stafford Hospital, the patient was diagnosed with pancreatic cancer. The patient then faced a delay of a week for a biopsy, during which time his condition quickly deteriorated. His family were not given any information by staff. When the patient was told he only had 24 hours to live the nurses still insisted on giving him a bed bath despite the immense pain caused.

No nurse was available to administer morphine to the patient and he died “gripping his bed rails in extreme pain”.

Source: Direct contact

Following a fall from bed the patient was admitted by ambulance to Stafford Hospital, where his wife provided staff with his medication and nebuliser. Later that day, as there were no beds available at Stafford Hospital, the patient was transferred to Cannock Hospital. At Cannock he was not provided with his nebuliser and was unable to pass water. He was then transferred back to Stafford Hospital where he was catheterised and his wife informed that he had a fractured hip and had developed pneumonia. After a couple of weeks the patient returned to Cannock Hospital.

“I cannot believe that my husband spent his last few days in such an uncaring and appalling environment.”

In September he was admitted by ambulance to Stafford Hospital with breathing difficulties and transferred to a ward. Here his wife learnt her husband had MRSA from seeing his name on a board. The patient should have been provided with a basket for clothes and bedding for hygiene reasons, yet his wife often found her husband’s soiled clothing on the floor. He also received little help with feeding and his meals were often placed out of his reach. The blankets on his bed were “disgusting” and “in pieces” and despite requests it took a couple of days for the nurses to change them. Communication between members of staff and the family was “absolutely awful” and his wife found it “virtually impossible” to ask questions about her husband’s care.

On Ward 10 the patient fell twice. On one occasion the patient’s family learnt about the fall from a student nurse who said the patient had fallen from bed, however his wife could not understand how this had happened as the cot sides on his bed were meant to be up. The family asked to discuss this with a senior nurse who told them that she was too busy and hadn’t had time to read the notes. His wife found her to be “dismissive and rude”. They then learnt from a doctor that the patient’s kidneys were failing and that he required a blood transfusion. The blood transfusion failed and the patient died two days later.

Source: Cure the NHS/Independent case notes review

The patient, who was an active golfer, was admitted to EAU at Stafford Hospital with chest pains as an emergency patient. After three days, no diagnosis had been made and the patient was being considered for discharge. She then began to cough up blood and was immediately transferred to the Critical Care Unit where she died later that day.

Source: Independent case notes review

“It is hard to think of one day he was in that hospital when things didn’t go wrong.”

A 75-year-old man attended Stafford Hospital following a referral from his GP with a suspected blood disorder. The doctors were unable to determine what was wrong and he was admitted. He underwent exploratory surgery that was inconclusive and he was discharged without a firm diagnosis.

At an outpatients appointment three weeks later he was advised without a thorough examination that “it was normal for a man his age to be in pain as the healing process took longer”. He collapsed on his return home and was readmitted to Stafford Hospital where he was not given

pain relief medication and suffered two falls of which his family were not informed.

When his wife visited on one occasion the curtains around her husband's bed were drawn and she assumed he was receiving treatment until another patient told her the curtains had been like that for over an hour. The patient then told his wife that he had rung the buzzer for her husband as he needed the toilet, but it had taken 20 minutes for someone to attend, during which time he had wet himself. When the nurse arrived she had simply closed the curtains and left as "he was going off duty soon".

Whilst on the ward he received no assistance eating and so meals were simply removed with the assumption that he did not want them. On one occasion his wife found him slumped in a chair; his skin was cold and he was sat by an open window. She went to find a nurse and when the ward sister saw him she was shocked at his condition and he was returned to his bed.

The patient developed pneumonia, though a doctor admitted that he still did not know the patient's original diagnosis and he was transferred to Ward 10. On the ward, his condition deteriorated rapidly and he was transferred to the Critical Care Unit where the staff were "wonderful" but despite "their best efforts" the patient died.

When his daughter complained a meeting was arranged, but the consultant attending had no knowledge of her father's case. The post mortem revealed that he had septicaemia which had been the cause of pneumonia.

Source: Cure the NHS

The patient was admitted to A&E at Stafford Hospital with cervical bleeding and was left on a trolley for three hours before being examined by a doctor. After numerous requests by her family it was agreed that a Gynaecologist would examine the patient. Yet there was no Gynaecologist on call and the patient was discharged. Four weeks later the patient was eventually examined by a Gynaecologist and she was diagnosed with cervical cancer.

Source: Direct contact

Following a hysterectomy the patient was admitted to Ward 8 at Stafford Hospital; however, her treatment was “rough” and she was often “remonstrated” by staff, causing her upset. Upon discharge she underwent chemotherapy, but deteriorated and returned to A&E. Her son was concerned that they “seemed to be forgotten” whilst in a waiting area and it was 10 hours before a doctor examined the patient.

“Whilst cleaning a bedside locker, nurses disturbed a flies’ nest. The flies were flying around the ward for the whole weekend.”

The patient was transferred to a ward that was full of flies. She was informed that a flies’ nest found in a bedside locker had been disturbed and that exterminators had refused to attend over the weekend. When exterminators attended, they simply put sticky paper on the walls and patients continued to be left being covered in flies.

The patient had been informed that she should not have blood taken whilst undergoing, or for a period following, her chemotherapy. However, during this time a doctor forcibly took a blood sample causing the patient great distress and delaying her next session of chemotherapy.

Source: Direct contact

The staff and care was ‘exceptional’ when the patient attended the Urodynamic department at Cannock Hospital for a hysterectomy and bladder repair.

Source: Direct contact

Following an MRI scan the elderly patient visited Stafford Hospital on three different occasions to collect her results. Each time she was told they were not ready. She incurred expense and wasted time as a result. In response to her formal complaint to the hospital she was told the clinic was short staffed due to insufficient holiday cover.

Source: Direct contact

July 2008

Following a fall the patient was admitted to Stafford Hospital with a broken wrist which required surgery. Whilst waiting for surgery she was left for hours in great pain before being administered any pain relief and upon using her buzzer waited for long periods before a nurse attended her.

Following the successful operation, the patient was left in a ward where she rarely saw a nurse. She was provided with a meal but it was left out of her reach and in an attempt to feed herself she caused injury to her arm.

Source: Direct contact

“The way he died was not what he would have wanted or what he deserved.”

A bone cancer patient who had been receiving palliative care at home was admitted to Stafford Hospital by ambulance as he was unable to walk. His wife understood that he had been admitted but received a telephone call at 11pm at night requesting that she collect him. Upon returning home the patient was still unable to walk and fell onto his face. The following day he was admitted to Ward 2 at his GP’s insistence.

When his wife visited she found him “cold and clammy” but nurses ignored her requests for assistance. Eventually when one did attend she became worried and called for a doctor. The patient was transferred to Cannock Hospital to undergo an MRI scan; however the patient was left in the MRI tube and he had to knock to be let out.

Only after his wife waited all day was she provided with the results of her husband’s scan, which diagnosed additional tumours on his spinal cord. It was decided that the patient would be transferred to another hospital for radiotherapy. The following morning his wife was informed her husband’s condition had deteriorated and he died before she managed to reach the hospital. When she saw her husband she was upset to find that tubes had not been removed from his nose.

His wife was concerned that the hospital had prevented his son from seeing the patient before his death. His son was due to be returned from Cyprus by the Ministry of Defence to be with his father, however a doctor advised the MOD that there was no rush to return and that he could “have his little holiday” later.

The patient's wife complained to the hospital and PALS. In the responses to her complaint, the hospital accepted failings and apologised, but her questions were not answered.

Source: Cure the NHS

Suffering with symptoms of a chest infection the patient attended Stafford Hospital, and after a short period he was discharged. The patient was later readmitted and he remained in the hospital for six weeks. During this time he contracted *C. difficile* and was moved to an isolation room. However his family were concerned that isolation procedures were not followed and his bed was left covered in faeces.

Source: Cure the NHS

"We only go to Stafford if we have no alternative."

Certain that she was about to give birth the patient arrived at Stafford Hospital and was told by nurses that the baby would not be born for some time and to go home and take painkillers. She decided to ignore the advice and the baby was born shortly afterwards.

After giving birth to a baby girl, she was then left in a large cold room for some time whilst her daughter had difficulty eating. She waited over an hour for a bath and had to ask repeatedly for help. At one point, a nurse offered to take the baby to the nurses' station to give her a break but she was then told that "her lunch was ready and disappeared". A few days later the patient returned to hospital as her baby had lost weight. She was admitted to the children's ward where it was very cold and she was only given a sheet and a pillow.

Source: Direct contact

On two occasions, the patient was admitted to Stafford Hospital where he received good treatment from "professional and supportive staff". However, when his daughter was admitted to the Maternity Unit the standard of treatment was below what they expected. Her family had to change her soiled bedding and when a doctor spoke to the patient, he was using the wrong medical notes. When the patient asked for assistance in breast-feeding a nurse curtly replied "don't ask me about breast-feeding; I only have cats and dogs".

Source: Direct contact

After admittance to A&E at Stafford Hospital the 84-year-old patient fell out of bed, an accident which left her bed bound as a result. News of the fall was given to her family by other patients, but staff claimed the fall had occurred prior to admission.

The patient was transferred to Ward 10 and diagnosed with cancer. Her family had requested that they were present when the patient was informed, but this request was ignored. Some of the staff were caring but others had a brusque manner.

On Ward 10 the patient developed bedsores but her family were not initially informed. Only when they learnt of the condition was a specialist bed provided at their insistence. Despite the patient being in visible pain, medication was only administered after requests from her family.

When patients were dying the hospital operated an open visiting hours policy. This was not communicated to the family, who had wanted to remain with their mother-in-law.

Following the patient's death her family were moved to another room whilst her body was prepared. They were not informed when this process was complete and when they eventually saw her body, rigor mortis had set in.

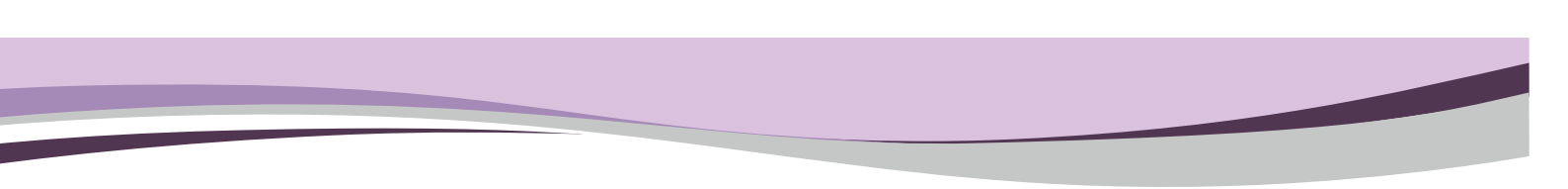
Source: Direct contact

The patient was admitted to Stafford Hospital by ambulance in a critical state and later died. Whilst in the hospital he was treated efficiently and kindly. His family found hospital staff supportive with the receptionist even making the patient's wife a cup of tea.

**"Not an experience
any of us would
want to repeat."**

The patient's wife attended the hospital some months later, but waited eight hours before she was given a bed and then left alone overnight. She was not given a drink until the following morning and discharged a few hours later.

Source: Direct contact



The patient attended Stafford Hospital with symptoms of pneumonia. He was assessed by a doctor and sent home to rest with pain relief medication. His condition did not improve and he returned to the hospital the following day when he was diagnosed with pneumonia.

Source: Cure the NHS



August 2008

Suffering neurological problems, the patient was transferred to Ward 10 of Stafford Hospital where nurses showed her the “utmost care and tenderness” and physiotherapists were “superb and diligent”. However, the doctor was not so caring upon informing her partner of her prognosis, simply saying she “was severely brain damaged and expected to die sooner rather than later”.

When the patient contracted a chest infection her doctor initially refused to treat her, but reluctantly prescribed antibiotics at her partner’s request. She did recover and her neurological condition improved, allowing her to communicate through blinking. The doctor’s behaviour remained detached, only assessing the patient for a few seconds from the bottom of her bed.

She was transferred to Cannock Hospital where she contracted MRSA; her partner was concerned that there was a poor staff attitude and lack of staff. When her partner visited he found her lying in “her own faeces and urine” as her catheter had become blocked and was not regularly turned by nurses.

When the patient’s condition deteriorated there was a lack of communication and an unwillingness to treat her by her doctor. Her partner contacted a doctor at another hospital who examined the patient and treated her for an undiagnosed chest infection. He explained fully her condition and scheduled brain surgery. Surgery was very successful, however upon her return to Cannock Hospital she was left sitting upright in a chair for six hours, which caused further damage to her brain.

The patient’s partner complained to the matron of Cannock Hospital and the Director of Stafford Hospital but did not receive a satisfactory response.

Source: Direct contact

“I shudder when I read some of the adverse letters to the press; it must be so demoralising for the staff.”

Following a heart attack, the patient spent three months at Stafford Hospital. The family were extremely grateful for the excellent treatment he received and found the staff to be very comforting. The patient’s mother regards her son as a “walking miracle” and “thanks God every day for Stafford General”. They are very upset by the press portrayal of the hospital.

Source: Direct contact

Following a blood test by her GP the patient was referred to Stafford Hospital where she experienced a long wait in A&E. She was admitted to the hospital for two weeks during which her daughter was concerned that she was showered by a male nurse.

When her mother was discharged from the hospital the patient's daughter was not informed that her mother had been sent home to die.

Source: Independent case notes review

"The Paediatric Consultant informed me I had been given some antibiotics; however I still don't know what these were for as nobody was able to tell me."

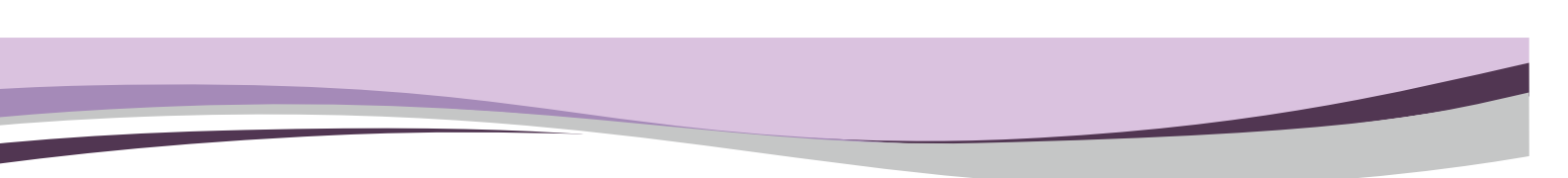
A heavily pregnant woman attended Stafford Hospital for a scan where it was found that her baby was in an "incorrect position". She was seen by a consultant who was rough, refused to answer her questions and was dismissive of her concerns; he stated that she would "have the baby turned" and give birth naturally. The patient obtained a second opinion where the consultant advised that she was "far too pregnant" for the baby to be turned and should have a planned C-section.

Reluctantly the hospital booked a C-section, but only a day before her due date and by this time she was already in labour. The patient believes the pain and distress she suffered could have been easily avoided.

Whilst recovering on a ward the patient was concerned there were "too many trainees and not enough qualified staff". Upon being admitted to the ward she was not checked on for seven and a half hours, and when her drip stopped working no one noticed. Patients had to collect their own food and she did not see the ward cleaned once during her three day stay.

Source: Direct contact

An 87-year-old man who previously worked as a building engineer was admitted to Stafford Hospital, where he remained for 10 weeks. During this time his family were shocked by the poor level of care – he was only showered once during his stay. The patient was discharged from the hospital but returned when his condition weakened. However when his family arrived they were left waiting in the waiting room and were not informed that the patient had been transferred to EAU. Whilst he underwent a NG tube procedure to "remove a blockage" he suffered a cardiac arrest and died.



His family were concerned to find that there were no doctors to speak to following the patient's death and shocked when the post mortem recorded the date of the patient's death as the following day. They were later informed that there was no one available to certify their father's death until the early hours of the following morning. It was not until after his death that his family discovered he had contracted C. difficile.

Source: Cure the NHS

Following a fall the patient attended A&E at Stafford Hospital in the evening with a stress fracture to his right femur. He was informed the wait would be four hours, but having waited for four hours he was told he would have to wait another four hours. The next morning he was examined by a junior nurse who told him he would again have to wait as there were "more urgent cases to be addressed". An X-ray was eventually carried out and he was discharged with painkillers.

After consultation with his GP the patient underwent an operation for his condition, twenty weeks after first presenting to A&E. He found the hospital to be filthy and the doctors to be unenthusiastic and indifferent to his condition.

Source: Direct contact



September 2008

“Nursing staff simply did not respond to his needs or take care of his condition.”

An 83-year-old man who was a recovering double amputee was admitted to Stafford Hospital by ambulance with a urinary tract infection. When his wife arrived at A&E she was not allowed to see him for some time despite her persistent requests to the receptionist. By the time she saw her husband two and a half hours later in the Clinical Decisions Unit (CDU) he had a cut to his arm, head, left knee and a badly bruised hand following a fall from the bed. When she asked staff about his fall, a nurse curtly responded, “we have had a man in here with no legs and he did not fall off the bed”. The bed was not fitted with cot sides as a risk assessment had not been carried out and the fall was not noted on his medical record.

The patient was then transferred to EAU. Despite his wife confirming that his amputation wound had been dressed earlier that day it was removed by a nurse, however no one re-dressed it until his wife insisted. The patient was transferred to Ward 2, which his wife found to be “clean and efficient”, but when his amputation wound became infected he was moved to Ward 7 where his wife was concerned that he was “passed by”.

After suffering a Transient Ischemic Attack (TIA) he was moved to Ward 10 where his wife regularly found him sitting in urine soaked pyjamas and her requests for someone to wash him were ignored.

His wife found his treatment on the ward shocking; there was no concern for his dignity, a lack of communication from the staff and a general lack of care. The attitude of nursing staff was poor and they would often “pass the blame”. Urine bottles, water jugs and buzzers were placed out of the patient’s reach and when the patient did use his buzzer, it would be ignored for long periods. Patients were also often left lying naked on the ward for anyone to see.

Whilst in hospital the patient fell again suffering further injury after being left unattended on a chair. His wife brought some warm clothes to the hospital for her husband to wear when he was discharged to a nursing home, as it was a very cold day. Yet the nursing staff did not help get him ready and when he was transferred to the home he was not properly dressed and was freezing cold and soaking wet.

Source: Cure the NHS

After suffering with chest pains, the patient was taken to A&E at Stafford Hospital where tests were carried out. She required fluid to be drained from her lung; however, once this was done her condition deteriorated. She collapsed two days later and was diagnosed with a pulmonary embolism. However, there were no ITU beds available at the hospital and she was transferred to an alternative hospital where she later died.

Her family complained to the hospital and attended a meeting; however, the doctor who carried out the drainage procedure did not attend. They were concerned by the lack of care from nurses who were often laughing at the nurses' station but rarely seen on the ward. The patient is said to have commented that the ward "was a very lonely place and she did not see a nurse all night". In addition, the patient's medical notes had been falsified stating that medication had been administered when it had not.

Source: Independent case notes review

All of the staff at Stafford Hospital, including the cleaners, treated the patient, who was undergoing treatment for bowel cancer, with kindness and care.

Source: Direct contact

An older patient, who was frail and had a history of falls, was treated in A&E at Stafford Hospital for a broken wrist. The wrist was put in plaster and she was now unable to use either wrist as she had lost the use of her other wrist following a separate fall. The doctor in A&E told her she could return home to be cared for by family. The patient informed the doctor she had no family and lived alone; his response was to shrug his shoulders and walk away.

The patient was discharged from the hospital and found by a friend a day later, having been without water for the entire period.

Source: Direct contact

"I would not have received better treatment if I had paid privately."

Following a mammogram at Stafford Hospital the patient was diagnosed with breast cancer. The operation and subsequent treatment was to a 'very high standard'. The patient does not believe that if she had paid and gone to a private hospital she would have received better treatment.

After the operation she experienced an allergic reaction to the plastic covering on the mattress. She was very impressed with the way the nursing staff quickly resolved this by replacing it with cotton sheets.

Source: Direct contact

When the patient, who required a wheelchair, was admitted to a ward at Stafford Hospital he had to complete a 'test' for wheelchair users which he found to be humiliating.

Source: MP

After suffering with back pain for nine days, the patient attended Stafford Hospital where an X-ray was carried out. She was advised nothing was wrong and discharged. A month later the patient underwent a scan at Cannock Hospital; only then was it found she had a slipped disc. However, she did not receive any further treatment as she was informed her consultant "was not doing any more backs".

Source: Direct contact

Following tests with his GP for suspected lung cancer the patient had to wait four weeks before an appointment with a specialist at Stafford Hospital. During this time, he suffered pain and attended the hospital where he was prescribed pain relief medication and discharged.

The patient grew weaker and was admitted to the hospital with breathing difficulties. He was given oxygen but shortly after, he died.

Source: Independent case notes review/Cure the NHS

Following a stroke, the patient spent a week in intensive care and two days in Ward 10 at Stafford Hospital. He was then moved to Cannock Hospital where he remained for seven weeks. He never experienced any problems with the nursing care and his family thought that the staff were "caring, polite and professional" and "really on the ball".

Source: Direct contact

After being rushed to Stafford Hospital with severe stomach pains, a consultant diagnosed the patient a few days later with appendicitis. An operation was successful and she was discharged soon afterwards. Her ward was clean and comfortable and she was always treated with respect.

Source: Direct contact

Following a car accident the 77-year-old patient was admitted to Stafford Hospital. He had extremely low blood pressure and his daughter was distressed to see staff banging the machine in order to obtain a reading. Doctors requested that the patient's blood pressure be taken hourly but it was taken only once during the entire night. The following day his daughter arrived to find her father lying in bed still wearing his shoes. The patient was discharged with no explanation about his condition.

Source: Direct contact

October 2008

When a patient visited Stafford Hospital for a colonoscopy she was given a consent form to complete that related to another patient. On another occasion she received a letter from the hospital inviting her for a colonoscopy. Her enquiries revealed that the letter was a mistake and that a hospital computer had automatically distributed the letter.

When her aunt's brother was admitted to the hospital for a stomach operation he was in good health and expected to make a full recovery. However, following discharge he became infected with a virus and died a week later.

Source: Direct contact

The patient was admitted to EAU at Stafford Hospital on numerous occasions prior to his death. He was very pleased with the care received and informed his wife it was better than the private hospital he had been treated at. On one occasion his wife had concerns regarding the ward and the lack of staff. When she raised them with the sister a meeting was arranged and she was treated sympathetically.

Source: Direct contact

Following a diagnosis of gastroenteritis the patient was transferred to a ward at Stafford Hospital. When her son visited he found his mother lying on a mattress on the floor. The patient had fallen from her bed and a nurse explained she would have to remain on the floor as they could not find the keys to the cupboard where the bed cot sides were kept. The patient remained on a mattress on the floor and died the next day.

Source: Direct contact

A grandmother was admitted to A&E at Stafford Hospital, however her daughter was told to wait in the waiting area until called for. Three hours later, she had not been directed to her mother and when she eventually found her mother, who had C. difficile, she told her that she had been asking to use the lavatory for over an hour but had been told to wait. When eventually seen by a doctor he asked the patient's daughter to contact her GP to check whether she had received antibiotics before, as he did not have the information available. By the time she returned with the details, the doctor had "gone for his break", returning one and half hours later. The patient was advised to go home as the hospital had "too many bugs around". Her daughter was left alone to borrow a wheelchair and transport her mother to the car.

Three days later, her condition deteriorated and she was returned to A&E but left in a cold waiting room with a bleeding nose. Upon admission to the Assessment Unit, her usual medication and belongings were lost. Only 28 hours later did nurses realise that the patient was unable to feed herself. By this time her C. difficile had returned, but nurses were unable to assist and her daughter and husband cleaned and cared for her.

When her daughter asked to stay overnight or return early in the morning, she was informed that she had to adhere to visiting hours. The patient died alone the next day.

Source: Cure the NHS

A retired man was admitted to Stafford Hospital with a diverticular bleed. He was admitted to Ward 7 where he remained for 10 days and had "no problems" with the care received.

Source: Direct contact

After being admitted for tests in Ward 10 at Stafford Hospital, the patient fell and broke her hip. She had been left to wander the ward, despite requests by doctors that she be kept seated.

Following a successful operation, she was transferred to the Orthopaedic ward. Here she contracted C. difficile and was moved to a side room that had no windows or a TV. The food given to her was always cold and staff did not move the patient to aid her eating. It was left to family members to assist her eating.

The patient was transferred to a different hospital for physiotherapy. When her condition deteriorated she was returned to Ward 10 at Stafford Hospital. Here she again contracted C. difficile and the norovirus. The patient was subsequently transferred to an alternative hospital where her condition improved.

Source: Direct contact

“My father was dying when he was admitted and was treated with care and dignity right to the end.”

Following a breast cancer operation the patient stayed overnight at Stafford Hospital. The staff were excellent and she was impressed by the cleanliness of the hospital.

The patient’s father was also admitted to Stafford Hospital prior to his death where he received good care.

Source: Direct contact

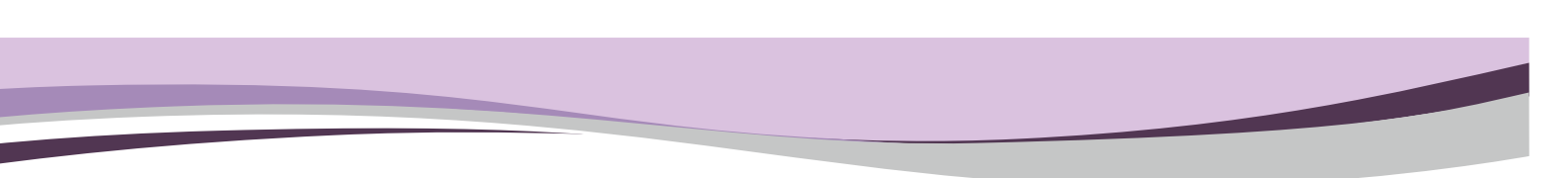
The family were concerned about the treatment provided at Stafford Hospital in the Clinical Decision Unit, Ward 10 and A&E in 2008.

Source: Direct contact

A 78-year-old woman was treated at Stafford Hospital for a hysterectomy and prolapsed repair. She attended as instructed at 7.30am but had to wait until 12 noon before being given a bed. Following the operation she was transferred to a general ward where her recovery was slowed due to lack of sleep caused by other patients shouting during the night.

Source: Direct contact

An independent but almost blind man was admitted to a ward at Stafford Hospital, which his son-in-law found understaffed with poor hygiene levels. He was left in a side room where no one came when he called for help, drinks were left on his table that he could not find and when nurses came to feed him the food had become cold. His family decided to take shifts in attending the hospital to ensure the patient was given food and drinks.



On more than one occasion, a family member stopped nurses administering medication which the patient had already received. The patient subsequently contracted MRSA and C. difficile twice, which his family believe significantly shortened his life.

Source: Direct contact

“Uncaring, neglect, poor hygiene: Did he deserve this? Does anyone?”

A 78-year-old male was admitted to Ward 10 at Stafford Hospital before being transferred to Ward 12. During the transfer his medical notes were lost. His family found him on the ward sitting alone slumped in a chair. The patient was also left in soiled sheets with no nursing staff available to help. He was given solid food, despite being unable to eat and requiring a nutrition tube. There was a lack of nursing care and a lack of respect for the dignity of patients.

Source: Cure the NHS



November 2008

Stafford Hospital was dirty with insufficient doctors and nurses. During a stay the patient was attacked by another patient. An investigation was carried out by the hospital and his wife was assured that her husband had not been physically harmed by the other patient.

When admitted to Stafford Hospital by ambulance the patient was later discharged in the early hours of the morning. The following morning he was returned by ambulance, although his wife was concerned that at A&E the emergency procedures for an asthmatic were not followed with his peak flow not being measured.

When the patient was admitted to the hospital his wife was informed in the late morning that he was "sitting up and drinking tea". However by 1.30pm she was informed that her husband had died. She was not with him when he died and his wife was left not knowing how her husband had died or whether he was alone.

When his wife complained to PALS they were unable to provide her with any of the information she required. After submitting a complaint, she received a letter of acknowledgement and attended a meeting with a matron. However, the relevant file regarding her husband was missing and the meeting postponed, but she did not receive any further response from the hospital.

Source: Cure the NHS

When a patient visited Stafford and Cannock Hospitals for arthroscopy on both of his knees he was seen very quickly and treated very well by both the doctors and nurses. His only complaint is that the hospital mixed up his records.

Source: Direct contact

Following a seizure the patient was admitted via A&E at Stafford Hospital to the EAU and then onto Ward 12. During his stay he underwent numerous tests and was diagnosed with cancer, but received a good standard of care. He later underwent surgery but was returned to EAU shortly after discharge when his condition declined.

“As far as I was concerned, he wasn’t their patient, he was in the way.”

He returned to Ward 12 where his wife was shocked by the lack of care afforded to her husband and that “they didn’t seem to be doing anything for him at all while he was in there”. On the day the patient was due to be discharged his wife discovered that he had been transferred to the day unit, where he spent the day before being discharged home that evening. He died a few days later.

His wife complained to the hospital and an investigation was carried out, however she was not satisfied with the findings or the further correspondence from the hospital.

Source: Direct contact

The treatment for breast cancer received by the patient at Stafford Hospital was “quick and satisfactory”.

Source: Direct contact

“She was fitted with a catheter to save nurses bothering with her.”

A man visited his 86-year-old sister-in-law at Stafford Hospital after she had suffered a fall. When she entered the hospital she was able to walk with a frame but became bedridden within weeks as she was not assisted with regular exercise while at the hospital.

Due to the time it took staff to respond to her buzzer the patient would frequently wet the bed. After a week the patient was fitted with a catheter. The patient was then transferred to another hospital where she died.

Source: Direct contact

“We have been very pleased with the level of care he has experienced.”

Following chest pains a patient was referred to Stafford Hospital by his GP. He was seen very quickly and was referred for an angioplasty procedure. They were very pleased with the level of care experienced.

Source: Direct contact

After admittance to Stafford Hospital by ambulance the patient (a 69-year-old woman who despite having Crohn's disease was active, enjoying life and regular holidays) was transferred to Ward 7. A laparoscopy was performed which went well. However, her condition rapidly deteriorated and she was moved to the Critical Care Unit with pneumonia. There she received adequate care although there was a staff shortage due to an outbreak of flu. She recovered and was returned to a side room on Ward 7 where her son believed her care to be "sub-standard and non-existent at times".

When her son telephoned the hospital he was informed his mother was well, but when he visited he was informed that his mother had suffered a fall as a nurse had left her cot sides down whilst fetching her some water. However, later he was told a different story – that she had fallen in the lavatory – and he has never discovered what actually happened.

The patient remained in a side room feeling isolated and confused. Often her buzzer was left out of her reach and when she did press it she had to wait for long periods for a nurse to attend. Whilst on the ward her hair and false teeth were not cleaned and her hands were not washed after using the lavatory and her son often found them covered in faeces. Despite her son telling staff that the lavatories were not clean nothing was done and he cleaned them himself. On one occasion the patient vomited whilst taking medication and began to choke, her son pressed the buzzer but no one attended and he had to stand at the door and shout towards the nurses' station to get assistance.

"She was a highly independent 69-year-old lady until she was admitted to hospital where all her dignity flew out of the window."

Meals were often left out of the patient's reach and food charts were not accurately completed, which her son believed were "being made up". On many occasions he found his mother's medication "under her bed, amongst the fluff and rubbish"; it had been left for her to take by herself, but she did not know it was there.

The patient was due to be transferred to Cannock Hospital, however she fell again whilst walking unattended to the lavatory, suffering a bump to the head and a black eye. She was then diagnosed with C. difficile and pancreatitis and returned to the Critical Care Unit where she died six days later.

In response to a complaint from the patient's son the hospital said there would be a full investigation; however he has never received any further contact.

Source: Cure the NHS

A 76-year-old man with a number of health problems was admitted to A&E at Stafford Hospital with shoulder pain, which was diagnosed as a spontaneous fracture. He was assured as an outpatient that there was no sign of cancer; however, two months later he deteriorated and was admitted to Ward 2.

He was diagnosed with widespread bone cancer and his wife was upset that three doctors wished to discuss his resuscitation status. He died two days later.

Source: Independent case notes review

Suffering with breathing problems, a patient with terminal cancer was admitted to A&E at Stafford Hospital. He was given oxygen to assist him but it ran out within 10 minutes. The patient was eventually given a bed where he had to "resort to chewing the tops off water bottles" in order to get a drink as the staff failed to help him. In the hospital he was rarely washed and was found on the floor on two occasions as staff said he was too heavy to lift. The patient died from an embolism to the brain soon after entering the hospital.

Source: Direct contact

December 2008

At Christmas time the patient suffered a heart attack and was very satisfied with the service he received at Stafford Hospital.

Source: Direct contact

After collapsing in the middle of night the patient was admitted to Stafford Hospital. She had been in good health in the days preceding the fall. On A&E the patient complained to her grandson that she had been given a "nasty injection". After his visit he returned home and was informed a few hours later that his grandmother had died from pneumonia. He had some difficulty accepting this diagnosis and believes the communication from the hospital over his grandmother's death has been poor.

Source: Independent case notes review

Having been admitted to Stafford Hospital for major surgery, a woman received excellent care from her consultant and the staff on Ward 8. She was impressed to see that the wards were cleaned twice a day and the beds were thoroughly disinfected after use by each patient.

Her only complaint is that the nurses were overworked due to the shortage of staff.

Source: Direct contact

When in labour the patient attended Stafford Hospital with her mother and was informed that she would not be able to follow her birth plan as there was a lack of midwives. She was shown into a depressing room and immediately her waters broke and she started to give birth, however the baby's heart kept stopping. The midwife left the room without telling the patient what was happening, returning a little later with a team of people, including two nurses who simply stood by the doorway "chatting and laughing".

The baby was delivered using forceps during which, despite her protests, the patient's legs were put in stirrups. Throughout the labour no one spoke to her to explain what was happening. Once the baby was born no one spoke to the patient and it was her mother who handed her the baby and explained that it was healthy.

The placenta had not been delivered and whilst the obstetrician tried to remove it, she developed internal tearing. Some 10 weeks later the patient was still suffering fevers, which her GP believed was the result of some retained placenta.

Source: MP

After fracturing his ankle the patient was admitted to Stafford Hospital, where a temporary cast was applied. He later returned to the hospital for a permanent cast to be fitted. However whilst there he developed breathing difficulties and died. His post mortem revealed a pulmonary embolism; his daughter was concerned that it may have been due to the cast being applied too tightly.

Source: Cure the NHS

A patient arrived at Stafford Hospital at 9.30am for an ECG, chest X-ray, water test and blood tests and was back home by 11am. The staff were excellent and she was very impressed that she was seen so quickly.

Source: Direct contact

“He told me that on the window ledge was a sick bowl which he had to urinate in because the urine bottle was on the trolley at the end of his bed, where he was unable to reach it.”

When admitted for a bowel resection the patient was admitted to Ward 7 and placed in a side unit of the ward. Following the surgery he was in substantial pain, but the next day the patient was placed in a chair by the window. His urine bottle and buzzer were left out of reach and he had no choice but to urinate in a sick bowl in full view of people entering the ward. This was only rectified when his wife telephoned the ward and demanded that they give her husband a urine bottle. On a later occasion the patient also slipped whilst trying to reach the bathroom as staff had again neglected to provide him with a urine bottle.

A few days later one of the patient's lungs collapsed and he developed a chest infection. He was then informed that the tube that had been inserted to join his colon to his bowel was leaking and that emergency surgery was required. The patient was then transferred to a hospital in Birmingham where he was told that his kidney had collapsed and that he had developed septicaemia and peritonitis due to the leak in his colon. The patient was later transferred to the high dependency unit at Stafford Hospital where a doctor apologised for the mistake made during surgery and for the treatment he had received on the ward.

The patient was then transferred to Ward 7 where he received inadequate treatment. On one occasion when his wife visited she noticed a strong smell and then saw that her husband had an open wound and there was yellow pus around his stoma bag. He was in a lot of pain but he still had been sent for physiotherapy that morning. His wife was upset with the attitude of the nurses and their treatment of her husband. They were often sharp with him and often ignored his buzzer when he called for help.

His wife complained to the hospital about the care provided to her husband and wrote to her MP.

Source: Cure the NHS

Following an appointment at Stafford Hospital the patient returned home where she became confused and disorientated. On admission to the hospital, she received "first class" treatment whilst tests were carried out and her condition diagnosed.

Source: Direct contact

A woman and her husband have visited Stafford Hospital for breast screening and a shoulder operation. They found the treatment to be "first class."

Source: Direct contact

Following a grand mal seizure a patient was admitted to the Emergency assessment unit at Stafford Hospital. She was nil by mouth as she was told she was going to have an abdominal scan, but it was not carried out. The patient was then given a meal and some water and soon after developed bilateral pneumonia. Her daughter later learnt that her mother had aspirated the water in her lungs and that she should not have been given a drink for at least 48 hours as she had a "compromised swallow reflex".

A week later, the patient contracted E.coli and C. difficile. Her daughter noticed that the nurses were so understaffed that they did not have the time to change IV fluids, catheter bags or feed patients.

The patient's daughter was then informed that her mother was likely to "die very soon" and that she would not be resuscitated. The patient survived and is now in very good health.

Source: Direct contact

A patient's wife received "unacceptable" treatment at Stafford Hospital and her husband complained to the Trust Chairman.

Source: Direct contact

Following a fall at home the patient was admitted to Stafford Hospital with a broken hip. She underwent surgery but died six days later. Her daughter is concerned that her mother's life was shortened due to the standard of nursing care provided by the hospital.

Source: MP

Following a GP referral the patient was admitted to A&E at Stafford Hospital where she waited for five and a half hours on a trolley without pain relief. The patient was then transferred to EAU and the following day her husband was informed that she would be discharged that day. When the patient's husband arrived on the ward to collect his wife, her medication was not ready as there had been a delay in its preparation. However, her bed was needed for another patient and she was asked to leave the bed and lie on a sofa in the waiting area. It later transpired that the patient had not been treated at the hospital for her water infection or dehydration. Her husband complained, but he did not receive a response until three months later.

Source: MP

The patient suffered from Macular Degeneration and received first class treatment at the eye department at Stafford Hospital. His wife also attended the hospital for a minor stroke and was treated with "great care and attention".

Source: Direct contact

After falling down the stairs at home the patient was admitted to Stafford Hospital by ambulance. Whilst on a ward her medical notes stated she had refused pain relief and refused to be showered. However, the patient told her family she had been offered neither. On one occasion the patient was found by her husband covered in vomit and he was left to wash his wife himself. The patient was discharged a few days later by a consultant without a CT scan having been carried out.

The patient remained disorientated and suffered with headaches. Her GP arranged a CT scan that showed a fracture to the skull, bruising to the brain and a small bleed. She was readmitted to the hospital and it was not until this point that her family were provided with any information concerning her head injuries.

Source: Cure the NHS

2008 (dates unknown)

On numerous occasions, the patient attended Stafford Hospital before undergoing major heart surgery. She received care which could not have been better, but was very shocked to find lavatories which did not flush and “were not at all clean”.

When admitted to A&E the patient experienced excellent care, however following discharge she had to wait eight hours to collect prescription medication.

Source: Direct contact

On Ward 11 at Stafford Hospital, the patient was concerned by the low standard of hygiene. After observing faeces on a toilet door she asked for it to be cleaned, but she then observed the cleaner cleaning the door, then the patient’s food tables and sinks whilst wearing the same gloves.

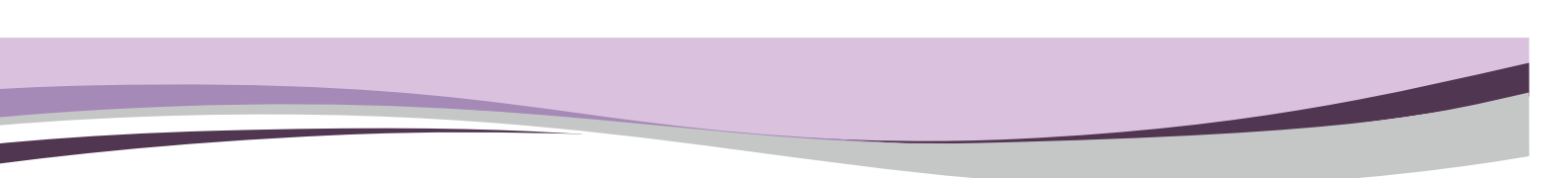
Source: MP

Diagnosed with emphysema the patient and his wife were aware that his condition would inevitably lead to his death.

During 2008 several emergencies occurred which required an ambulance and visits to Stafford Hospital. On one admission he fell from a chair resulting in a head injury and bruising. On another he had a long wait in A&E before being seen. He was discharged but collapsed on the way to the car and had to be readmitted, but was told that he had to join the back of the queue.

At the time of his last admission to the hospital, his wife did not accept that he was at the end stage of his disease. At home her husband had been mobile and able to breathe unaided for long periods. He was taken to A&E because he was “getting panicky” about his breathing and could not lie down. Here he was not given oxygen in a timely fashion and there were disagreements between the staff on how oxygen and nebulisers should be given.

He was then transferred to ITU and it was proposed that he was given continuous positive airway pressure (CPAP) for a period of 12 hours. He was told if this proved unsuccessful there were no alternative treatment options available.



The patient's behaviour indicated that he was no longer lucid. He received no care at meal times and no fluid intake which his wife felt caused this. One of the nurses set up his nebuliser but left his oxygen mask on his chin causing him discomfort.

Eventually his wife took him home to die feeling that the hospital had let her husband down.

Source: Independent case notes review

As a rheumatology patient at Stafford Hospital for over 15 years the patient was satisfied with the care she received from the rheumatology team but found the delays in getting appointments to be frustrating.

She underwent two operations on her hands at Cannock Hospital where she felt "fully supported" by the medical team. She was provided with a clear explanation of the procedure and her fears regarding surgery were fully discussed.

Source: Direct contact

The operating team who carried out a hip replacement on the patient at Cannock Hospital were "brilliant". However, he was disappointed with the aftercare provided.

Source: Direct contact

During 2008 a patient had experience of the A & E department at Stafford Hospital, Outpatients department and the Day Ward. She found the staff to be very pleasant and the facilities were clean, if a "little basic".

Three years prior to this experience she did have problems with appointments on the Oncology clinic being cancelled, but this was resolved to her satisfaction.

Source: Direct contact

The patient has received care at Stafford Hospital, finding staff, hygiene and food to be good. However, following a fall in the garden her five-year-old grandson was taken to A&E with a head wound. There the receptionist was unconcerned that he suffered a head injury and he underwent a four hour wait, during which he often fell asleep causing distress to the family as they did not know if he had concussion. When the child was seen by a nurse the care received was excellent, she was kind and patient in manner and thoroughly explained his injury.

Source: Direct contact

Suffering from abdominal pain, the patient was admitted as an emergency to Stafford Hospital. She waited in A&E for two hours before being transferred to the emergency assessment Unit. She remained at the unit for a further four hours, during which time no pain relief was provided, before being given a scan. The patient was then transferred to another ward where she waited for two hours before receiving a vague diagnosis from a doctor and being discharged.

Source: Direct contact

“She was literally hanging off her chair, so drugged up ... with soiled clothes and her tongue hanging out of her mouth.”

When the patient was admitted to Stafford Hospital she was moved between three different wards. On one occasion she was found by her daughter “hanging off her chair”, “drugged up” with her “tongue hanging out of her mouth”. The patient was regularly left in soiled clothing and was constantly thirsty. The communication between staff was poor and no one spoke to the patient’s family about her condition for nine days. Staff told the patient that her family “did not want her at home” and that she was “likely to die in hospital”. The patient was ready to be discharged but died suddenly at the hospital.

Source: Direct contact

An outpatient at the Ophthalmology department at Stafford Hospital cannot fault the excellent treatment provided. His only complaint was the large number of cigarette ends at the main entrance. He has found that this problem is currently being addressed.

Source: Direct contact

Following successful breast cancer surgery and radiotherapy at Stafford Hospital, the patient had to wait over 14 months for an oncologist appointment due to cancellations by the hospital.

Source: Direct contact

After being diagnosed with bowel cancer the patient spent two weeks at Stafford Hospital. She received first class treatment and was impressed by the clean beds and assistance with bathing that was given. Her husband was also admitted following a stroke and experienced wonderful care. She has been very distressed by the press coverage of the hospital.

Source: Direct contact

“Whoever was in charge of that ward should be taken to task.”

Following a GP referral, the patient attended Stafford Hospital for minor surgery. On admission to the ward a nurse took her blood pressure. The patient was then left alone for two and a half hours before being collected for surgery. Whilst waiting she could overhear giggling from the nurses’ station. The ward was not clean, with dirty tissues and fluff left on the ward.

Source: Direct contact

When the patient was taken to A&E at Stafford Hospital following a fall she was examined by a doctor within 15 minutes. Her husband found the staff and doctor to be polite and was happy with the service provided.

Source: Direct contact

In A&E, a patient who had been rushed to Stafford Hospital with serious chest pains was made to wait for two hours in excruciating pain. During this time the patient became extremely concerned that he was going to have a heart attack. He was then left lying in a bed on a heart monitor for a further hour before eventually being prescribed medication and discharged.

Source: Direct contact

The care provided to the patient at Stafford Hospital was generally good. However he was concerned at the lack of nursing staff and the poor level of cleaning. The patient observed floors regularly being polished but not washed and noticed that, though frequently used, bathrooms were rarely cleaned.

Source: Direct contact

When a patient was admitted to Stafford Hospital for a bowel cancer operation he was placed on a ward next to another patient who kept him awake by moaning loudly. No assistance with feeding was provided and the patient was transferred between hospitals, adding to his trauma. He passed away two weeks after entering the hospital.

Source: Direct contact



January 2009

“From initial assessment to discharge the whole experience was one of total professionalism.”

Suffering from chest pains the patient was admitted to the A&E department at Stafford Hospital. He found the whole experience to be one of “total professionalism”. It took five hours in total from his initial to final assessment and discharge.

A month later the patient was diagnosed with a ruptured achilles tendon. He was operated on and found that the doctors, surgeons and ward nurses were first class. He continued to visit the hospital to have his leg re-plastered and the service continued to be “exceptional”.

Source: Direct contact

Good physiotherapy treatment was received by the patient at the hospital.

Source: Direct contact

“They left him in a chair without his pyjama trousers on.”

An 85-year-old man was admitted to Stafford Hospital with pneumonia. Whilst on the ward he was left sitting in a chair without any trousers on or a blanket to cover him. His false teeth were lost by nurses, leaving him unable to eat properly. Nurses also removed his walking frame and every time he attempted to walk he fell, suffering a total of ten falls on the ward. His family learnt from other patients when the patient suffered a serious fall and injury.

Source: Cure the NHS

A 43-year-old patient was admitted to Stafford Hospital with mild stroke symptoms following a GP referral. Upon presenting himself at A&E, he was seen within five minutes and transferred to the Clinical Decisions Unit. He remained on the ward overnight where he was given good treatment, even being served lunch at 5am when he asked. The patient underwent numerous tests and was found to have arthritis in his neck.

Source: Direct contact

Following a stroke a 67-year-old male patient was admitted to the emergency assessment unit at Stafford Hospital. After a brain scan his family were reassured that he would make a good recovery. The patient was not transferred to the stroke unit and instead was moved between wards. The nursing care was poor. The patient fell out of bed, despite being paralysed along his side, and on one occasion he was found covered in flies. He was left without nutrition for a week and, when a feeding tube was eventually inserted, his condition began to deteriorate and he died.

Source: Cure the NHS

A male patient visited Stafford Hospital and was very happy with the treatment he received at the emergency assessment unit.

Source: Direct contact

“We were left to fend for ourselves.”

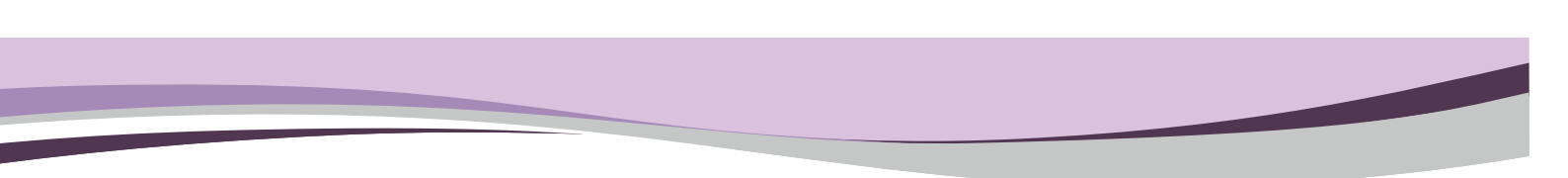
In A&E at Stafford Hospital, suffering from stomach pains, the patient was advised by the doctor to return home and rest. Two days later and still in pain, her GP confirmed suspected appendicitis and she returned to A&E. After a long wait without pain relief, she underwent a successful operation and was transferred to Ward 8.

The ward was understaffed, staff were rude and the level of care was poor, with no consideration for patients’ dignity. On one occasion the patient was left on the lavatory for a long period, as nurses did not answer the buzzer. The patient suffered severe discomfort from the operation, although her concerns were dismissed and she was discharged. However, she had developed an undetected post-operative infection and was returned to A&E two days later.

The patient was treated by a district nurse at home. It took four months for her wound to heal and the infection to clear, resulting in a large indented scar to her stomach.

Source: Cure the NHS

February 2009



Suffering with chest pains the patient, with a history of heart problems, was admitted to A&E at Stafford Hospital. Tests were carried out and the patient was discharged with a diagnosis of muscular pain. The following day her condition deteriorated and she returned to A&E where she was diagnosed with a water infection. Whilst there she was woken and questioned as to whether she wished to be resuscitated, before again being discharged. Her daughter was upset to find that when her mother was returned home by ambulance she had soiled herself, as she had not been allowed to use the lavatory before leaving the hospital.

After being examined by her GP the patient was returned to the hospital for a third time, however overnight her family were telephoned and informed that the patient had required resuscitation twice. The decision not to give further resuscitation was made and her family remained with her whilst she died.

Source: Independent case notes review

Following a long wait in A&E at Stafford Hospital the patient was transferred to a ward whilst waiting for surgery on her wrist. Her son-in-law was surprised when she was asked what she would like for lunch, despite her records clearly stating 'nil by mouth'.

Source: Direct contact

Four months after a referral from her dentist to Stafford Hospital for orthodontic treatment the patient had not received an appointment. She telephoned the hospital but received no answer and when her call was answered she was informed her referral had been rejected. The patient requested further information and was promised a return call, but one was not received.

Source: MP

“I would personally travel a few miles further to go to Cannock if an issue was in their area of expertise.”

A young patient was taken to A&E at Stafford Hospital by his mother, who was surprised by the lack of care provided by the reception staff and the lengthy wait. In contrast on a separate occasion he was taken to Cannock Hospital A&E where treatment was “first class”. The patient later required surgery and was admitted to the Shughborough ward which was clean and the treatment was satisfactory.

Source: Direct contact

After undergoing treatment at another hospital, the patient was admitted to A&E at Stafford Hospital presenting with stroke symptoms. A doctor carried out tests and asked the patient if he drank alcohol. His son was concerned that the doctor was implying that his father was a drunk.

Source: Cure the NHS

“I did not appreciate being made to feel like a freak at the circus.”

Upon admittance to A&E at Stafford Hospital the patient faced a long wait to be examined during which the receptionist was “rude and dismissive”. The patient presented rare symptoms and she felt like a “circus freak” due to the high number of staff who came to observe her.

The patient was then admitted to the ward where she felt she was not treated with basic courtesy. She asked a nurse to assist her to the lavatory, but the nurse did not return and the patient had to walk to the lavatory alone. The patient was not provided with water and her husband had to bring her bottles himself. So concerned with her poor level of treatment the patient attempted to discharge herself, but was informed by the nursing staff that if she did this she would not be provided with medication to take home.

When the patient later attended the Breast Care Unit for a biopsy bleeding developed. Staff promised to supply her with pain relief medication and dressing, yet neither were provided. Two doctors discussed their dispute over the patient’s diagnosis, whilst she was left alone with her underwear filling with blood. An hour later neither doctor had returned and she decided to leave the hospital.

Source: Direct contact

March 2009

“The bed had been remade using the same soiled sheets and pillow case.”

A 73-year-old woman suffering with lung cancer was admitted to the emergency assessment unit at Stafford with breathing difficulties. Her daughter tried to obtain information regarding her condition but there were no nurses available. Eventually a senior nurse advised her that her mother had a blood clot, but that she was not dying. Her daughter was concerned that the nurses did not treat her mother as “a priority” and that she was in pain but “no one cared”.

Her daughter found EAU to be filthy and the care poor. On one occasion the patient told her daughter not to ask a particular nurse for assistance moving her into a chair, as the nurse had earlier told her she was unable to help as she had “hurt her ribs whilst having sex the night before”. Whilst in the hospital her daughter was concerned that food and water were left out of her reach and when the patient’s family attended to feed her the meals were often cold and nurses stated that they could not be heated. Medication was provided “haphazardly” and on one occasion her daughter found that her mother’s medication from the previous day had not been taken. When the patient required pain relief, she was told she had to wait for a doctor. She waited in immense pain for hours but was later told the doctor had “gone off shift”.

When the patient soiled herself nurses remade the bed with the soiled bedding, her daughter was disgusted and changed the bed herself. She developed diarrhoea and her family were asked to wear gloves and aprons, although her daughter noticed that staff often did not. It was never confirmed whether her mother had contracted *C. difficile*. Only after her daughter’s insistence was the patient transferred to Ward 12, although she died the following day.

Source: Cure the NHS

Diagnosed with a multiform blastoma brain tumour the patient was admitted to Stafford Hospital. After seven days he was discharged and it was decided that he would complete his treatment, including an MRI scan, at Cannock Hospital as an outpatient.

Upon his return home, the patient received a telephone call from another hospital which was concerned that he had been discharged too early from Stafford Hospital. He was immediately admitted to the other hospital and underwent surgery a day later.

Source: MP

In March 2009 the patient passed away at Stafford Hospital following a “catalogue of errors”.

Source: Direct contact

Stafford Hospital was quite satisfactory. However the patient was unhappy with the delay to his discharge caused by a lack of communication within the hospital. Overall, he was grateful for the standard of care he received.

Source: Direct contact

In a huge amount of pain the patient, who was suffering with a cyst on her ovary, was rushed to A&E at Stafford Hospital.

Morphine was administered but no scans or X-rays were taken. A week later the patient was taken back to A&E where she had to have her ovaries removed. The patient’s father is concerned that the hospital had failed to notice that another cyst had developed on his daughter’s remaining ovary.

Source: Direct contact

The patient entered Stafford Hospital with bladder cancer and she had a catheter inserted. The catheter failed to work properly and this caused considerable discomfort. She was also prescribed a drug without being warned of the side effects and went into shock as a result.

Source: Direct contact

Following a fall and fracturing her hip at Cannock Hospital the patient was admitted to the Clinical Decisions Unit at Stafford Hospital. She spent five days on the unit waiting for a bed to become available on the Orthopaedic ward.

When she was transferred, she was placed on a ward with five other male patients, which caused her upset. Staff refused to provide her with morphine that her doctor had already prescribed. On the ward, she was extremely distressed when staff told her to urinate in her bed as using a bedpan had become painful.

Source: MP

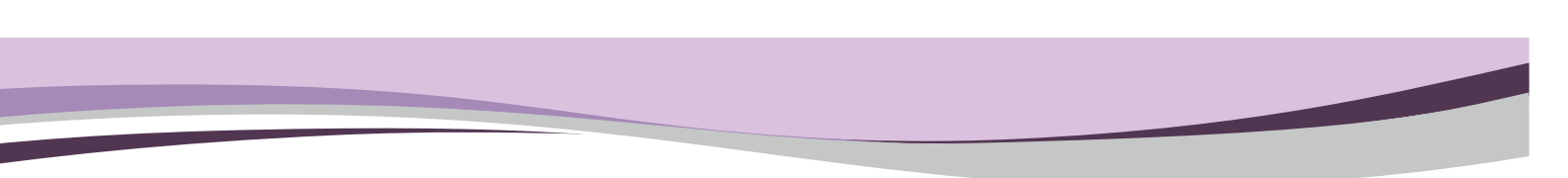
Suffering with abdominal pain the patient, a man who had been described as healthy, was admitted to Stafford Hospital. He was discharged and an appointment for him to have a laparoscopy was organised. However, his condition declined and he was readmitted to the hospital where he underwent surgery during which part of his bowel was removed.

Whilst recovering from surgery the patient's catheter became blocked and his internal wounds leaked. When the patient deteriorated he was transferred to ICU, but the hospital did not inform his family and he died shortly after. After his death the patient's family learnt that the patient had a tumour on his spleen.

Source: MP

The staff at Stafford Hospital were always very helpful and considerate to the patient. Her concern relates to a friend of hers who was discharged from the hospital with intestinal cancer, without any treatment or aftercare being arranged. Her husband was not told that she was dying and was shocked to learn that the hospital knew but had not informed him of this prior to her death. A specialist has since informed him that his wife should never have been discharged.

Source: Direct contact



On Ward 8 at Stafford Hospital, the patient was concerned by the lack of nursing staff and she observed patients who had mobility difficulties being left without help to use bedpans or being brought drinks. The patient was also concerned that Ward 8 was a mixed sex ward.

Source: MP

Having contracted C. difficile in a nursing home the patient was admitted to Stafford Hospital with breathing difficulties. Initially he was treated in a ward that his wife found extremely clean, although these standards rapidly declined. On the last day of the patient's life, his daughter was concerned that his condition had deteriorated and that he was receiving nutrition in error. She requested to see a doctor, however she was told by a senior nurse that it was not necessary and that the patient's condition had remained stable for the past few days.

A junior nurse observed the patient and immediately noted that his condition had declined and that he should not have been receiving the nutrition. A doctor was eventually called, but his daughter believes it was already too late.

Source: Direct contact

A 76-year-old man was admitted to EAU at Stafford Hospital, where he went without assessment until six and a half hours later. When his wife visited the following day she found her husband had been transferred to Ward 11, but was surprised to find him wearing the same clothes. When she questioned staff they told her that he had dressed himself, however she does not believe that it would have been possible. The patient had not been seen by a doctor since admission, which concerned his wife. The patient died shortly later.

Source: Cure the NHS

At A&E at Stafford Hospital the receptionist, who appeared not to have any medical training, was taking medical details and making clinical decisions. The patient also observed another patient with a blood covered face left in the waiting room for over half an hour despite frequently vomiting. He wrote to the hospital expressing his concerns, although waited a long time for a response which when it arrived did not address all of his concerns.

Source: Cure the NHS

When an inpatient at Stafford Hospital was visited by friends, they were concerned that despite the ward being very quiet, staff were uncaring and offensive in their behaviour.

Source: Cure the NHS

A 64-year-old man was admitted to the Surgical Assessment Ward at Stafford Hospital with abdominal pain where he was surprised to find the shower room dirty and without any hooks to hang towels. On transfer to Ward 7 he was concerned when a nurse asked him to “keep an eye” on a patient with dementia.

The patient’s wife has on two occasions had difficulties with scans at Cannock Hospital. On one occasion it transpired that the scan had never been ordered and on the second it was lost and she had to undergo another.

The patient’s deaf 91-year-old mother-in-law also attended Stafford Hospital. She was discharged the following day; however when the patient arrived to collect her he found she had been “dumped” in a waiting room and left alone for over an hour.

Source: Direct contact

2009 (dates unknown)

A 74-year-old woman was booked into the Accident and Emergency department at Stafford Hospital following a fall. She complained of a severe headache and was suffering from hypertension. Her son questioned whether she might have a skull injury or internal bleed, but was told it was “unlikely”. His repeated queries were ignored and she was eventually given a CT scan some three hours later.

The patient’s condition deteriorated and her son was informed that she was very ill and had an internal bleed in her head. She was transferred to North Staffordshire Hospital where she died the following day.

Source: Direct contact

The doctor in the cardiology department at Stafford Hospital was very unhelpful and uncaring. When the patient contacted his secretary to inquire about the progress of her results she was told that the doctor had been on “holiday for three weeks and had returned to a pile of work”. She was then informed that her diagnosis was not urgent but the patient had spent weeks worrying.

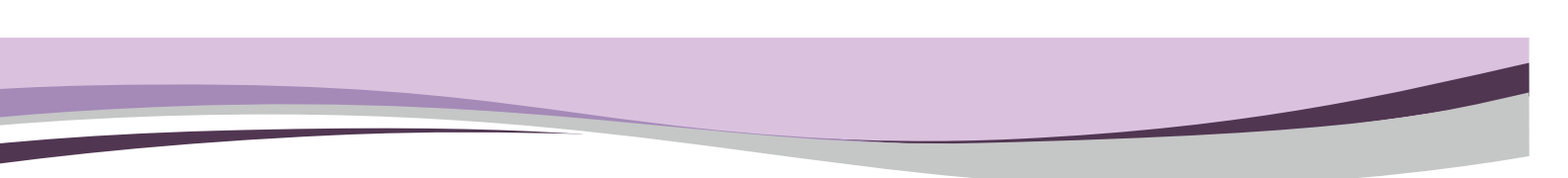
Source: Direct contact

After being admitted for an operation at Stafford Hospital the patient was left to wait for nine hours before being seen. When he checked his folder before being taken to the operating theatre he realised that the notes were not his – they belonged to another patient. Staff apologised and said there had been “a mix up”.

Source: Direct contact

After referral to the Stafford Hospital for a vaginal scan the patient received exemplary treatment. Her 14-year-old daughter also attended for a BCG injection and received excellent treatment from the healthcare professionals.

Source: Direct contact



Having spent five short stays at the Stafford Hospital this year, the patient was impressed with the professional and caring environment. The surgeons were very good at soothing patients' fears and the catering staff were very pleasant and accommodating. She does not think that the bad press surrounding the hospital is justified.

Source: Direct contact

Following an accident the patient was admitted to A&E at Stafford Hospital where she received "first class treatment". She was examined and found the staff on her ward to be both caring and helpful.

She was particularly impressed by the care given to older patients. She noted that they all received help with feeding and were washed on a regular basis. Soiled beds were frequently changed and nurses were extremely patient with even the most difficult patient.

Source: Cure the NHS

The patient attended Stafford Hospital as an outpatient and found the treatment to be satisfactory. When he was admitted to Cannock Hospital to undergo surgery he found care to be "very good".

Source: Direct contact

A male patient underwent a hernia operation at Stafford Hospital and had no complaints regarding the nursing staff or consultants. He did however find that the consulting room was filthy and covered in fluff and hair. He found the hospital to be very dirty in comparison with others that he has visited.

Source: Direct contact

A 77-year-old man has attended Cannock Hospital on a number of occasions for scans and X-rays. He is satisfied with his treatment there, and it is more convenient for him to attend.

Source: Direct contact

On Ward 10 at Stafford Hospital, the patient's wife was concerned that there was a lack of staff to provide adequate care and found that nurses often worked double shifts. Patients who were clearly confused were left to wander around the ward and medication and meals were not provided on time. On one occasion, the ward ran out of some equipment and when the patient required a suction machine one was not available.

He was transferred to undergo treatment at Cannock Hospital, however his wife was concerned that there was a severe shortage of nursing staff.

Source: MP

"I have received courtesy, kindness and professionalism from porters, cleaners, nurses, paramedics and doctors."

On three occasions when the patient has attended Stafford Hospital he was shown courtesy, kindness and professionalism from porters, cleaners, nurses, paramedics and doctors. He also found the food to be of a very high standard.

Source: Direct contact

When the patient was admitted to Stafford Hospital for investigative surgery it was found that the irregularity he suffered was not life threatening and he was discharged without pain relief. The following day his condition declined rapidly and he was returned to the hospital with a letter from his GP. He was assessed by a nurse in A&E but waited over an hour to see a doctor; his GP's letter had been lost.

When the patient's granddaughter found a doctor he transferred the patient immediately to the resuscitation unit but he died later in CCU.

Source: MP

A woman's mother-in-law was in and out of the Stafford Hospital for the last three months of her life. During her time there she was very upset with her treatment on the ward and by the nurses. The woman has complained to Stafford Hospital but has not received a response.

Source: Direct contact

When a female patient was admitted to A&E at Stafford Hospital with gallstones and suffering severe abdominal pain she was left sitting in a corridor for a couple of hours before she was examined. The patient was disappointed with the treatment but has since received excellent nursing care on Ward 8.

Source: Direct contact

The patient was admitted to Stafford Hospital where she underwent an operation for a blocked colon. Whilst in the hospital she asked a nurse to assist her to the lavatory, but no help was provided and the patient soiled herself. There was confusion between nursing staff and doctors as to whether she had contracted MRSA.

On the day of the patient's death the family were informed "nothing further could be done". Her husband asked if his permission was needed for the life support machine to be turned off. A doctor stated that his wife had already provided permission, although her family were concerned as she had not been able to speak for the previous month.

Source: Independent case notes review

As an outpatient the patient received excellent service.

Source: Direct contact

Following a fall in her home the patient was taken to A&E at Stafford Hospital. When an X-ray did not show any cause for her pain she was admitted. She was later told she could go home, but whilst waiting to be discharged she used the lavatory and seemed to break her legs. Concerns were raised as to whether the initial X-ray had been carried out properly.

The patient underwent surgery and her bones were found to be crumbly and a calliper was required; this took seven weeks to arrive and was then found not to fit correctly. During her stay on Ward 9 she twice fell from her bed and suffered head injuries, despite being located next to the nurse station, the bed having cot sides and her having weak bones. Contrary to doctor's instructions nurses failed to mobilise her and she stopped eating and drinking properly. The nursing staff spoke without care in front of the patient prior to her death, which caused her distress.

Her family discovered at an inquest that the patient had suffered a stroke and contracted C. difficile; they had not been informed of this by the hospital.

Source: Independent case notes review

Following an attempted mugging, the patient was admitted to A&E at Stafford Hospital with a head injury. He waited for four hours to be assessed by a doctor who said his wound required stitches. The patient was admitted to a ward where he had to make his own bed and he was told by a nurse that stitching was not necessary. The next day the patient found a second wound on his head, twice as large as the first which bled for two days.

Source: Cure the NHS

The patient, who was unable to speak or walk following a car accident in South Africa was admitted to Stafford Hospital with chest and stomach problems. On admission to the hospital it was found his medical notes were still in South Africa. The doctors did not conduct any scans and sent him home with pain relief medication.

The patient was later admitted to the Intensive Care Unit where his family found blackened grease over furniture. It was discovered the patient in fact had a perforated bowel, but by this time it was too late for any surgical procedure to be performed.

Source: Direct contact

An 85-year-old woman was admitted to the Trauma orthopaedic ward at Stafford Hospital with a fracture to her knee. She underwent surgery which was successful, but she was told she would not be able to use her leg for six weeks. After a week in the hospital, family members were concerned that she was to be moved to a nursing home for the rest of her recovery period.

Source: Direct contact

Despite suffering pain, when admitted to Stafford Hospital the patient was not provided with any help to use the bathroom until she “screamed” for assistance.

Source: MP

During three weeks at Stafford Hospital the patient found that there was a lack of nursing staff, particularly during the night. She was also concerned by the lack of cleaning; the floor was cleaned with a dry mop and staff did not use hand gel.

On another occasion, the patient was treated on an acute ward in the hospital where the hygiene was good. Yet, when she was transferred to a general ward, it was “like moving to another country”. It was grubby and depressing and the staff were less than enthusiastic.

Source: Direct contact

The patient was admitted to Stafford Hospital with a prolapsed bladder. She underwent surgery but it was not successful and a second operation was required. Whilst in the care of Ward 14 the patient experienced arrogant staff and on one occasion a nurse attempted to administer medication to which she was allergic.

Source: MP

“There is always someone to treat you with compassion and humour at a time when you are afraid and not your best.”

The patient and her husband have attended Stafford Hospital as outpatients and to undergo minor surgery. They have found treatment adequate and staff kind and were surprised to hear of the problems other patients had faced.

Source: Direct contact

Suffering with abdominal pain, the patient was admitted to Stafford Hospital where tests were carried out. He was discharged without any diagnosis, but when his family read his discharge letter it stated he had pneumonia.

Source: Direct contact

The patient's grandfather was admitted to Ward 6. It was unclean and when one patient who had gangrene walked around the ward, pieces of his toe fell off and were left to lie on the floor for hours.

Source: Direct contact

Two weeks after he saw a consultant the patient underwent an operation at Stafford Hospital and he was very impressed. He found the surgeon to be very competent and the operation was very successful.

Source: Direct contact

On a number of occasions the patient has attended Stafford Hospital and has always been satisfied with the treatment he received.

"This diagnosis was totally wrong."

When admitted to Stafford Hospital with an undiagnosed illness the patient contracted C. difficile and remained in the hospital for seven months. When she was discharged her original illness remained undiagnosed.

Source: Direct contact

The patient's grandson attended A&E with a wound to the knee, and had to wait for five hours until his knee was stitched without being given any explanation for the delay.

Source: Direct contact

On the Intensive Care Unit at Stafford Hospital the patient received excellent care which saved her life. She has nothing but praise and thanks to the staff and care provided at the hospital.

The care at Cannock Hospital was fine when the patient underwent a cataract operation.

Source: Direct contact

A couple have not had any problems when visiting Stafford Hospital and have always received "good care and attention".

Source: Direct contact

A woman underwent neurological investigations at Stafford Hospital and was happy with the "quality and manner" of her treatment.

Source: Direct contact

Having been an inpatient at Stafford Hospital, a woman found the doctors and nurses to be "attentive and helpful" and the wards very clean. She has no complaints about her treatment.

Source: Direct contact

Having received excellent care at the hospital, the patient cannot understand the negative stories surrounding Stafford Hospital.

Source: Direct contact

Whilst having a lump removed from his ear at Stafford Hospital, and a growth removed from his thumb at Cannock Hospital, the patient received "very good" treatment and found the doctors and nurses to be "very caring".

Source: Direct contact

The treatment provided by the dental department at Stafford Hospital was very good.

Source: Direct contact

The patient attended Stafford Hospital on a number of occasions. She was concerned with the long waiting times, that dressings were only infrequently changed and that she had to wait over an hour before receiving pain relief medication.

Source: Direct contact

Experiencing problems with his catheter the patient, a 94-year-old man, was admitted to Stafford Hospital. His son was concerned that despite his father being unable to retain food he continued to be fed, causing vomiting. The patient contracted C. difficile at the hospital and shortly afterwards died.

Source: MP

“My mother died with dignity and we could not fault the staff at all.”

The standard of treatment received by the patient was “very high”. The patient’s mother also spent time at Stafford Hospital and received excellent treatment until her death.

Source: MP

When an 80-year-old man was admitted to Stafford Hospital for a pacemaker to be fitted, a consultant advised him “his heart could stop at any time”. The patient then waited a week before the operation was performed, during which he remained in a mixed sex ward without any natural lighting.

His family were informed the patient was well, sitting up in bed and talking, following a successful operation. Yet when his family visited they found him in a semi-conscious state. Only after two weeks was a nutrition tube fitted, but the patient was not fed for some time as “there wasn’t any food to give him”. The family were concerned that the ward was not clean, with swabs and tissues left on the ward and the lavatory soaked in urine. There were insufficient nursing staff and on one occasion the patient was found lying in his own faeces. The patient fell into a semi-conscious state and died six weeks later.

Source: Independent case notes review

The patient underwent numerous procedures at Stafford Hospital and “cannot fault” her treatment. Her only concern is that patients are not informed when an outpatients’ clinic is running behind schedule.

Source: Direct contact

Having attended Stafford Hospital as outpatients, a family have always received excellent service. They have no negative comments about the Trust and are upset that such excellent facilities are being criticised by the media.

Source: Direct contact

The Parkinson’s specialist nurse at Stafford Hospital provided an excellent service to the patient.

Source: Direct contact

“We were up against a brick wall with our complaints.”

After being admitted to Stafford Hospital, a patient was unhappy with her treatment. She wrote letters of complaint but the hospital denied ill treatment.

Source: Direct contact

After being diagnosed with kidney cancer, a male patient was admitted to Stafford Hospital. The consultants were excellent and supportive. His wife found all of the staff to be helpful, dedicated and caring. She is very grateful to the hospital for the wonderful treatment that her husband received.

Source: Direct contact

“Most staff were helpful, others were very abrupt and uncaring.”

The patient has only attended Stafford Hospital on one occasion where most staff were helpful, but some were very abrupt and uncaring.

Source: Direct contact

“There were patients who had died alone and left for several hours before their bodies could be removed from the ward.”

A lupus sufferer was admitted to Stafford Hospital on numerous occasions. Her mother was horrified when the standard of care “deteriorated at an alarming rate”. There was a lack of staff and on occasions patients were left to die alone and their bodies left on the ward for hours before being removed. On one occasion when the patient was admitted for surgery, her mother attended the hospital to disinfect her bed and locker.

When the patient was transferred to Cannock Hospital she initially received care that was “second to none” but standards fell when only a “skeleton staff” was visible.

Source: Direct contact

An 87-year-old lady regularly attended Stafford Hospital as an outpatient where she found that appointments were routinely late, she believes due to lack of staff.

Source: Direct contact

“Conditions verging on third world.”

The patient attended appointments at Stafford Hospital where she was concerned by the poor level of hygiene and staff attitudes. She complained to her consultant’s secretary but received no response. On one occasion, she observed staff in the hospital shop wearing green uniforms covered in blood stains and has witnessed hospital staff wearing their ward uniforms whilst in the supermarket.

On attendance at the emergency assessment unit, the patient was concerned at the lack of bed coverings and water jugs. On one occasion, she was appalled to observe another patient being told her water had been removed to stop requests for toileting.

Source: Direct contact

A patient suffered a heart attack and was treated at Stafford Hospital. He was satisfied with the service, treatment and care he received. The patient found the quality of nursing and ancillary staff on the cardiac ward to be higher than any he has encountered elsewhere.

Source: Direct contact



The wife of a patient who died at Stafford Hospital can not fault the treatment he received. She is grateful to the nurses for making his final days so peaceful.

Source: Direct contact

Both of the patient's knee operations at Cannock Hospital were successful and she has "nothing but the deepest admiration" for the way she was treated.

Source: Direct contact

The patient has attended A&E at Stafford Hospital on a number of occasions. The shortest waiting time he had was four hours and the longest was seven and a half hours, which he believes is the result of a shortage of staff.

Source: Direct contact

On the Urology Unit at Stafford Hospital the patient's care has always been excellent. However, on one occasion whilst on a day ward he was asked to vacate a bed only an hour after receiving general anaesthetic. The patient complained to the ward sister and received an apology.

Source: Direct contact

Whilst being treated at Stafford Hospital, the patient found the nursing care to be excellent, however she was concerned at the level of cleanliness and that her medical records were misplaced for a number of months.

Source: Direct contact

The patient was admitted to Stafford Hospital on three occasions. On two occasions the care provided was good and thorough. However, once after being admitted to A&E she was transferred to the short stay ward where she did not see a nurse from 10.30pm until late the following morning.

Source: Direct contact

A woman visited her husband when he was an inpatient at Stafford Hospital and was “very impressed” with the standard of care he received. She did not have any concerns over his treatment.

Source: Direct contact

An 80-year-old lady was twice admitted to Stafford Hospital with nose-bleeds. Her son-in-law has generally been pleased with her treatment, however on the second occasion upon arrival at 8pm there were no medical staff available to treat his mother-in-law. The patient had to be transferred by ambulance to an alternative hospital.

Source: Direct contact

The general level of cleanliness at Stafford Hospital “leaves a lot to be desired”. On one occasion the patient found fluff and dust under a bed in A&E and dirt on the window frames in the ward.

Source: Direct contact

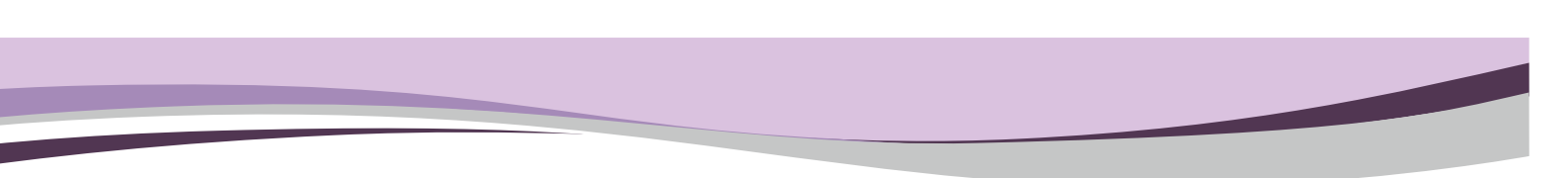
The patient and her friends have no complaints with the care or standards at Stafford Hospital.

Source: Direct contact

Whilst at Stafford Hospital the patient found the lavatories to be dirty with covers being left off commodes after they had been used and pubic hair in the bottom of the bath. Despite finding it difficult to walk, no assistance was available. However, as an outpatient at Cannock Hospital she was treated well.

When the patient visited a friend who had been admitted to the hospital, she found dirt and debris from previous patients in the bedside locker.

Source: Direct contact



On a number of occasions the patient attended Stafford Hospital and was pleased with the treatment she received. However, outpatient appointments were regularly half an hour later and on one occasion delayed by two and a half hours.

Source: Direct contact

After undergoing hip surgery at Cannock Hospital the patient “could not fault” the care that she received. However, upon discharge she found that she had been given the wrong telephone number for her physiotherapist.

On developing a possible DVT, the patient was referred to A&E by her GP, where she waited for over three hours to be seen before deciding to return the next day. The patient assumed A&E was just very busy but it transpired that she “had got lost in the system”. The patient was concerned that the receptionist “who couldn’t have cared less” was permitted to make clinical judgements about patients.

Source: Direct contact

A family has received the best possible care at the Stafford Hospital and can only “heap praise” on the doctors, nurses and staff.

Source: Direct contact

Having stayed in a maternity ward at Stafford Hospital, a woman and her partner thought that the staff were excellent.

Source: Direct contact

The patient has visited various departments at Stafford Hospital on many occasions and has no complaints with the treatment she received.

Source: Direct contact

When admitted to A&E at Stafford Hospital the patient was left to wait in a cubicle for over an hour. Nurses refused to administer oxygen, as requested by his GP, until he had been assessed by a doctor. Whilst waiting the patient suffered a heart attack and nearly died.

The patient underwent two operations and whilst in the Intensive Care Unit contracted MRSA. He was assisted by family who helped to feed him twice daily and he began to recover. The patient was then moved to a general ward and there was confusion surrounding his medication. He died some time later.

Source: Direct contact

A female outpatient was extremely satisfied with the “efficiency and pleasant nature” of the staff at Stafford Hospital. One consultant was very unlikeable but she has no complaints.

Source: Direct contact

The care provided at the lung function department at Stafford Hospital could not be faulted by the patient. However, he found that examination rooms had a “lived in” appearance and were “in need of a good scrub”.

Source: Direct contact

The treatment on the acute cardiac ward at Stafford Hospital was excellent. The patient found the care on the general ward much less satisfactory, with a clear lack of nursing staff and some staff who appeared under-trained.

Source: Direct contact

Following a fall, an 88-year-old woman was taken to A&E at Stafford Hospital with a cut to the head. She had to wait an hour and a half before she was seen despite several complaints from her son. Her head was stitched, but she was not given a scan. Months later, the patient had a series of mini-strokes and died.

Source: Independent case notes review

When the patient attempted to complain to Stafford Hospital he was concerned that the examining body consisted of hospital staff.

Source: Direct contact

Having visited Stafford Hospital the patient was "very satisfied" with the treatment he received and wrote to the hospital to thank them.

Source: Direct contact

The day care at Stafford Hospital was "good, efficient and friendly".

Source: Direct contact

When visiting friends at Stafford Hospital the man was concerned by the lack of nurses. He also found that there was no respect for older patient's dignity, with many left to soil their beds.

Source: Direct contact

A married couple have visited Stafford Hospital as outpatients and have always been completely satisfied with the treatments they have received.

Source: Direct contact

The medical and personal care provided to a patient, who underwent two operations for cancer at Stafford Hospital, was "exemplary" and she cannot criticise the treatment received.

Source: Direct contact

"We give the Mid Staffordshire NHS Foundation Trust the thumbs up."

A family have always had an excellent service from Stafford Hospital and cannot fault it in any way. The service has always been "fast, efficient and friendly" and the hospital is very clean.

Source: Direct contact

A patient has had positive experiences at Stafford Hospital and no complaints whatsoever.

Source: Direct contact

Following a toe amputation at Stafford Hospital, the patient has the highest respect for the doctor who treated her.

Source: Direct contact

Following an outpatient appointment, the patient attended Stafford Hospital for orthopaedic surgery. On both occasions, the level of medical and nursing care was good. However, there was an evident lack of nursing staff and a lack of privacy in the outpatients' clinic.

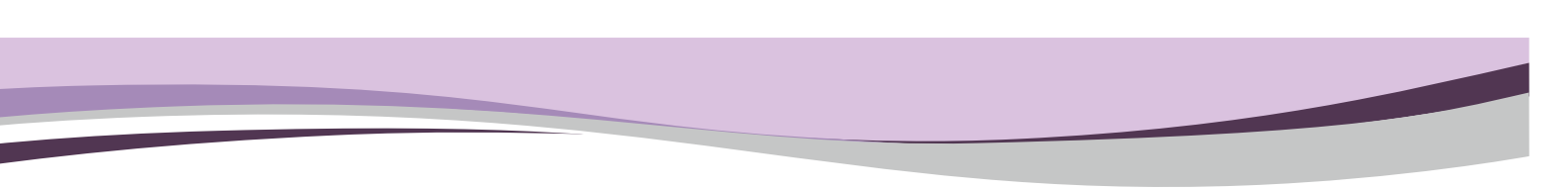
Source: Direct contact

The patient was admitted to Stafford Hospital where she died. Her husband has no complaint regarding her treatment, however he was left confused as to the cause of death.

Source: Direct contact

An older patient was admitted to EAU at Stafford Hospital with chest pains where she remained for eight days before being transferred to Ward 1. During that time her daughter was concerned that "nothing seemed to be done". The patient developed constipation, but nothing was done to alleviate this. When her monitor leads fell out they were not replaced and her usual medication was altered, causing additional medical problems. Whilst on the ward she developed septicaemia from an E. coli urinary tract infection and pressure sores. Her daughter was not able to discuss her mother's care with anyone and conflicting advice about the patient's discharge was provided.

Source: Independent case notes review



A man who had previously been described as “fit and healthy” attended A&E at Stafford Hospital suffering with back pain and hallucinations. The doctor in A&E attempted to discharge the patient, however his wife insisted her husband was too unwell. The patient was then admitted to Ward 7 and underwent an X-ray, which showed that the patient required surgery.

Due to an emergency case, the patient waited five and a half hours for surgery and when he was admitted to theatre his blood pressure was “unrecordable”. The patient did not regain consciousness following surgery and died.

Source: Independent case notes review

The wards at Stafford Hospital were always very clean and the patient found the staff to be “helpful, courteous and well presented”. His only complaint was the lack of signs within the hospital corridors.

Source: Direct contact

Admitted to A&E and subsequently EAU at Stafford Hospital, her daughter believes her mother received “the best care you could get”.

Source: MP

The patient and his family have always received excellent care at Stafford Hospital. He is very unhappy about the negative press surrounding the hospital.

Source: Direct contact

The 74-year-old man was treated for a muscle weakness condition at Stafford Hospital; he found doctors and nurses generally to be excellent. However, one doctor failed to contact his consultant neurologist as required and the patient raised concerns that the doctor altered his medical notes to cover mistakes.

Source: Cure the NHS

Whilst visiting a friend in the maternity ward at Stafford Hospital the woman was shocked to see the lavatory floor being cleaned with a “dry and dirty” mop. Additionally whilst on a general ward she observed rubbish left under a patient’s bed, which remained there for a week.

Source: MP

At Cannock Hospital the patient found “both the system and the staff” to be excellent.

Source: Direct contact

The patient has no complaints with treatment received at Stafford Hospital.

Source: Direct contact

A male patient was very impressed with the care he received at Stafford Hospital.

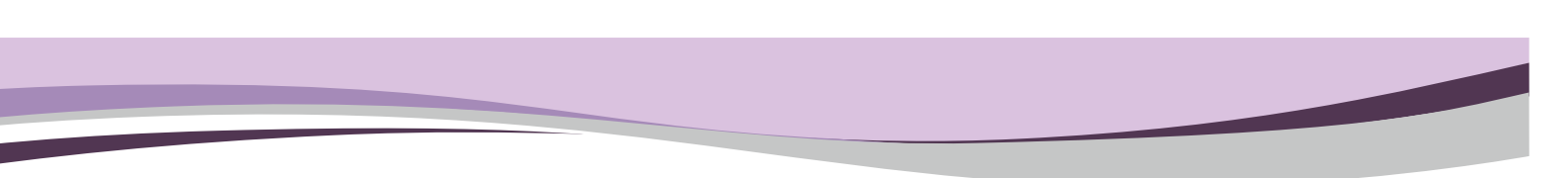
Source: Direct contact

A 74-year-old man and his wife have visited Stafford Hospital on numerous occasions over the years and have always been impressed with the “wonderful hospital” and staff. On one occasion he was rushed to hospital with a burst appendix and his life was saved with “just minutes to spare” and his subsequent operation was a success. The patient has also had two knee replacements and a hernia operation at the hospital and received “excellent care and attention”.

Whilst the patient is of the view that the A&E department would benefit from increased staffing levels he is distressed by the adverse publicity levelled at the hospital.

Source: Direct contact

Five weeks pregnant the woman attended A&E at Stafford Hospital with abdominal pain and bleeding. She was informed that as it was a Friday evening there was no possibility of being scanned or assessed by a Gynaecologist but that she would be telephoned early on Monday morning by a doctor.



The patient did not receive a telephone call and upon contacting the hospital was informed she had received the incorrect information – it was her responsibility to make an appointment for a scan. There was no appointment available until late the following day, however due to her pain she returned to A&E immediately where she was treated dismissively.

Source: Cure the NHS

A scan was eventually undertaken which revealed an ectopic pregnancy. No one advised the patient to stop eating and drinking and therefore the emergency surgery was delayed. During surgery a catheter was fitted, although doctors could not explain the rationale for this and it was removed five days later.

No complaints can be made by the patient who was treated at Stafford Hospital.

Source: Direct contact

As a patient at Stafford Hospital for the last 25 years the man has received first class treatment and excellent aftercare. He believes that the hospital's biggest mistake was to contract out the cleaning services.

Source: Direct contact

After displaying symptoms of a stroke, the patient was referred to Stafford Hospital by his GP. He was admitted to EAU where he suffered four falls, of which his wife was not informed. It was not until a week later that a CT scan was ordered. When the patient, who was in a wheelchair, was sent to the X-ray department the technician did not know the patient was unable to walk and he suffered another fall.

That evening the patient fell from his bed, causing bruising to the head and black eyes. It was only after this that bed rails were used. When the patient was transferred to Ward 12 his details were not communicated and the family had to advise nurses of his requirements and the need for fluid and eating charts to be completed.

Source: Direct contact

“I do not recognise the hospital that is being portrayed in the press.”

The picture portrayed in the press is not one recognised by the man, who believes that Stafford Hospital offers a good service and care. His mother-in-law received excellent care and attention which saved her life and the hospital provided wonderful treatment to his wife which has improved her well-being and quality of life.

Source: Direct contact

After falling onto a concrete floor and hitting her head the patient attended A&E at Stafford Hospital. She was initially treated at another hospital where she began to recover. The patient was then transferred to Ward 11 at Stafford Hospital where her condition deteriorated, she suffered a number of additional falls and contracted *C. difficile*. The patient was transferred to isolation facilities within Ward 10 where the level of care she received was less than adequate. On many occasions she was found by family lying in her own faeces and exposed. The nurses were unable to assist her family to clean her as they “were too busy”. On one occasion, her daughter found her sitting alone in the lavatory covered in faeces with a soiled sanitary pad beside her. Her daughter rang the buzzer but no one came. Her daughter slowly managed to clean her mother herself, but only 45 minutes later did a nurse respond to the buzzer. She also suffered a number of cuts and grazes, which could not be explained by nursing staff.

The patient had been left to take her medication without supervision and her family found a bag of tablets amongst her possessions some time later. Nurses were unable to confirm whether the patient had received her medication or not. Neither did the nurses know the patient’s fluid intake or whether she had eaten any meals.

Source: Cure the NHS

Following a GP referral the patient attended A&E at Stafford Hospital with her husband. She was taken to a ward by a nurse but her husband was not given any information of her whereabouts for five hours. During her 10-day stay in the hospital, she only received her usual medication and was seen by a doctor twice. The patient was discharged from hospital without any diagnosis of her condition.

Source: Direct contact

A couple have always been pleased with all the departments at Stafford Hospital that they have visited. The staff were always “kind and helpful” and they always thought that they kept the hospital very clean.

Source: Direct contact

Having had numerous operations at Stafford Hospital, a patient has always been very satisfied with the care and treatment.

Source: Direct contact

Following a suspected heart attack, a patient went to A&E at Stafford Hospital and received very good attention. His friends have also been satisfied with their treatment at the hospital, although there have been complaints about the quality of the food.

Source: Direct contact

The waiting times can be rather long at Stafford Hospital, but the patient has no real complaints.

Source: Direct contact

“Take care, we don’t want you to fall. It causes too much paperwork.”

Whilst undergoing treatment at Stafford Hospital the nursing staff “grudgingly” provided the patient with her routine medication. She regularly overheard nurses discussing their work grievances whilst patients were left requiring care. The patient was also told to be careful, as patient falls created much admin work.

Following a road traffic collision the patient’s husband was admitted to A&E. He suffered lacerations to his knee, but was not offered an X-ray. Two months later, whilst attending another hospital, the patient was informed he had cracked his vertebrae.

Source: Direct contact

“Cleanliness did not seem to be a priority.”

As an inpatient at the Stafford Hospital the patient “cannot complain of lack of attention”. However she was concerned by the lack of cleanliness, with used tissues being “left around”, dirty wash basins and the use of dry mops.

Source: Direct contact

In the last three years a male and his wife have attended A&E at Stafford Hospital on numerous occasions. They were always attended to within a very reasonable time period and received exemplary care.

On one occasion the male was sent to a ward and was extremely impressed by the nursing staff and the way they dealt with difficult patients. They were cheerful and patient and helped to maintain patients’ dignity.

The follow up treatment provided by the Cardiac Department was “first class” with little delay for appointments.

Source: Direct contact

Having visited the stoma clinic and X-ray department, the patient found that the Stafford Hospital was very clean with a high standard of care. The stoma clinic was “absolutely brilliant” with a short waiting time for appointments. The X-ray department made her feel very “at ease” and kept her well informed of the procedure.

Source: Direct contact

“The staff always did the very best for us.”

A carer has used the services of A&E at Stafford Hospital for a family member and has “no complaints whatsoever”.

Source: Direct contact

Following an eye emergency, a patient attended A&E at Stafford Hospital and was seen and discharged within 40 minutes. He has also been a day patient on six occasions and has “absolutely no complaints” about the care he received. The staff were both caring and respectful.

Source: Direct contact

Following a fall the patient fractured his right arm and was referred to Stafford Hospital by his GP, where he was operated on successfully the next day. The physiotherapy he received afterwards was excellent and helped to get his arm functioning again.

Source: Direct contact

An orthopaedic outpatient would give Stafford Hospital 10 out of 10 for care and cleanliness.

Source: Direct contact

After an operation for a deviated septum at Stafford Hospital the patient received courteous treatment and was very satisfied. His wife was admitted following a heart attack and the operation was very successful. They are very grateful for the treatment they received.

Source: Direct contact

“My wife was treated at the hospital for over 18 years and had the best care and attention that anyone could wish for.”

After three operations at Stafford Hospital, the patient has no complaints and only praise for the treatment he received. His wife has been treated at the hospital for over 18 years and has had the “best care and attention that anyone could wish for”.

Source: Direct contact

Suffering severe abdominal pain the patient was taken to A&E at Stafford Hospital and assessed in a cubicle with dried blood on the floor. He was admitted to a mixed sex ward where overnight his drip came out, causing bleeding. When he went to the nurses’ station they simply covered the blood-soaked dressing and sent him back to bed.

He observed another patient walking around the ward and attempting to climb into other patients’ beds. The following morning a cleaner attended and cleaned the blood from the patient’s drip, but not the remaining ward. After complaining about his care the patient felt he was treated with hostility by nursing staff.

Source: Direct contact

The patient has attended both Stafford and Cannock Hospitals and is concerned that he has been given conflicting diagnoses by staff, causing him unnecessary worry.

Source: Direct contact

As an outpatient at Stafford Hospital the patient received care which was courteous and professional, but he believes that the reception staff could be more helpful.

Source: Direct contact

The patient underwent major surgery at Stafford Hospital, however a significant injury was not treated, leaving her with a permanent disability and requiring a shoulder replacement. She commenced civil proceedings against the hospital.

Source: Direct contact

After a long wait for an appointment the patient began treatment at the Pain Clinic at Stafford Hospital, where she has been treated well.

Source: Direct contact

When the 93-year-old woman was treated at Stafford Hospital, her son often found her hungry and "desperate for the toilet". On one occasion the patient had to wait for an hour before a nurse helped her use the commode; she then had to wait for another hour for someone to help her off the commode and back to bed. The patient received no assistance with feeding from nurses, despite being unable to feed herself due to her arthritis. Her son had to buy meals from the café and then feed her himself "to prevent her [his mother] starving".

Source: Direct contact

In the last 12 months the patient has visited Stafford Hospital as an outpatient several times and has received excellent service every time.

Source: Direct contact

As both an inpatient and outpatient the patient was concerned that her consultant did not consider her views and that medication which should only be taken for short periods was prescribed to her for a number of years.

Source: Direct contact

“I should have been shown a little respect.”

Whilst wearing high heels after consuming alcohol the woman fell and hit her head on the pavement and was knocked unconscious. She was admitted to A&E at Stafford Hospital where her husband was very upset to hear a male nurse joking about her predicament. He spoke to the other nurses and found that his behaviour was fairly typical.

The patient was discharged three days later and she left hospital feeling guilty and like a second class citizen. She was discharged still wearing the clothes from the accident, which were covered in blood and vomit. She had also not received a brain scan despite a serious blow to the head. Her senses of taste and smell have been seriously impaired by the accident.

Source: Direct contact

A couple have visited Stafford Hospital and have always been treated with “courtesy, care and consideration” from “reception through to consultancy”. Most of their appointments have been on time and the information they have received has always been clear and helpful.

Source: Direct contact

Over the last 25 years the couple have had very satisfactory health care at Stafford Hospital. Their only complaint is the high cost of parking. They are of the view that one must “expect a certain percentage of deaths as many people taken to the hospital are very ill and will not recover”.

Source: Direct contact

A couple who have visited Stafford Hospital as outpatients for eye conditions and a brain scan have always been pleased with the standard of medical treatment and the “kind help” received from the staff.

Source: Direct contact

The patient has no complaints about her stay in Stafford Hospital but was concerned about the shortage of nursing staff. Although in her eighties, she was able to “speak up” for herself but felt sorry for patients who could not and went without care and help with feeding.

Source: Direct contact

After visiting a patient at Stafford Hospital, a woman was unhappy with the standards of hygiene. Medication was left on lockers and no one checked whether it was taken by the patients. Many of the nursing staff were not smart in appearance and wore jewellery and had painted finger nails and failed to wash their hands after attending to patients.

Source: Direct contact

“The staff were efficient, considerate and approachable.”

The hospital’s mammogram mobile unit was clean and bright and up to date. The patient had a good experience and she found staff at Stafford Hospital “efficient, considerate and approachable”.

Source: Direct contact

The experience of an outpatient who has also had a knee operation at Stafford Hospital has always been very satisfactory.

Source: Direct contact

When the patient’s son arrived to see his mother, he found that she had been left on a trolley in an A&E corridor at Stafford Hospital, attached to machines for six hours. He was then told she had suffered a stroke.

The following day she was transferred to the high dependency unit, where her son found the staff unwilling to allow him to spend time with his mother. However, her condition did begin to improve and she was transferred to a general ward. Here her son saw very few nurses who only “popped in” and his mother’s condition deteriorated again. Upon return to the HDU, her son felt that “the decision had been made to let nature take its course” and his mother was only monitored until she died.

Source: Independent case notes review

A couple attended Stafford Hospital as outpatients and were pleased with their treatment.

Source: Direct contact

After being diagnosed with bowel cancer, the patient underwent surgery at Stafford Hospital within 10 days. When her husband was rushed to A&E following a heart attack she was very impressed with the professional nature of all those who treated him. They both view their treatment as "first class".

Source: Direct contact

Over the last few years the patient has visited the A&E department at Stafford Hospital. He received wonderful care and found that the staff always went "beyond the call of duty". His wife has always chosen to attend Stafford Hospital as opposed to other local hospitals and her only criticism was that they were very understaffed.

Despite the recent bad publicity, Stafford Hospital would always be the patient's first choice.

Source: Direct contact

The care provided by the Diabetic Medicine, Chiropody, Optical and Gastroenterology departments at Stafford Hospital was "excellent" and she found all of the personnel to be "totally professional".

Her only complaint was a delayed cataract operation, but this was resolved "efficiently and satisfactorily" with an apology and a good explanation for the delay.

Source: Direct contact

The treatment provided to the patient at Stafford Hospital was "alright".

Source: Direct contact

Having spent one night at Stafford Hospital, the patient found her treatment to be "adequate".

Source: Direct contact

With a knee injury the patient attended A&E at Stafford Hospital and, whilst the department was extremely busy, she received "good quality" treatment.

Source: Direct contact

The patient has attended the A&E department at Stafford Hospital on several occasions. She was extremely well looked after and her waiting time was kept to a minimum. The staff were very informative about her condition and she was impressed by the aftercare.

Source: Direct contact

A patient and her husband visited Stafford Hospital and experienced excellent care. They were particularly impressed by the audiology and ophthalmology departments and found the breast screening service to be excellent. The food in the Nightingale Restaurant was good and the hospital was generally very clean with no dirty linen in the corridors. The staff also had an excellent attitude and were courteous and helpful.

Source: Direct contact

When the woman visited her friend at Stafford Hospital she was horrified by the attitude of the staff. The ward was unclean and her friend contracted C. difficile at the hospital.

Source: Direct contact

An 83-year-old man was admitted to A&E at Stafford Hospital where he received excellent care from helpful and supportive staff. His daughter also attended the hospital where, apart from the long wait in A&E, she received efficient and supportive care.

Source: Direct contact

Following treatment at Stafford Hospital the patient has no complaints.

Source: Direct contact

A few days after an 80-year-old patient was taken to Stafford Hospital suffering from lung cancer, traces of MRSA were found under his fingernails and in his nose. He was subsequently transferred to a side room where he was left for so long he thought the staff had “forgotten about him”.

The hospital then failed to notice that he had a massive urinary tract infection. On one occasion, his daughter-in-law found him in bed with a pool of blood around his dinner plate, caused by his cannula becoming dislodged.

Another family member was discharged from the hospital with the wrong medication for her Parkinson’s treatment, which she used for weeks before eventually falling ill and collapsing.

Source: Direct contact

After suffering a heart attack, the patient was admitted to the Coronary Care Unit at Stafford Hospital where his son was advised that he might suffer additional small heart attacks. When his family visited, they believed him to have suffered a fit, but were informed by nurses that he had died. The patient’s son was concerned that there was no attempt at resuscitation and that he was not given any information regarding his father’s condition.

Source: Independent case notes review

The patient is very grateful for the care she received at Stafford Hospital.

Source: Direct Contact

Following a serious operation at Stafford Hospital the patient was very satisfied with the treatment he received. He is concerned that the “great work and devotion” of the care staff is not being properly taken into account.

Source: Direct contact

The food and treatment at Cannock Hospital was very good. The patient was also “impressed” by the cleanliness of the ward.

Source: Direct contact

“For 24 hrs a day bells were ringing, machines that had run out of drugs were beeping loudly, and nurses were rushed off their feet trying to cope, but failing miserably.”

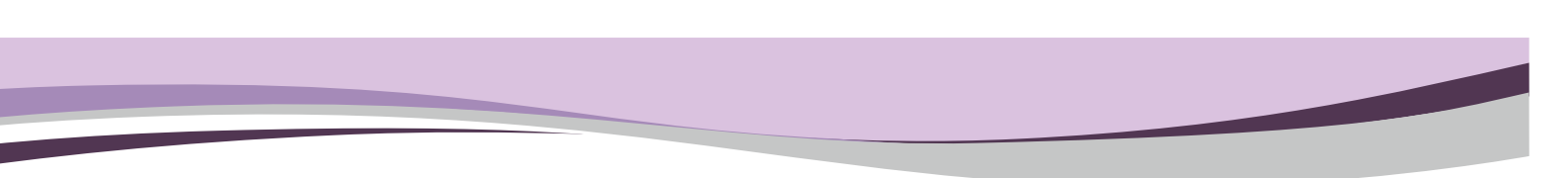
Following surgery for bowel cancer, the patient stayed at Stafford Hospital where he found the conditions “appalling”. He was admitted to Ward 6 and found that when he pressed his emergency bell it was frequently 30 minutes before help arrived. Patients placed on commodes were often left there for 40 minutes and the toilets were covered in faeces, as staff did not always have time to clear up. One night he used a toilet which contained a stack of six soiled bedpans and cannot “begin to describe the stench and nausea that this caused”. He later contracted *C. difficile*.

Source: Direct contact

The clinical support given to the patient by consultants at Stafford Hospital was excellent, but he is concerned about the standard of hygiene. When visiting the hospital the patient noticed that three quarters of the alcohol gel dispensers were empty and he was informed by reception that they had no idea whose job it was to refill them.

Source: Direct contact

As an inpatient and outpatient at Stafford Hospital the patient found it to be “filthy and unhygienic”. He found blood-stained bedding from previous patients, swabs, tissues and even needles were left under beds for days. Cleaners would just “move a dry mop in a figure of eight” in open areas and he saw no evidence of disinfection.



As an outpatient he found that the toilets had excrement on them and on a subsequent visit weeks later he noticed that they were still not clean.

Source: Direct contact

Following surgery at Stafford Hospital, the patient has nothing but praise for his treatment and the staff. His main concern was that wards were not properly cleaned and that the lack of open windows helped to breed infections.

Source: Direct contact

Having visited Stafford Hospital numerous times during the last five years, the patient has always been satisfied with the treatment he has received from consultants, doctors and nurses.

Source: Direct contact

The patient has visited various departments at Stafford Hospital on a number of occasions and has no complaints with the treatment she received.

Source: Direct contact

All of the patient's appointments at the Cardiology and Urology departments at Stafford Hospital were nearly on time and treatment in A&E was "fast and life saving". The food was adequate and water was routinely placed on patients' cabinets. He recalls the ward floor being cleaned daily and he found the staff to be "courteous, clean, clear and helpful" at all times.

Source: Direct contact

After collapsing at work the school teacher was admitted to Stafford Hospital. Her father was informed that she may have suffered a stroke and needed to be transferred to another hospital. After a lengthy delay her father was informed that she was to be taken to another hospital for a second opinion. However before this could be carried out the teacher's condition deteriorated and her father was advised that nothing more could be done to help the patient and he was asked for permission to turn off her life support machines.

The patient's father was concerned at the lengthy delays to his daughter's treatment and by the lack of information that he received regarding her diagnosis and treatment.

Source: Independent case notes review

An active 78-year-old was admitted by ambulance to Stafford Hospital after being found by his son in a semi-conscious state. When his son arrived at reception, he waited for two and a half hours before being taken to his father. His son was then told in the presence of his father that he had suffered a stroke and would die.

The patient's son was shocked by the "filthy" A&E ward with his father left on a trolley that was dirty and rusty. His son never saw a nurse with his father and every time he visited he found his father thirsty. When his father died, his son received the news from a receptionist who he felt was irresponsible for not asking him what he was doing and if he could talk first before giving him the news.

Source: Independent case notes review

During a two month stay in Stafford Hospital, the patient found the treatment "not bad", but he contracted the norovirus. The patient was returned shortly after discharge to Ward 10 where he was concerned by the "filthy" conditions.

Source: Cure the NHS

Admitted to A&E at Stafford Hospital with breathing difficulties the patient found the conditions “filthy” and she had to wait for an hour before being assisted to the lavatory. She believed the healthcare assistant to be drunk – he was staggering and smelt of alcohol.

Source: Cure the NHS

During the last five years the patient and her husband have had regular treatment and consultations at Stafford Hospital and have always had a positive experience. They were happy with the waiting time between referral and consultation and thought that the staff were “efficient, caring and communicative”.

Source: Direct contact

Following a fall, an 85-year-old man was taken to A&E at Stafford Hospital. The patient was given a morphine injection that he responded very badly to and he lost consciousness. The family had given the staff in A&E a list of medication that he was receiving and they were assured that this would be passed on. He was then admitted to Ward 6 where the patient was unwell and “violently sick”. His daughter told the nurse, who replied that he would be “alright” and that it was expected as he had diabetes. His daughter was surprised at this response and pointed out that her father did not in fact have diabetes.

Three days later the patient’s son visited the hospital and found his father a “changed man”. A doctor was called and he was quickly rushed to ITU with acute renal failure. ITU then requested a list of his medication, which his family had supplied the hospital upon admission. It then transpired that the patient had not received his drugs since admission. He was then transferred to Ward 2 where he was given morphine as the staff were not aware of his reaction to the drug. The family managed to get the drug withdrawn and he began to improve. The ITU team indicated that the patient should be kept upright in bed but nursing staff failed to do this. Food was also placed out of reach and he was given no assistance with feeding. He was not given a buzzer despite being incontinent.

After several days the patient was transferred to a side room where his family learnt he had C. difficile by looking at his health records. They were given no advice about cleanliness and were not asked to wear gowns. His daughter noticed abrasions on her father's legs where they had been stuck in the rails and he also developed bed sores.

The patient died soon after. C. difficile was not listed on the patient's death certificate.

Source: Independent case notes review

Having attended the day clinic at Stafford Hospital for a hernia operation, the patient was satisfied with the service and the "courtesy and pleasant treatment" by staff.

Source: Direct contact

A couple have been to Stafford Hospital with heart problems and to have a hearing aid fitted. The aftercare was "first class" and despite the shortage of nurses they received lots of attention and were always treated with "respect and a smile".

Source: Direct contact

Having spent 13 days at Stafford Hospital with a severe viral chest infection, the patient received "first class treatment" throughout his stay. He felt that the attention from the doctors and nurses "left nothing to be desired".

Source: Direct contact

An 82-year-old woman was admitted to A&E at Stafford Hospital with severe kidney problems and left in a cold corridor on a trolley for two hours. Five hours later she had not been offered a drink or seen a doctor.

She was then admitted to a ward where she was harassed by a male patient and ignored when she rang her buzzer for help. When she complained about the male patient, she was told "not to be so selfish".

Source: Direct contact

Following surgery at Stafford Hospital the patient felt that she was looked after very well. She has no complaints with the “treatment or courtesy” she received and would be happy to revisit the hospital if required. She was so impressed with the care provided that she made a donation to the hospital.

Source: Direct contact

On all of his visits, as an inpatient and an outpatient at Stafford Hospital, the patient received “kindness and attention”. His only complaint is that he found the emergency assessment unit “quite depressing”.

Source: Direct contact

The patient was delighted with the ‘care and attention’ he was shown by everyone concerned at Stafford Hospital. He is especially grateful to his surgeon.

Source: Direct contact

Due to an infection, the patient’s gall bladder surgery was postponed. When she next returned to Stafford Hospital for surgery she was given a new consultant, although the reason for this was not explained. Following her operation he commented the gall bladder was “a pig to remove” as it was highly inflamed.

Some days later, it was found the patient had suffered a perforated bowel. There was a delay in taking the patient to theatre as there were not enough nurses available and the patient then faced another delay within theatre. The operation was successful, but the patient developed acute respiratory distress syndrome. Her family received contradictory information as to whether treatment would be provided to their mother. A few days later, the patient was resuscitated and a doctor informed her son that his mother would not be resuscitated again. She died shortly afterwards.

Source: Independent case notes review

The patient was admitted to Stafford Hospital to undergo a gall bladder removal, but her operation had to be postponed as a nurse had administered medication orally on the morning of the operation. A second operation was re-scheduled but had to be cancelled as the patient had developed an infection.

The operation took place on the third occasion; however the patient was concerned that she received a large painful injection in her arm to prevent blood clots. Staff also made derogatory comments about her partner: "Young enough to be your son". Whilst on the ward the patient observed others receiving poor care, on one occasion faeces was not cleaned from the floor for several hours and on another a nurse had inadvertently placed a chair leg on an oxygen tube, causing another patient breathing difficulties.

Source: Independent case notes review

The diabetic clinic and the service provided to the patient at Stafford Hospital was very good.

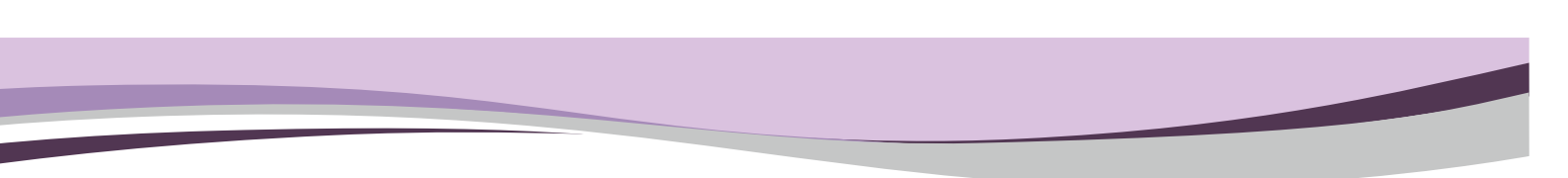
Source: Direct contact

Whilst undergoing a colonoscopy procedure in the Gastroenterology department at Stafford Hospital the patient was treated well and respected. However, when she attended the Eye department, the nurse was abrupt and bad mannered.

Source: Direct contact

After three operations at Stafford Hospital, the patient has no complaints and only praise for the treatment he received. His wife has been treated at the hospital for over eighteen years and has had the "best care and attention that anyone could wish for".

Source: Direct contact



The patient required surgery for a colonoscopy and removal of three polyps; however she was shocked by the length of the waiting list. She could not suffer the pain for such a long period and paid for the operation to be carried out privately.

She was later returned to EAU at Stafford Hospital, where on one occasion when she woke during the night she was “disgusted to find fluff and silverfish under the bed”. When she used the lavatory she found that it was “filthy”.

Source: Cure the NHS

During visits to Stafford Hospital, a patient found the standard of care to be very poor. The hospital was understaffed with poor communication between staff and patients concerning test results and delays. The level of hygiene was appalling and patients rarely received help with eating and toileting.

Source: Direct contact

When treated for prostate cancer at Stafford Hospital, the patient’s treatment and aftercare were efficient. His wife also went to the hospital for a hip replacement and was delighted with the treatment she received. His only complaint arose when his wife broke a blood vessel and was taken to A&E. No staff were available to deal with the extensive bleeding of her thinned blood, and there was a long delay before she was finally taken to another hospital.

Source: Direct contact

Suffering with a rash, the patient was admitted to A&E at Stafford Hospital, where he was left in a cubicle without pillows or blankets. When over an hour later he was offered a blanket he refused it as it was covered in blood.

The patient was admitted to a general ward, where he contracted an infection causing pain to his skin. When he asked the nurse at 4pm for cream to ease the pain, she informed him that only a doctor could prescribe this. The doctor attended in the early hours of the following morning when the patient was sleeping, but he was not woken and was left without cream until later the next day.

Source: Direct contact

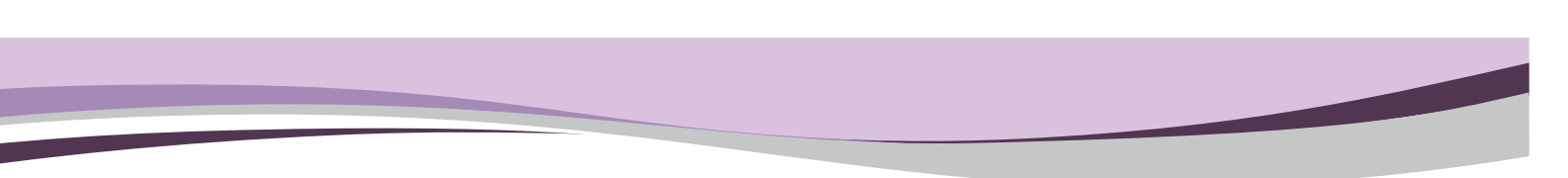
The patient was concerned that he was no longer able to see a Parkinson's disease consultant at Stafford Hospital who had been treating him for many years, due to a cost cutting measure. He arranged to see the consultant privately but remains concerned for those more vulnerable than him who could not afford to take that option.

Source: Direct contact

An 86-year-old woman was taken to A&E at Stafford Hospital where her son was shocked by the lack of professionalism. Treatment from nursing staff was "rough" and staff were often found "chatting around the nurses' station". Reluctantly the patient was admitted to a general ward where whenever her family visited they found her in a wet or soiled bed. She underwent a blood transfusion following which she lost consciousness and was "never able to speak to her family again".

Her son was shocked by the lack of staff on the ward and was not provided with any information regarding his mother's diagnosis. She died six days later.

Source: Independent case notes review



When attending Stafford Hospital with heart problems the patient was very pleased with the standard of care. The examinations were very thorough and she received excellent advice. She was also impressed with the clean rooms and friendly staff.

Source: Direct contact

On Ward 10 at Stafford Hospital where the patient was undergoing tests her son was concerned that the nursing staff did not treat his mother properly. Nurses did not assist his mother when she used the commode and on one occasion she was left waiting to be taken back to her bed for an hour. There was little concern to make her comfortable and she was often left in sweat-soaked clothing and in an uncomfortable position. When staff did move her, they were rough in manner and caused her pain. When her son complained, he received an apology.

Nursing staff rarely spoke to the patient, but when they did they rushed and did not wait for her to answer. There was a general lack of nurses and on occasions her son had to ask for her to be provided with meals. Despite her only being admitted for tests she died on the ward.

Source: Cure the NHS

Having received treatment at Stafford and Cannock Hospitals for the past nine years the patient believes that the staff do a fantastic job. He continues to have treatment at the hospital and holds all of his consultants in very high esteem.

Source: Direct contact

The patient attended pre-operative appointments at Stafford Hospital before undergoing a surgery at Cannock Hospital. He was treated with care and has no complaints about his treatment at the hospitals.

Source: Direct contact

The care provided at Stafford Hospital to the patient was always excellent, but she had concerns about the shortage of staff. On one occasion she was shocked to see the same doctor on duty for over 24 hours. The doctor apologised that there was blood on the floor by her bed but was too busy to clear it up.

Source: Direct contact

The man has had a number of friends who have been treated at Stafford Hospital and he has been appalled by the stories he has heard. The main complaints centre on unacceptable delays in A&E, staff apathy, poor hygiene levels and a lack of basic nursing principles.

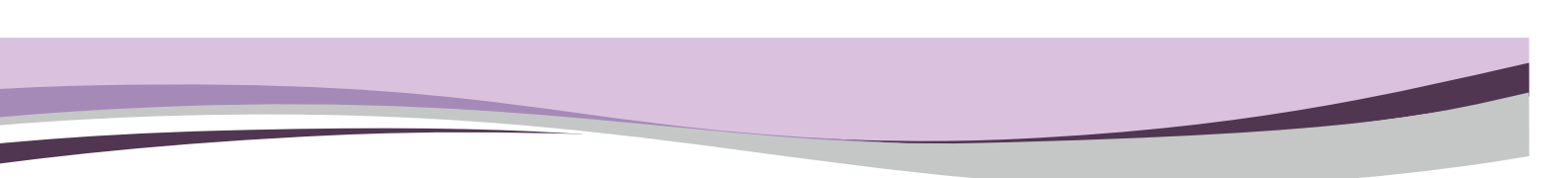
Source: Direct contact

Having regularly attended Stafford Hospital for outpatient appointments the patient has found the doctors and nurses to be good and caring. Yet she has experienced administration problems. On one occasion she asked to alter the date of an appointment but due to an error she was recorded as having not attended and she complained to PALS.

Source: MP

On three separate occasions the patient's surgery at Stafford Hospital was cancelled, which caused her much distress. In response to her complaint, the hospital said the cancellations were due to a lack of bed availability and accepted that on two of the occasions the cancellations had been unacceptable.

Source: MP



Admitted to Stafford Hospital with a history of medical problems the patient was left on a trolley for a “few days” before being transferred to Ward 10 and subsequently the Coronary Care Unit. Whilst there his daughter found communication with staff to be poor.

The patient’s condition deteriorated and he was transferred to the Critical Care Unit where dialysis was attempted but failed. Later that evening it was agreed to withdraw treatment. His family were concerned that the patient had not been properly observed and tests had not been conducted.

Source: Independent case notes review

After collapsing following chemotherapy the patient was taken to the A&E department at Stafford Hospital. After a long wait and complaints from her husband she was eventually given a saline drip for potassium deficiency.

Her husband considered the outpatients service to be excellent but found the A&E department to be deficient in both urgency and care.

Source: Direct contact

The patient was treated at Cannock Hospital and has the ‘deepest admiration’ for all of the staff.

Source: Direct contact

The treatment given to the patient when he had a pacemaker fitted at Stafford Hospital was “excellent”. Yet he was unhappy on another occasion when he had to wait for eight hours in A&E.

Source: Direct contact

On admittance to the A&E department at Stafford Hospital the patient was asked to change and sent to a room with no windows and poor lighting, only to find three patients that had been lying there all night.

On another occasion he accompanied a friend to A&E who had suffered a foot injury. A doctor prescribed painkillers and sent her home stating that there was nothing wrong. The pain was immense and four months later she learnt that her foot had been broken.

Source: Direct contact

A woman is "very happy" with the care that her husband received at the Stafford Hospital.

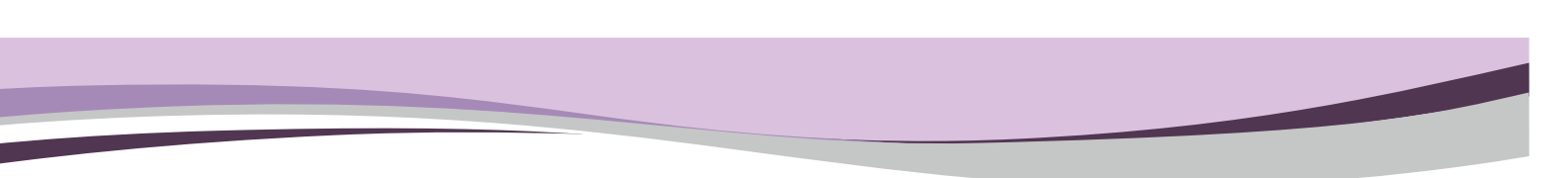
Source: Direct contact

"We cannot believe that staff were unaware of something as basic as whether or not the patients had eaten."

After having a catheter fitted the patient was discharged, with a perforated bowel that no one had picked up. The following day she was readmitted to A&E by ambulance. When her daughter telephoned that afternoon she was informed there was no record of the patient's admission and when she arrived at the hospital she was sent to the wrong cubicle. The patient's daughter was given no assistance to locate her mother despite numerous nurses visibly laughing in a group.

When her daughter located the patient she was only given brief information about her condition and was left with her mother to wait. Eventually seven hours later she was taken onto a ward where her daughter was told in the middle of a corridor, "she's not going to pull through, sometimes these things happen". Her daughter insisted that it might be something to do with her mother's operation but she was told it was not necessarily the case. Her mother died shortly after.

The post mortem revealed that the patient had suffered peritonitis from a punctured bowel. Her daughter believes that her mother "was not treated properly because she was elderly" and "the hospital were selecting people to concentrate their resources on".



The patient's daughter complained to the hospital and attended a meeting with a surgeon, however he was not the surgeon who had operated on her mother and was not familiar with her case. She asked for a second opinion but did not receive a response.

Source: Cure the NHS

After experiencing a lack of balance, the patient was admitted to A&E at Stafford Hospital where he was found to be in atrial fibrillation. He was transferred to Coronary Care still suffering with balance problems, but was given a bed without cot sides. He fell from the bed, suffering a head injury, and scans revealed a bleed. The neurosurgeons felt nothing could be done and the patient died.

Source: Independent case notes review

Suffering with severe back pain the patient was admitted to A&E at Stafford Hospital where she was left for hours in a dirty ward without food or water. Eventually a man came in muttering "arthritis" and vanished. Two hours later she telephoned her husband and asked to be taken home. She was X-rayed before she left but never received the results.

Source: Direct contact

When admitted to the cardiac unit at Stafford Hospital the patient found the level of care to be exemplary. He was particularly impressed with the staff's professionalism and knowledge.

His wife suffered from bowel problems and she was also impressed with the care that she received. Her only concern was cleanliness and that older patients received a lower standard of care.

Source: Direct contact

For 30 years the couple have attended Stafford Hospital and have always found A&E and the wards to be "excellent".

Source: Direct contact

The treatment provided to the patient at Stafford Hospital was "alright".

Source: Direct contact

When admitted to Stafford Hospital with a heart murmur and constipation the patient's mother was concerned by the lack of correspondence between the hospital and her son's GP.

When she complained the patient's mother received a letter from the hospital apologising for the delay experienced by the patient.

Source: MP

Treatment at both Stafford and Cannock Hospitals was "first class". However, the patient was shocked by the food at Cannock Hospital, it being "the worst I have ever tasted in my 64 years".

Source: Direct contact



ORAL EVIDENCE

Some 65 people provided oral evidence to my Inquiry regarding the care they, or members of their family, experienced at Mid Staffordshire NHS Foundation Trust between January 2005 and March 2009.

The summaries are based solely on the transcripts from the oral hearings. Every effort has been made to ensure that their evidence has been summarised fairly and accurately.

Tuesday 3 November 2009

Case 1

On Tuesday the Inquiry heard evidence from Mrs A, whose mother (Patient A) was admitted to Stafford Hospital in September 2007. Mrs A's mother remained in Stafford Hospital for eight weeks until her death.

Mrs A told the Inquiry that whilst in the emergency assessment unit (EAU) she felt her mother had received good nursing care. Yet she told the Inquiry that she felt that there were too many junior doctors coming in and out, which was confusing to her mother who was hard of hearing. Mrs A also said she had to talk through her mother's symptoms a number of times and felt there was a lack of coordination between the nursing and clinical care.

Mrs A's mother was transferred from EAU to Ward 10. This was an error. Mrs A's mother should have been transferred to Ward 11. She was told that her mother would be transferred as soon as there was an available bed. The transfer did not take place until that evening.

Whilst waiting to be transferred, Mrs A told the Inquiry about her observations of Ward 10. Food was left for patients by their beds and then removed even though nothing had been eaten.

Upon arrival to Ward 11 Mrs A asked if her mother could be given her medication that was already two hours overdue. Staff told Mrs A that it was her mother's fault that she had missed the drugs round and that she would have to wait for the next round at midnight.

When Mrs A's mother was taken to the endoscopy department a portable oxygen bottle could not be located. As a result, her mother was transferred and returned to the ward without her required 24-hour oxygen.

After the gastroscopy Mrs A was told by a doctor that her mother's prognosis was poor. Mrs A called her niece as she did not want her mother to see her whilst she was upset. When Mrs A's niece arrived on Ward 11 she was told that her grandmother had not yet been brought back up and subsequently a dispute between staff took place over who would collect her grandmother. When Mrs A's mother was brought back to Ward 11 she was put in a seat next to the wrong bed.

Mrs A told the Inquiry that her niece became concerned as her grandmother needed 24-hour oxygen and had not had this for some time. She went to the nurses' station to ask for help and was told by a healthcare assistant that someone would see the patient in a minute. No staff came and Patient A collapsed. Mrs A received a call from her niece and she ran to the ward and called out for help. A doctor appeared and Patient A was helped with her breathing.

After the incident, a doctor spoke to Mrs A and told her that her mother's prognosis was poor, and that she would suffer a "very painful death". She was asked to sign a 'do not resuscitate' form and was told she should leave the hospital and let her mother pass away over the weekend. Mrs A asked about pain relief for her mother but was told by the doctor that that was a matter for somebody else. After a break from the meeting Mrs A was informed by the doctor that she did not need to sign a 'do not resuscitate' form as the hospital would not resuscitate her mother anyway.

Mrs A then found out from a doctor that her mother had not eaten anything or had any fluids. At this stage, Mrs A and her family made the decision that they would not leave their mother/grandmother alone in the hospital. On two occasions, Mrs A spent the night in the hospital without a chair to rest on.

Patient A's condition had improved and she was due to be discharged from the hospital.

In October, Mrs A's niece was with her grandmother who needed to be helped back into bed. There was only one healthcare assistant and after ringing for help and no one coming, the healthcare assistant tried to lift her on his/her own. Patient A was dropped on her back onto the cot-sides of the bed. The niece said that her grandmother was left lying lengthways across her bed. Patient A was put back into bed and her niece asked for a doctor to see her grandmother, but no doctor came. The niece also requested that the incident be recorded in an accident book. No incident report was completed.

Mrs A told the Inquiry that from this point her mother's health deteriorated. She noticed that her mother's weight had ballooned and she was told her mother was having panic attacks. Mrs A was concerned that her mother's symptoms were not being diagnosed. When she raised this with a nurse, she was told she could look up her mother's symptoms in a book. Mrs A believed that her mother's symptoms indicated heart problems; she raised this with a nurse and asked that a specialist examine her mother. After four days Mrs A's mother was seen by a specialist, who confirmed that she was suffering from heart failure.

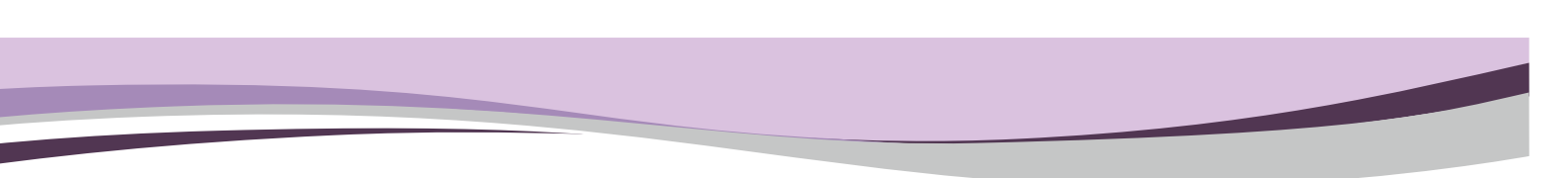
After three or four days Mrs A's mother was told that she needed a blood transfusion. Mrs A questioned this as her mother had a rare blood group and she felt the procedure would be a risk. The hospital staff reassured Mrs A that they would manage her mother's treatment by giving the blood slowly and giving her frusemide alongside the transfusion.

As there were no staff available Mrs A's mother waited a number of days for the blood to be administered. Mrs A was called late in the evening by the hospital to tell her that her mother was going to be given blood. She rushed back to the hospital, but the blood had already been given. Mrs A looked at her mother's blood chart and saw that she had not been given the extra frusemide. She raised this with the night nurse, who told her that her mother was not written up for any frusemide. Mrs A asked the nurse to get a doctor who could prescribe extra frusemide for her mother. Extra frusemide was not given until 4am the following morning.

Mrs A's mother passed away at the hospital.

Mrs A also told the Inquiry about what she had witnessed on Ward 11 and gave her opinions on the care provided to other patients. Her initial view of the ward was that there was utter chaos, with people shouting out for help.

Mrs A said that she felt there was a lack of staff, she only saw two trained nurses together once, and described a bullying culture towards the patients by a large number of staff. She said that the weekends on Ward 11 were the worst, with very few staff, and a doctor could never be found. During the week (Monday to Friday) she said that there appeared to be more staff than at the weekends.



During her time on the ward, Mrs A told the Inquiry that patients were often left at night to wander the wards where they approached other patients. During the night, there would be continuous buzzers going off and not being answered, resulting in patients wetting themselves and often being left on wet bedding and clothes. Mrs A said that she saw food left for patients who were unable to feed themselves with no assistance being given to them. Patients were also given the wrong food.

Mrs A contacted the hospital's Patient Advice and Liaison Service (PALS) while her mother was in hospital to raise her concerns. She had a follow up meeting with two matrons who told her that the staff shortage was temporary and that things would improve. The situation temporarily improved but then deteriorated again.

Mrs A wrote a letter of complaint raising concerns about her mother's care and the lack of help for patients regarding food. A month later Mrs A received a letter from the Chief Executive of the Trust with an investigations report. The letter acknowledged that there had been a shortfall in care and said that action would be put in place to avoid similar incidents. Mrs A felt that the response failed to address the concerns that she had raised.

Mrs A wrote again to the hospital to complain about the response to her first complaint. Additional complaints about delays with medications and about the lack of staff knowledge on lifting patients were included in the letter.

The Director of Nursing responded in a letter. She acknowledged the valid issues in the letter and invited Mrs A to a meeting. Mrs A declined the offer of a meeting as the Director of Nursing had refused to accept her concerns about staffing levels.

Four months later the Chief Executive of the hospital wrote to Mrs A and accepted that the first report on her mother's care did not address her concerns.

Mrs A also raised her concerns about the hospital with the primary care trust, Healthcare Commission and Ombudsman.

Tuesday 3 November 2009

Case 2

Mrs A and Mr B told the Inquiry about the establishment of Cure the NHS and its work.

In December 2007, Mrs A wrote to the local paper outlining her concerns with the hospital and asked other people with a similar story to her own to contact Cure the NHS. She said her motivation for doing this was her concern for other patients and her belief that if more people raised their concerns then the hospital would have to listen.

Because of the letter, she was inundated with people describing similar situations. Former Patient and Public Involvement (PPI) members, who said they had been concerned in the past about the level of care for patients and complaints handling at the hospital, also contacted Mrs A.

Mrs A organised a meeting and invited people who had contacted her about the hospital. At the meeting, which roughly 30 people attended, it was agreed that Mrs A should seek legal advice.

The solicitor told Mrs A the only course of action was to contact the Healthcare Commission (HCC). When she contacted the HCC, she was told that she needed to get evidence together.

As a result, Mrs A, along with her niece and daughter, delivered leaflets to the local areas asking people to contact Cure the NHS if they had any concerns about the hospital. This resulted in an additional 20 letters. Mrs A interviewed people who had contacted Cure the NHS and, as a result of what she collected, she compiled a list of 66 points of complaint.

The HCC was again contacted and Mrs A was told to put her material into a report. In February, she supplied the report. She also met the local MP, David Kidney, to discuss her concerns.

Mrs A told the Inquiry that during this time there was a backlash from parts of the community, with people writing to the paper praising the care provided by the hospital.

Cure the NHS initially agreed to a meeting with the hospital. The meeting did not take place because Mrs A said that after seeing a proposed agenda from the hospital she believed a meeting would not help tackle the concerns about the hospital. The person who had agreed to attend with her had also been told not to. Also at this time, she received a letter

from the solicitors of the Council Overview and Scrutiny Committee asking her not to contact them any more with individual cases.

Mrs A told the Inquiry that she felt relieved when she found out that the HCC had visited the hospital and found evidence of her complaints and were going to investigate. She believed that the situation at the hospital would stop.

Whilst the HCC was investigating (March – May 2008), Mrs A said she tried to encourage people to contact them with concerns.

The first report by the HCC was published in May 2008 about A&E. This led to Cure the NHS being contacted by more people.

Mrs A held monthly meetings with the whole group but told the Inquiry that she did not feel that these were making progress. It was decided that a smaller group would be formed to make decisions.

In January 2008, Cure the NHS was invited to the hospital governors' meeting to talk about what had happened to their relatives. Mrs A was not satisfied with the outcome of the meeting.

In October 2008, Cure the NHS had a surge of complaints about lack of care at the hospital. Mrs A contacted the primary care trust and the HCC to inform them. In January after another surge of complaints she again contacted the HCC.

Mrs A told the Inquiry about her experience of the complaints process, from her personal experience and from helping others who contacted her. She said in her view the hospital just tried to brush complaints away and sent replies with standard information in.

Mrs A said that she was engaging with the new Chief Executive of the hospital who she said is working hard to put systems in place to ensure that poor care stops happening. She said that she is still getting complaints but there are now far less. She also said that in her view staff were now providing better care and staffing levels have improved. Witness Mr B also said that he feels there are people in the hospital now who are sending out the right messages – that the old ways are not acceptable.

Mr B also gave the Inquiry his views about the work of Cure the NHS, how the problems developed at Stafford Hospital, foundation trusts and the NHS in general.

Wednesday 4 November 2009

Case 1

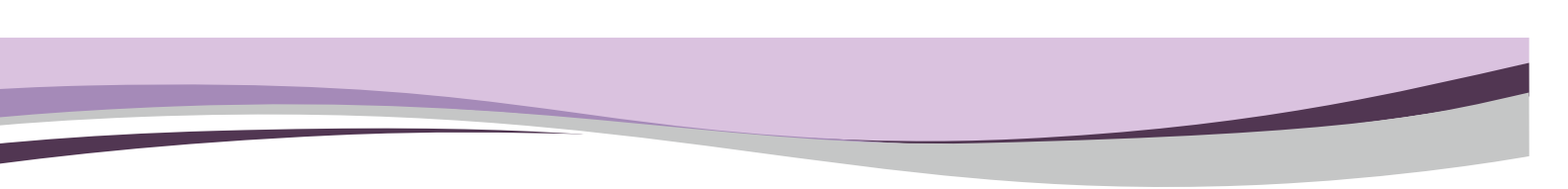
On Wednesday the Inquiry heard evidence from Mr and Mrs C, whose mother/mother-in-law (Patient C) was admitted to Stafford Hospital on a number of occasions between April 2008 and July 2008. The family felt that the care received fell below the expected standards.

Patient C was admitted in April 2008 and subsequently required surgery to remove a bladder tumour. Following this procedure the hospital indicated that Patient C was ready to be discharged, however the family felt that she required support at home and were unhappy for her to be discharged without a suitable care package in place. Mr and Mrs C said the time that it took for this to be arranged was unnecessarily long. Mr and Mrs C said the hospital failed to communicate effectively with them. The hospital did not discuss Patient C's condition or treatment plan with the family. Despite continually telephoning the hospital to acquire information and leaving messages, no one contacted Patient C's family. Mr and Mrs C felt the various departments within the hospital failed to communicate, which resulted in delays in treatment and discharge.

Within a day of returning home Patient C had a further fall and was taken to the accident and emergency department (A&E) by ambulance. She was medically examined within good time, but was discharged late at night. Given her age, her deteriorating health and the fact that she lived alone, the family felt this was unacceptable. They also said their mother was distressed and in considerable pain. The hospital has since accepted that this should not have happened.

Following a further admission to hospital Patient C experienced a number of serious falls in the hospital that left her badly bruised. The news of the falls was not communicated to the family at any stage. The first they became aware of the incidents was when they observed the severe bruising to their mother's face.

Mr and Mrs C told the Inquiry that over a week passed before their mother was diagnosed with mini-strokes. Concerns were raised by the family about the time it took for the diagnosis to be made, and they question whether a swifter diagnosis may have resulted in an improved prognosis.



Mr and Mrs C raised concerns about the basic nursing care received by their mother whilst an inpatient. They stated that she was left for days without eating. They also raised concerns regarding patients, such as their mother, who had a propensity to fall, being left unsupervised.

The family were satisfied with the level of cleanliness on Ward 8 but raised concerns regarding cleanliness on Ward 10. Mr and Mrs C reported that they witnessed blood spots on the floor which continued to be there the following day.

Mr and Mrs C reported frustration in trying to speak with the various hospital departments involved in the discharge process of their mother to a suitable care home. They then experienced delay on the day of discharge and her medication being misplaced.

A couple of weeks later the patient was readmitted to Stafford Hospital where she died that day. Mr and Mrs C state that the treatment received that day was in stark contrast to that experienced on previous occasions. They state that staff within both A&E and the emergency assessment unit (EAU) were compassionate and they were given space and time to spend the final few hours with their mother.

Wednesday 4 November 2009

Case 2

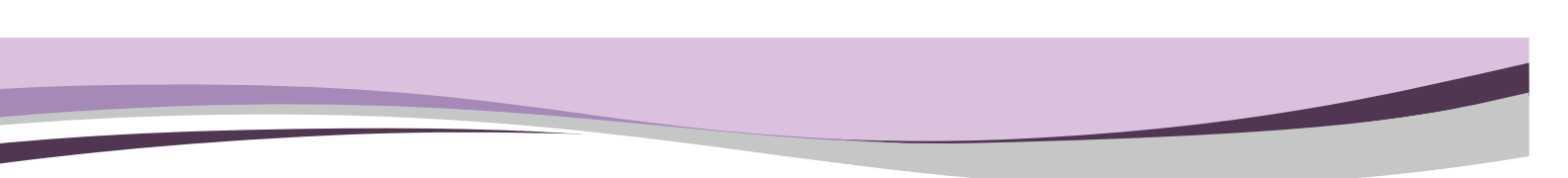
The Inquiry heard evidence from Mr D and Mr E whose wife/mother (Patient D) experienced care as both an outpatient and an inpatient at Stafford Hospital between early January 2008 and April 2009.

In June 2008, Patient D was referred by her GP to Stafford Hospital with abdominal pain. She underwent a series of tests and was diagnosed with pancreatitis after being admitted by a consultant at the hospital. Mr D reported that he raised his first complaint with the Chief Executive when a Macmillan nurse went to visit the patient in error, on her discharge, as no diagnosis of cancer had been made at this stage. This caused Patient D significant distress, as she was extremely fearful of the diagnosis of cancer, particularly given she had lost her mother to cancer some years earlier. An apology was made by the Trust and they provided an explanation that there was another patient with the same surname on the ward who was suffering from cancer. The family accepted this apology and agreed to consider the matter closed.

After a stent was inserted into Patient D's bile duct, the consultant informed her that she would receive notice of a follow up appointment within the next 14 days. After 12 days, the patient's husband contacted the consultant's secretary to enquire about the appointment and a message was left on her answering machine. The following day Mr D received a call questioning why his wife had failed to attend her appointment; the secretary was adamant that she attempted to return his call the previous day. Mr D subsequently made a further complaint to the Chief Executive, who responded by setting out the secretary's account of events and did not attempt to resolve the dispute.

When a follow up appointment was offered, they met with a different consultant who suggested that the patient should visit her GP for a diabetes check-up and was subsequently diagnosed with type 2 diabetes.

In February 2009, Patient D attended a procedure at Stafford Hospital in order to have the stent in her bile duct removed. She was given an "urgent" follow up appointment; however, the date offered was four months later.



Patient D's pain became unbearable and her GP made three attempts to contact the consultant to bring forward her appointment but these were unsuccessful. The GP then made a referral to a surgical consultant, for a second opinion, through the 'Choose and book' system as an urgent patient. However, there were no appointments available and they were informed that the next available appointment was the one they had arranged. At this stage a formal complaint was made to Patient Advice and Liaison Service (PALS).

Patient D's pain intensified and her husband rushed her to A&E at the beginning of March 2009. She was admitted to Ward 7 where she was treated for dehydration and her pain was brought under control. The following day she was seen by a surgeon who ordered a review of her previous tests and instructed further blood tests and an ultrasound scan to be undertaken. A couple of days later the surgeon informed Patient D and Mr D that he strongly suspected cancer of the pancreas with metastasis to the liver. He said a CT scan and a liver biopsy were needed to confirm. These tests were undertaken immediately and confirmed the diagnosis. Patient D's condition was inoperable and incurable.

Patient D's family has raised concerns that the judgement of the consultant may have been clouded by the fact that a large proportion of patients who suffer from pancreatitis do so as a result of excessive alcohol consumption. The family state that the consultant was constantly querying her alcohol consumption, which they said was moderate, and were unhappy with his manner. Mr D and Mr E question whether a diagnosis may have been made earlier had the consultant not been focused on the patient's alcohol consumption. Concerns were also raised in relation to the cleanliness of the hospital.

Wednesday 4 November 2009

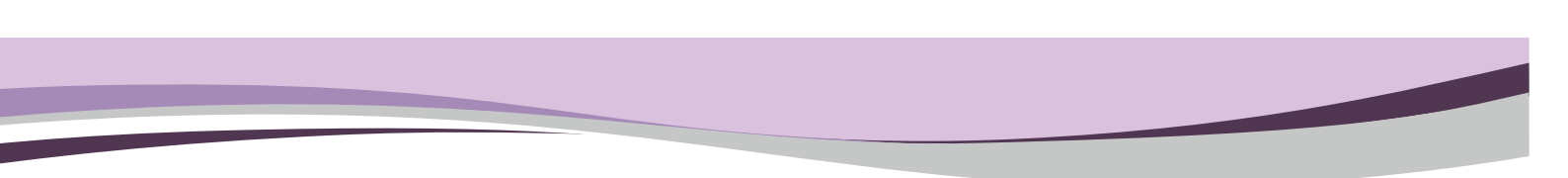
Case 3

On Wednesday, the Inquiry heard evidence from Mrs F and her son (Mr G) about the treatment of her husband (Patient F). Patient F's brother and wife also attended (Mr and Mrs H).

At the end of 2007, Mrs F's husband was suffering from breathing difficulties and was having problems swallowing. Because of the Christmas holiday period Mrs F reported that her husband could not get the necessary investigations quickly enough and therefore he saw a consultant at Stafford Hospital privately. He was diagnosed with scarring of the lungs. Due to this and to a previous blood disorder the patient was in and out of Stafford Hospital in 2008.

In May 2008, Mrs F's husband was admitted to the emergency assessment unit (EAU). Mrs F said that the care her husband received there was very good, with plenty of staff visible. Patient F was then transferred to a different ward. Mrs F said that although the ward was friendly and the food of a high standard, it was also very cramped with little room for visitors. She reported that the cramped conditions made her husband feel ill at ease. She also felt that although there were staff present on the ward, they seemed to be rushing around and the ward itself felt neglected. The ward was also untidy. Patient F was discharged after two days. He did not have all of his medication so Mrs F returned to the hospital to collect it.

In July 2008, Patient F had particular trouble breathing. Mrs F called an ambulance that took her husband to the accident and emergency department (A&E). Mrs F said that her husband was treated very promptly in A&E and was attended to by two members of staff and assessed by two doctors. Patient F was then moved to EAU. Mrs F said she was not informed by any member of staff about her husband's condition or about what was going to happen to him, i.e. where he was to be moved. She also found it was hard to distinguish between different members of staff, i.e. which members were healthcare assistants or nurses. Mrs F assumed due to her husband's previous hospital stay that he would be staying in hospital.



Mrs F returned home to pick up her husband's belongings for his stay in hospital. When she returned with her son (Mr G), she was shocked to see her husband in what she describes as a terrible state, i.e. he was bruised and battered as if he was in a car accident. There was no one available at the nursing station to explain what had happened. A doctor subsequently explained to the family that Patient F had been resuscitated, but that the hospital would not do this if he arrested again. Mrs F and her son asked whether he could be moved to intensive care or could have a private room.

During his subsequent time in EAU, Patient F was thirsty and there was a jug of water by his bed, but he was not allowed any fluid. In the circumstances Mrs F thought it was cruel for there to be a jug of water by his bed. Mrs F and her son were also distressed by an elderly patient in a neighbouring bed who was in some difficulty and felt that this was not well managed by staff.

Mrs F and her son then returned home, as visiting hours had ended. Mrs F then received a call from the hospital to tell her that her husband had died. The family returned to the hospital and found their husband and father lying on a bed in the ward disconnected from equipment with no one attending to him and without a sheet covering him. No member of staff was available to accompany the family on their arrival to EAU. Mrs F and her son also felt that the doctor who spoke to them after Patient F's death failed to explain the circumstances of his death with compassion or sensitivity.

Mrs F and her son did not make a complaint directly to the hospital but wrote to their MP. She said that the family did feel that at their subsequent meeting with the Trust (Director of Nursing and Interim Chief Executive) that they were listened to. However, Mrs F said the family feel that subsequently the Trust has not fully addressed their concerns nor apologised for the care her husband received.

Thursday 5 November 2009

Case 1

Mrs J told the Inquiry about the treatment that her husband (Patient J) received at Stafford Hospital in February 2006.

Patient J was moved to Ward 8 of the hospital where 11 patients had *Clostridium difficile* (*C. difficile*). Patient J then contracted *C. difficile*.

Mrs J told the Inquiry that the hygiene on Ward 8 was very bad. She said bins were routinely left overflowing with soiled dressings and rubber gloves, dirty soiled linen was carried by hand through the wards and commodes were used without curtains being drawn. She also said that her husband was left in his own excrement.

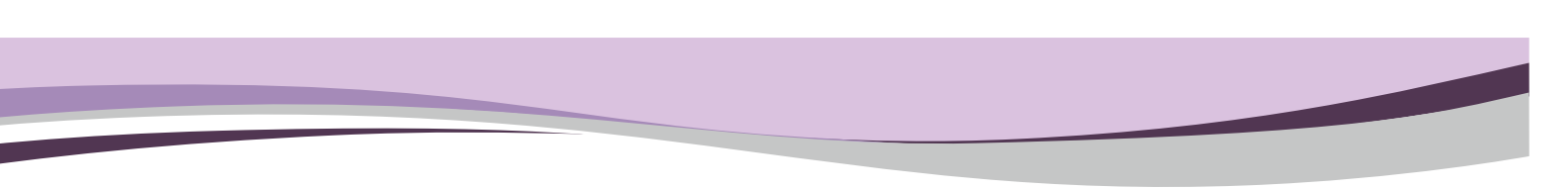
Mrs J said that there was no leadership or accountability on the wards and that the only matron she saw never came onto the ward. She told the Inquiry that there was a lack of staff and that many had bad attitudes. Mrs J told the Inquiry that she was told in a hospital corridor that her husband might have prostate cancer, which was very distressing.

Patient J was moved from Ward 8 to an isolation ward. Mrs J told the Inquiry that the room was not clean and that she herself cleaned the room.

Mrs J's husband was then moved to Ward 7. On one occasion, Mrs J found her husband crying. Patient J told his wife that he had asked a nurse for help to go to the toilet but the nurse had got angry before leaving to find a bottle. Patient J was not able to wait and he told his wife that the nurse had "exploded" and threw either the urinal or the food tray onto the bed and left. Patient J was left in soiled bed sheets and clothing. Mrs J believed that this incident was inaccurately recorded on her husband's medical records.

Patient J had to go to New Cross Hospital for an MRI scan. He was left without pain relief for a number of hours and was left by the ambulance staff in a corridor at New Cross Hospital. Patient J was also transferred without his notes so his pain relief was not available at New Cross Hospital. Mrs J told the Inquiry that the care at New Cross Hospital was amazing.

Patient J contracted *C. difficile* again and died. Mrs J told the Inquiry that she is unhappy that *C. difficile* was not listed on the death certificate, as she believes it was the cause of his death.



Mrs J contacted the Patient Advice and Liaison Service (PALS) at the hospital who arranged a meeting, but she told the Inquiry that the required hospital staff failed to attend. She also tried to call and left a message for the Chief Executive of the hospital but her call was not returned. Mrs J wrote another complaint and received a response from the Chief Executive that accepted that there were shortfalls in her husband's care. Mrs J remains unsatisfied with the hospital's response to her complaint.

Thursday 5 November 2009

Case 2

On Thursday, the Inquiry heard evidence from Mrs K about her treatment at Stafford Hospital in 2009. Her daughter Ms L joined her at the hearing.

Mrs K was admitted to Stafford Hospital in January 2009 with paralysis of her right leg. She was admitted through the accident and emergency department (A&E) and was transferred to the emergency assessment unit (EAU) before being transferred to Ward 11.

Mrs K said she was satisfied with the treatment she received in A&E and EAU. During her stay in these areas, she recalls an agency nurse who was compassionate and responded to her pain by making a sling for her foot.

On her move to Ward 11 Mrs K recalls being spoken to in a rude manner when asking a nurse a question. She was also informed that she would have to remove the support on her foot, as it was a slip hazard. However, Mrs K was left on her own to remove it and no replacement was offered despite making daily requests for support.

A doctor did not review Mrs K until several days later and Mrs K stated that at this time she was given no indication as to what might be causing her symptoms or what the possible plan for treatment was. She also felt that the communication between nursing staff on Ward 11 was poor, and staff coming onto their shift did not appear to have undergone a sufficient handover.

Ms L reports that her mother's condition was deteriorating and the paralysis had spread up the right hand side of her body, but staff did not appear to have noticed. She also told the Inquiry that she made continual attempts to discuss her mother's condition with medical staff; however, no action appeared to have been taken.

Mrs K was later diagnosed with two brain tumours; she recalls the consultant conveyed this information to her in a compassionate manner. But Ms L felt that it was inappropriate to communicate such information to her mother whilst she was on her own.

Mrs K feels that her subsequent development of deep vein thrombosis (DVT) was "inevitable" as she was not receiving physiotherapy and nurses did not attempt to take any preventative measures.

Mrs K recalls that, on one occasion, results of tests were conveyed to her in a very inappropriate manner. She states that a nurse informed her that she had pulmonary embolism in both lungs, she then stated "one false move and you're out of here". Leaving Mrs K with the impression that she could die at any moment.

In relation to medication, Mrs K reports that it was not received at a specific time, and that her medication was often dispensed after the lights on the ward had been turned out. She reports that there was a lack of consideration given to her paralysis as she was unable to pick up the medication to take it.

Mrs K reports that she was often not provided with a meal and her daughter had to go to the trolley to get whatever was left over. Furthermore, Ms L recalls that on a number of occasions she felt compelled to assist various patients on the ward at meal times due to their inability to manage packaging or cutlery.

Ms L raised concerns about cleanliness and cross contamination on Ward 11. She states that on one occasion a care assistant was tending to a patient with MRSA and then, without changing her gloves, changed another patient's catheter bag.

Mrs K states that a lack of compassion was notable amongst the nursing staff on Ward 11 and the majority of the time she felt invisible and an inconvenience. Ms L feels that had she not been there to assist her mother with her personal hygiene, then she just would have been left unwashed for the duration of her stay.

Mrs K recalls that patients' call bells were not responded to and patients were often left waiting for attention for excessive periods. On one occasion, she recalls using her call bell at night, for assistance with going to the bathroom. She states that a male nurse appeared and she requested the assistance of a female nurse but was informed that none was available. As such, she informed the male nurse that she would wait until one became available. She states that 20 minutes later she buzzed again and the same male nurse appeared almost instantly and said he would take her, she became tearful and protested, but eventually agreed to be taken by him. She felt intimidated by this nurse and made a complaint the following day. Mrs K has since been informed that he no longer works at the hospital.

Mrs K made a formal complaint following her experience at Stafford Hospital and subsequently attended a meeting arranged by the trust. The Inquiry was told that they did not find this to be a very satisfactory meeting and did not feel reassured by the meeting, as the changes referred to by the trust in the meeting had been made prior to Mrs K's admission to hospital.

Thursday 5 November 2009

Case 3

Mr and Mrs M's son (Patient M) had a serious accident on his bike in April 2006. Paramedics took Patient M to Stafford Hospital. Mr and Mrs M's first concern falls outside the terms of this Inquiry. It refers to the transfer of their son by paramedics to the ambulance on a bike over rough terrain, rather than by stretcher, which the family feel may have been inappropriate. This element of the care is under review by West Midlands Ambulance Service.

Patient M arrived at Stafford Hospital A&E and was seen by a triage nurse who noted that he had severe injuries with high pain score and that he had been given morphine en route to the hospital. Patient M was reported by his friends to be in a lot of pain and was vomiting. A junior doctor who took an X-ray saw him initially. Mr and Mrs M said they have concerns that their son was subsequently neglected at A&E, whilst in severe pain. They feel he was not adequately monitored by a nurse or doctor during his time there (they report that no visit was made by a nurse or doctor after the initial consultation), nor did staff take the time to talk to their son or his friends about his condition. Mr and Mrs M also told the Inquiry that they felt that their son's pain was not adequately managed, with him only receiving painkillers when they were asked for when he was leaving A&E. Patient M was discharged from A&E with a diagnosis of bruised ribs.

The patient later died after discharge from hospital because of a ruptured spleen, which had not been diagnosed during his time in A&E.

Friday 6 November 2009

Case 1

Mrs N spoke to the Inquiry about the treatment of her mother-in-law (Patient N).

In December 2004, Patient N went to Stafford Hospital. She spent time on the emergency assessment unit (EAU) before being transferred to Ward 11. Mrs N said she had no faults with the staff on the ward at this time. Mrs N's mother-in-law had a CT scan of her thorax and abdomen and a biopsy. Following this Patient N was told that she had terminal lung cancer and was told that she had six months to live. Patient N was given morphine for pain relief. However, Patient N's medical records revealed an uncertain diagnosis of cancer of the oesophagus, as the results of the biopsy showed no evidence of malignancy.

Mrs N told the Inquiry that the morphine had negative effects on her mother-in-law and said the diagnosis was like a black cloud over the family.

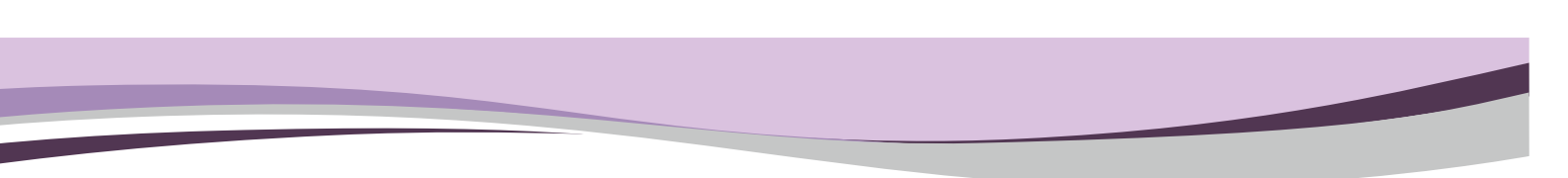
In September 2007 Patient N's treating physician wrote a letter to Patient N's GP stating that the diagnosis of oesophageal cancer was doubtful and a further letter in July 2008 stating that the disease must have been benign. However Patient N was treated for terminal cancer until November 2008 and was visited during this period by Macmillan nurses.

In November 2008, Mrs N said that the family found out that her mother-in-law did not have lung cancer from a Macmillan nurse who had a letter sent from Stafford Hospital to Patient N's GP. Mrs N said that her mother-in-law had not received any letter from the hospital to inform her of this.

Mrs N said that the misdiagnosis should have been picked up earlier and that the hospital should have contacted her mother-in-law directly. Mrs N's mother-in-law remained on the same medication. She told the Inquiry that the family was worried about what may be wrong with her mother-in-law.

Patient N was later diagnosed with heart disease.

When Patient N died Mrs N told the Inquiry that the Macmillan nurse informed the family that Patient N had had stomach cancer since Christmas 2008. The family and Patient N were unaware of this.



Mrs N told the Inquiry that she is confused about the cause of her mother-in-law's death, as the death certificate includes cancer of the oesophagus as a cause of death.

Mrs N complained to the Chief Executive at the Trust in August 2009. The Trust offered a meeting to discuss the case. Mrs N said she was advised by Cure the NHS not to go to the meeting unless there were new members of the trust present at the meeting. In any event, Mrs N decided she would prefer a written report rather than a meeting with the trust.

Friday 6 November 2009

Case 2

In October 2008, following a stroke, Mrs P's husband (Patient P) was admitted to the accident and emergency department (A&E) at Stafford Hospital in the morning. On the same day, Patient P was moved to the emergency assessment unit (EAU) where he stayed for two days before being moved to Ward 10 of the hospital. Patient P stayed on Ward 10 for 11 days before he was transferred to Cannock Hospital.

In EAU Mrs P told the Inquiry that the staff did not take account that her husband had suffered a stroke. Patient P was told to use the toilet himself. On two occasions when he attempted to get out of bed himself, he had to be helped back to bed by his wife, as he did not have the balance to stand. Patient P also suffered a fall when trying to reach the toilet. His medication was left at the end of the bed, which Patient P could not reach.

On one occasion Mrs P arrived at Stafford Hospital at 2.50pm to visit her husband in the EAU, she was told that she had to wait until 3pm to see her husband when visiting hours began. Mrs P was upset as at this stage she did not know whether her husband may die.

Mrs P told the Inquiry that EAU was not clean. It was dusty and things were left lying on the floor, for example a catheter or colostomy bag had leaked onto the floor. She also said that on one occasion she found her husband and the man in the next bed both left in their own excrement.

During her husband's stay on EAU, no doctor came to speak to Mrs P to discuss her husband's treatment.

When Patient P was being moved to Ward 10, no one knew where his glasses were. Mrs P complained about this to the hospital and was told in a response by the hospital that the glasses were her responsibility.

Despite it being on Mr P's notes that he preferred to be called by a different name, and his wife speaking to staff about this, only one member of the staff at the hospital did this.

Mrs P praised a stroke nurse who cared for her husband during this period who she said was supportive.

Despite EAU recording that the Patient P needed to have his food thickened, this was not done until the last few days of his stay. Patient P had problems swallowing and was given inappropriate food to eat, for example bacon and an orange that he was unable to peel. Mrs P told the Inquiry that she saw food left for her husband that was out of his reach. Patient P had lost two stone in weight by the time he was moved to Cannock Hospital.

Mrs P told the Inquiry the difficulty she had trying to communicate with staff on the ward. She said there were not enough staff and the staff that were there were too stressed and busy and did not come back to her. She described feeling as though no one was listening to her.

On a daily basis, Mrs P asked to see a doctor. She eventually confronted a nurse about the fact that she had not seen a doctor and the nurse threatened to evict her from the ward. However eventually she saw a junior locum doctor who had never been on the ward before. The doctor read the notes and explained that there had been two leakages to the brain and that it had been recommended that her husband be moved to Cannock Hospital when there was an available bed.

Mrs P said that she took her husband's soiled clothes home to wash each day and that when her husband would ring the bell for assistance to go to the toilet it would not be answered for up to 20 minutes. She said that the staff would come and switch off the bell and tell her husband to hold on. This was very distressing to Patient P and Mrs P.

The ward was not clean, with yesterday's newspapers, dust and tissues left on the floor and uneaten food and dishes not collected between meals.

Mrs P told the Inquiry that she did not feel that the nurses or healthcare assistants knew how to look after a stroke victim. She also said that they did not stop to chat or take time with the patients.

The treatment at Cannock Hospital was much better according to Mrs P.

In February, Patient P had to return to Stafford Hospital A&E because of fluid on the lungs. Nothing was done and Patient P and his wife waited for four or five hours. Patient P was left in an inappropriate chair and nobody came to give them information. Mrs P said that she felt as though they had been forgotten about. Mr P decided to discharge himself.

Following complaints by her daughter, the hospital phoned Patient P to discuss the complaint.

Friday 6 November 2009

Case 3

Mr R told the Inquiry about his experience of Stafford Hospital in 2008. His wife Mrs R joined him.

In October 2008, Mr R went to see his GP who took his blood count. The GP was concerned about his glucose levels and told him he needed to go straight to Stafford Hospital.

The GP called the hospital and told Mr R that he would be fast tracked upon arrival at the hospital. The GP gave him a letter outlining his symptoms (recent weight loss, difficulty swallowing and thrush of the mouth). The letter also set out his medical history (previous heart attack) and detailed his regular medications as well as the medication that he could not tolerate.

Mr R arrived at Stafford Hospital accident and emergency department (A&E) in the early evening. His wife, Mrs R, gave the receptionist the letter from the GP and explained that the GP had called the hospital about her husband's arrival. The receptionist told Mr and Mrs R to take a seat and put the letter down to one side.

After approximately three hours, Mr R's blood sugar levels were taken. At this stage, Mr R was shaking and could not walk. He told the Inquiry he felt he was fading away. At this stage, the nursing staff tried to lower Mr R's blood pressure. None of the staff introduced themselves or talked to either Mr R or Mrs R to explain what was wrong or what they were doing. Mr R was told that there were no beds available and that he would have to stay in A&E. Mrs R was told to go home, which she did and told the Inquiry that she left feeling extremely distressed and concerned, as a doctor had not seen her husband.

The patient was transferred to the emergency assessment unit (EAU) the following day and was seen by a doctor. Mr R was told he had diabetes and they needed to bring his sugar levels down. He was told he would be given insulin and that tablets were not an option.

Whilst in EAU Mr R was attached to a machine, which may have been a drip, which kept beeping. There were prolonged periods when it beeped and no one came to attend to it. When nursing staff did attend to the machine, Mr R was informed that it was his fault it was beeping because he was lying on the tubes. The nurses only managed to stop the machine beeping for a few minutes and it was not until a “trainee” noticed that the machine was not working that the problem was resolved. Mr R felt like a nuisance complaining about the machine.

Mr R told the Inquiry about the problems with his medication, as the hospital did not have any of the tablets he was on for his heart condition and he was told by staff he would have to wait until the following day when the hospital would have the drugs.

In EAU Mr R had problems with the food menu, as it did not include details of what was suitable for diabetic patients. When he asked about the menu, he was told that none of the menu contained sugar. Mr R told the Inquiry that when he spoke to a nurse about his concerns the nurse was very abrupt with him.

Mr R told the Inquiry about their impressions of EAU. They said they saw one patient being left by staff hanging over a bed. Mr and Mrs R said things were left on the floor and that no one spoke to them about hygiene or using the hygiene gels. They said the nursing staff seemed very busy, but praised one nurse who they described as “caring”. The Inquiry was also told how vulnerable they felt during this period – they felt unable to speak to anyone about their concerns.

Mr R was told that he was going to be moved to a different ward. However, he was sent home instead because the diabetic nurse told him he would have more chance of reducing his sugar levels at home than in the hospital.

Mr R told the Inquiry about his experience of being discharged. There was confusion over his medication. He was told that he would receive a letter from the hospital about an eye appointment. The letter did not arrive and after 12 months Mr R discovered he had not been put on the list for an appointment by the hospital.

Monday 9 November 2009

Case 1

On Monday the Inquiry heard evidence from Mrs A1 whose husband (Patient A1) was admitted to Stafford Hospital in December 2008. Mrs A1's son and her daughter-in-law also attended the hearing.

In December 2008, as advised by his GP, Patient A1 was taken by ambulance to Stafford Hospital. He was experiencing bloating, weakness, coughing fits and had dyspnoea. Mrs A1 recalls that when her husband arrived at the accident and emergency department (A&E) he was left on a trolley in the corridor for a considerable time. Following chest and bowel X-rays Patient A1 was admitted to Ward 7.

Mrs A1 told the Inquiry that the admitting doctor reviewed her husband promptly and said he would be supplied with compression hose. This did not happen. Furthermore, Mrs A1 recalls that despite the initial chest X-ray revealing a patch on her husband's lung, no treatment was offered.

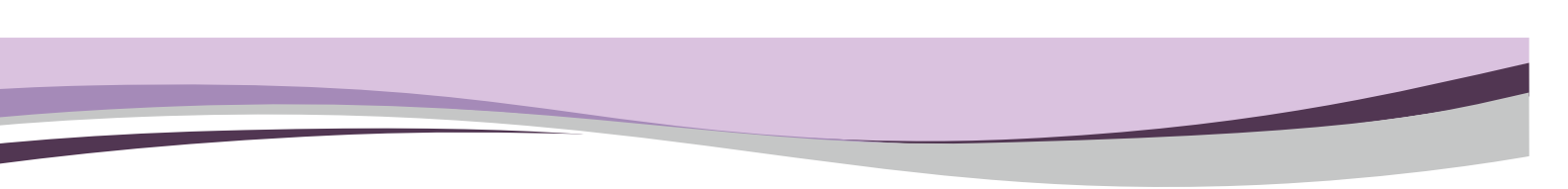
Several days later a CT scan was undertaken, followed by a biopsy and fluid aspiration and the family was informed that the case would be discussed the following week.

Patient A1 was prescribed antibiotics as he was thought to be suffering with a chest infection. A catheter was also inserted, however no explanation was provided to Patient A1 or his family about why this had taken place.

Following a biopsy, Patient A1 experienced severe diarrhoea. Mrs A1 had concerns about toileting on the ward. On one occasion when her husband was eventually cleaned, the floor was left untouched and stained for several days. On another occasion Mrs A1 found her husband's catheter bag to be full and leaking. She had to empty the bag herself in order to make her husband more comfortable.

At this point, Mrs A1 also said her husband's legs were swollen, weeping and sore, but no treatment was offered.

Mrs A1 said that there was a delay in receiving the results of her husband's biopsy and does not feel she was kept sufficiently informed about her husband's condition. She recalls feeling frustration and despair; she attempted to contact the consultant involved in her husband's care, but to no avail. She states that her husband was weakening and he was uncomfortable at this stage.



The family was informed that the scan performed nearly a month previously had revealed deposits in both of Patient A1's lungs. A few days later, they were informed that the results from the biopsy were inconclusive.

Mrs A1 does recall that care improved somewhat at this stage, for example her husband was provided with a ripple mattress.

Patient A1 also suffered with oral thrush and on two occasions, he was not given the facilities in which to clean his teeth. He was unable to get to the bathroom.

Towards the end of January 2009, Mrs A1 informed the hospital that she would care for her husband at home and it was agreed that he could be discharged the following week. Patient A1 had been in hospital for over a month with no clear diagnosis and no programme of treatment. Despite further procedures, he was in great discomfort and was distressed. Mrs A1 recalls that arrangements for her husband's discharge were vague and protracted.

The day before Patient A1 was due to be discharged his catheter was removed and Mrs A1 was informed that he had MRSA. The following day Patient A1 was expected home at 10.30am but did not arrive until 3.10pm. On his arrival home, he was in a wheelchair as opposed to being on a stretcher and was cold and in a very agitated and disorientated state. Mrs A1 recalls that her husband had undressed bedsores that the district nurse, who was present, was horrified to witness.

Mrs A1 cared for her husband at home for one week before he passed away.

Monday 9 November 2009

Case 2

Mrs B1 and Mrs B2 told the Inquiry about the treatment that their mother (Patient B1) received at Stafford Hospital on a number of occasions between August 2005 and March 2006.

In August 2005, Patient B1 was admitted to Stafford Hospital by ambulance. She had not passed water in four days and her doctor was concerned.

On the way to the hospital the ambulance crew radioed ahead to say that Patient B1's condition was more urgent than first thought; she was given oxygen and her SATS were monitored.

On arrival at the accident and emergency department (A&E) Patient B1 waited for two hours to be assessed. While Mrs B1 and Mrs B2 were waiting they observed that A&E was unclean. There was blood and blood-soaked cotton wool on the floor, and a bedpan left with just tissue covering it.

Patient B1 was later admitted to the emergency assessment unit (EAU). Staff tried to take her blood pressure but the machine did not work. Patient B1 had deteriorated and a number of doctors worked to improve her condition. Mrs B1 and Mrs B2 were asked to wait elsewhere, which they did. They were left to wait for an hour before anyone came to see them. When a member of staff did come to see them he asked whether they knew that their mother was very ill, and whether they wanted the staff to continue treating their mother. Mrs B1 and Mrs B2 said they did want them to continue. They told the Inquiry that at this stage they did not have a full idea of their mother's condition or any knowledge about what treatment was being provided.

Patient B1 was moved to the Critical Care Unit (CCU). Mrs B1 and Mrs B2 were told that their mother had an abscess on her gall bladder. They then found out it was actually on her liver. Mrs B1 told the Inquiry that she could not fault the quality of care provided on the CCU, the staff or the cleanliness.

Mrs B1 and Mrs B2's mother was then transferred to Ward 6 where she developed diarrhoea. On a number of occasions, Patient B1 rang the buzzer for lengthy periods in order to get assistance to go to the toilet. When Patient B1's daughter noticed her mother's bottom was bright red and very tender she asked that someone examine her. She was told this would happen. For three days, Mrs B1 had to make more requests for someone to examine her mother. On the third day, a care worker agreed to examine her mother and saw immediately the discomfort Patient B1 was in. Patient B1 was given a cream to apply.

Mrs B1 and Mrs B2 were also concerned about what their mother was being fed. She had cracked lips, thrush in her mouth and ulcers on her tongue and was being fed soup, food that they felt was inappropriate for someone suffering with diarrhoea. Patient B1's oral thrush was also only tended to following requests from Mrs B1's niece.

While on the ward Patient B1 had a fall. Her slippers were wet due to the fluid leaking from her and she slipped going to the toilet unaided.

Patient B1 was taken for a scan. She said that her leg was sore. Her observations were checked on a regular basis and the doctor said that her leg was fine. The next day Mrs B1 was told that her mother's leg was fine. An hour later, the hospital called to say her mother had a hairline fracture.

Patient B1 had a plaster cast put on. The family were not given any information on how to treat this at any point. It was only when Mrs B1 took her mother back to have the cast removed that she learnt that the cast should have been opened at regular intervals to allow air to get to it. This had not happened once when Patient B1 was on the ward.

In November 2005, Patient B1 was admitted to Stafford Hospital after vomiting for two and a half weeks. It took four hours for her to be seen. She was eventually put on a drip while she waited for a bed to become available.

After being admitted to the EAU, she was then moved to Ward 6. When Mrs B1 visited her mother, other patients would say that her buzzer had been ringing for a considerable amount of time and she often found vomit over her mother's nightdress. The bowls of vomit were removed without it being apparent that any volumes were recorded on her charts.

Following a CT scan, it was decided that Patient B1 needed to have her gall bladder removed. Mrs B1 waited all day with her mother to be taken to theatre, but the operation was then cancelled. Patient B1 was kept nil by mouth for about five days, due to the number of scans and tests she was having to undergo. Following the operation the next day Mrs B1 and Mrs B2 were informed that their mother had in fact had part of her bowel, stomach and bladder removed. All they were told was that there was a mass that needed to be removed.

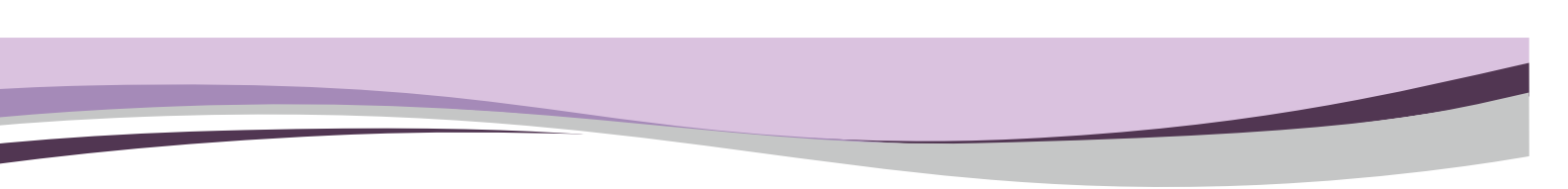
On the day when Patient B1 was due to be discharged Mrs B1 had a call asking her to see the doctor. The doctor informed them that their mother had contracted MRSA from the feeding tubes she was wearing. Again, they were not given any information on treatment.

Mrs B1 and Mrs B2 said that they felt intimidated by many of the staff and that they were unapproachable. This contrasted with their views of the care workers and bank staff, whom they praised.

Patient B1 was discharged in early December 2005. However, she became unwell and was readmitted as an urgent referral in January 2006. Patient B1 was informed that the cancerous tumour on the gall bladder had returned and she needed a stent inserted. Mrs B1 and Mrs B2 said that their mother had not been informed that she ever had a tumour.

In February 2006, Patient B1 returned for her operation. She was admitted to Ward 6 but, on arrival, they were informed that there were no beds and she was admitted to Ward 8. Mrs B1 and Mrs B2 were told the stent operation went well and that the levels of bilirubin in her blood were slowly decreasing. Patient B1 went home with her daughter where she began to deteriorate subsequently. Mrs B1 tried to contact a clinical nurse specialist; however, her call was not returned for a number of days.

A doctor came to take Patient B1's blood at home and the rapid response team came to give her an IV drip. The blood results showed she was experiencing a massive infection. The doctor said he did not know why she had been discharged as her core temperature was very low, as was her blood pressure. Mrs B1 felt that they were misled as to the quality of life their mother would have by having a stent inserted.



Patient B1 was readmitted to the EAU in March 2006 when Mrs B1 noticed that one of her mother's feet was white. She was told that that her mother would need to have another operation. However, Mrs B1 felt that the implications of having the operation were not well explained.

Patient B1 underwent the operation. Unfortunately, it was not successful and she was moved to Ward 7 where she later passed away. Mrs B1 and Mrs B2 were not satisfied with the palliative care that was given to their mother before her death.

A complaint by the family was made to the hospital in April 2006. After chasing the hospital, the family received a response four months later that they felt was unsatisfactory. A letter was sent outlining why the response was not adequate and POHWER – Independent Complaints Advocacy Service (ICAS) was contacted. A meeting took place in October 2006, but Mrs B1 and Mrs B2 said that it felt as though they were being 'fobbed off'. The primary care trust was also contacted. Mrs B1 and Mrs B2 still do not feel that their complaint has been properly addressed.

Tuesday 10 November 2009

Case 1

On Tuesday the Inquiry heard evidence from Ms C1 whose father (Patient C1) was admitted to Stafford Hospital in December 2008 and again in January 2009.

Patient C1 was admitted to the accident and emergency department (A&E) at Stafford Hospital in December 2008 suffering from jaundice and abdominal pain, and then transferred to Ward 11.

During his stay on Ward 11, the patient informed his daughter that he witnessed a significant number of flies on the ward and the nurses were managing this situation by using sticky strips to draw the flies away. Patient C1 also informed his daughter that when his bed linen became untucked and fell to the floor it was simply tucked back in, which he believed to be an infection risk.

In December 2008, Patient C1 underwent a procedure to insert a stent into one of the ducts of his liver. At this point Ms C1 raised concern about communication among the consultants. She told the Inquiry that one consultant was quite optimistic about the procedure her father was undergoing and the subsequent prognosis, whereas the other consultant had a more negative view of her father's condition.

Patient C1 returned home just before Christmas, where he remained until a planned readmission to Stafford Hospital in January 2009. Ms C1 raised concerns about the lack of communication with the hospital during the period in which her father was at home, particularly as a nurse had agreed to call her father on a specific day but failed to do so.

It was Ms C1's understanding that her father was due to be readmitted in order to have a further stent inserted into a duct following the detection of cancerous cells. Patient C1 was admitted directly to Ward 11. He was informed that he would return home the following day, after having the stent inserted.

The first attempt to insert the stent was unsuccessful; however, this was not communicated to Ms C1, and she only became aware of this when she received a telephone call from her father. Several days later a further attempt was made to insert the stent, which was successful. At this time, Ms C1 also became aware that her father had been moved into isolation as he had been diagnosed as suffering with *Clostridium difficile* (*C. difficile*). Again, this was information that she learnt from her father. Ms C1 recalled that at this point her father's mental and emotional state was extremely low.

Ms C1 said she felt that Ward 11 was generally unclean, that the patients were in too close proximity to one another and that there was a lack of use of the alcohol hand wash for infection control.

Patient C1 required assistance with eating and, while Mrs C1 was available to assist him with eating lunch and dinner, she was not present at breakfast time. Her father informed her that he did receive assistance with breakfast; however, if he required a break and sat back then the person assisting him would take this as an indication that he had finished and clear away his remaining breakfast. Furthermore, Ms C1 recalls that her father was often not provided with a menu card and she frequently had to locate one to ensure a meal was ordered for her father. Ms C1 also felt that her father did not appear to receive the medication he was prescribed on a regular basis.

Ms C1 described an occasion where her father was placed in a chair for over an hour when she felt he was too unwell to cope with being put in this position. She recalls that he ended up putting a pillow on the table in front of him and placing his head on it in order to get some relief from being in an upright position for a long period of time. Furthermore, he was only returned to his bed when nurses were free to assist him.

Concerns in relation to staffing levels on Ward 11 were raised by Ms C1. She said that on one occasion she overheard a nurse reporting that she was the only nurse on duty on the whole floor at that time.

Ms C1 recalls that on one occasion she became aware that her father's drip bag had run out, and on another occasion the electronic box controlling the flow of the drip did not appear to be working. On both of these occasions, Ms C1 went to seek assistance from a nurse; however, both times she recalls having to wait an unnecessarily long time for the situation to be rectified.

She recalls that in the days leading up to the death of her father, there appeared to be an attempt by the staff to enable her father to return home. However, due to the enormity of the care package that needed to be compiled, her father passed away before this could be put into place. Ms C1 feels that it was following a discussion her father had with a consultant that he lost all hope of improvement in his condition and subsequently requested that his bile drains be removed. While it was agreed that he would continue to receive medication, oxygen and fluids were subsequently withdrawn.

After her father had passed away, Ms C1 remained in the room with him. At some point, a female entered the room and without introducing herself, she gestured for Ms C1 to leave the room. As Ms C1 was not entirely sure what was meant by the gesture she asked whether she was required to leave, at which point this female repeated her gesture. She waited in the corridor and when this person reappeared, she walked straight past Ms C1 without acknowledging her. Ms C1 feels that, given the bereavement she was experiencing, this was unacceptable behaviour.

Tuesday 10 November 2009

Case 2

Mr D1 told the Inquiry about his personal experience of care at Stafford Hospital in June 2008. His wife (Mrs D1) joined him at the hearing.

Mr D1 was first admitted to Ward 11 of Stafford Hospital in June 2008. He recalls being moved several times to different bays during his initial stay. Each time he was moved he lost access to his television set. No explanation was given for the various moves.

During his stay on Ward 11, Mr D1 was required to sit in a chair from 7.30am until 8pm. He found this uncomfortable and upsetting as his legs and feet were very swollen. On one occasion he asked for a stool to rest his legs, and this was brought after a wait of several hours.

Mr D1's main concern was his ability to access toilet facilities, as he was suffering from diarrhoea. He required help from the nursing staff to reach the toilet or commode, but when he pressed the buzzer it was answered slowly and sometimes not at all. This did result on occasion in Mr D1 soiling himself, and he found that very distressing.

Mr D1 told the Inquiry that on one occasion, several patients in his bay buzzed for nursing staff but no one came. Instead, the patients had to shout to attract the attention of the nurses. Mrs D1 also said that when she visited her husband she often observed buzzers being left unanswered, and reported that patients were very anxious and distressed as a result.

Mr D1 reported that the night staff on Ward 11 were excellent, as were two other nurses. However, he recalled that the worst time for getting the attention of nursing staff was during changeover when, Mr D1 told the Inquiry, the ward effectively shut down for an hour. He also recalls experiences of bullying by one member of staff on Ward 11. Mr D1 did not complain about this at the time because he felt vulnerable and feared repercussions.

While on Ward 11, Mr D1 contracted *Clostridium difficile* (*C. difficile*). Mrs D1 was required to wear an apron and use hand wash on entering the area of the ward. Mrs D1 reports that these precautions were not enforced. Staff were generally good at washing hands and putting on fresh aprons; however, the aprons were sometimes not available and visitors often came in without following the instructions. Mrs D1 also told the Inquiry that she was upset when she was told off by a member of staff for bringing in a towel and soap to wash her husband. Mr D1 also said that one confused man would often wander around the infected areas.

Overall, Mrs D1 felt communication was very poor on Ward 11. She told the Inquiry that she discovered her husband had cancer by reading the word 'tumour' in her husband's file. This was very distressing. No one had sat down with Mrs B1 to explain her husband's diagnosis at that point.

Mr D1 was discharged in August 2008 but readmitted to Stafford Hospital with septicaemia. He was moved from A&E to the emergency assessment unit (EAU), where Mrs D1 was impressed with the care. During this period, Mr D1 also suffered a heart attack.

Mr D1 was then moved to Ward 7. He was diagnosed with MRSA and moved to an isolation ward. Mrs D1 felt that the atmosphere was completely different in Ward 7 – the staff introduced themselves and the treatment Mr D1 had was generally good. Although there were times where Mr D1 had to wait for his buzzers to be answered, Mrs D1 felt that if her husband needed help, there was someone to assist. Mrs D1 also felt there was good leadership on Ward 7.

Mrs D1 was upset, however, by the way a nurse, with whom she had arranged a meeting, had spoken to her in front of everyone on the ward.

Mr D1 was discharged in October 2008. His discharge was delayed by 48 hours in order for him to see a heart specialist, which was distressing for the couple who had to make alternative arrangements. On returning home Mr D1 was suffering from bedsores and MRSA, which were treated by his GP.

Mr and Mrs D1 did make a complaint about the care Mr D1 received. They met with the hospital on several occasions and found that they were listened to sympathetically. The investigation report addressed some of their concerns. Mr and Mrs D1 told the Inquiry that they would have appreciated a face-to-face personal apology.

Tuesday 10 November 2009

Case 3

Mrs E1 gave evidence to the Inquiry regarding the treatment of her late husband (Patient E1). She was joined by her son at the hearing.

Patient E1 was at Stafford Hospital on a number of occasions between August and December 2006. Mrs E1 kept a diary in which she recorded detailed information about her husband's care.

Patient E1 collapsed at home in August 2006. Patient E1 also had a two and a half hour delay while waiting to be discharged, as his medication was not ready. When he was discharged by the hospital, he could not walk without assistance. Mrs E1 asked the hospital if she could personally pay an ambulance to take her husband home. The hospital refused and a taxi was arranged. Patient E1 needed help to get into the taxi and he fell trying to get into his house.

Mrs E1 told the Inquiry that she felt her husband was not ready to be discharged from hospital. Over the following weeks, Mrs E1 said her husband was not speaking coherently, his breathing was heavy and his mobility failed to improve.

Patient E1 was readmitted to Stafford Hospital through A&E in September 2006 and was transferred to EAU. For three days Mrs E1 asked to speak to a sister about her husband's condition. On the fourth day, she was informed that her husband had pneumonia and he was moved to Ward 12.

During this time, Mrs E1 said she heard two members of staff discussing whether her husband or another patient, who had fallen down a flight of stairs, should be given a bed in ITU. Her grandson also found his grandfather's X-rays and photographs lying on a table in a public area.

Mrs E1 informed the Inquiry about nutrition on the ward. During her husband's stay, she was contacted by the hospital who asked her to come in and feed her husband because he was refusing to eat. When she arrived and spoke to her husband, he told her that he was not refusing to eat; it was that he could not reach his meals that were being placed at the end of the bed. Mrs E1 also told the Inquiry how she had to help other patients with their meals by, for example, removing the packaging.

Patient E1 had problems with his feet and was extremely uncomfortable as his bed was made very tightly. Mrs E1 requested a foot rest, which a nurse found. Yet when she returned the next day, it had been removed. During his time on Ward 12 Mrs E1 had to dress her husband's feet herself.

Mrs E1 told the Inquiry that there were two nurse and ten patients most days on Ward 12. She said that this made it difficult to speak with staff and that patients' buzzers were often not answered.

Patient E1 was discharged but was readmitted to Ward 12 shortly after suffering with *Clostridium difficile* (*C. difficile*) and a chest infection.

Mrs E1 told the Inquiry about a toileting incident while her husband was suffering from *C. difficile*. Mrs E1 tried to get someone to help her husband to the toilet, but no one came and her husband soiled himself. Mrs E1 washed the sheets and her husband's pyjamas herself at home. On another occasion, having given a sample to test for *C. difficile*, Patient E1 was left in his pyjama top on a commode for 55 minutes. When Mrs E1 asked about this, she was told that staff were busy. She also spoke to a nursing officer about her concerns. She told the Inquiry that the nursing officer had an excuse for everything.

After receiving her husband's medical notes Mrs E1 discovered that he had fallen out of bed three times. She had not been informed about any of the falls.

Thursday 12 November 2009

Case 1

Mrs F1 told the Inquiry about the treatment that was afforded to her 14-year-old son (Patient F1).

In March 2009, Patient F1 suffered an injury to his left wrist while playing rugby. He was taken to New Cross Hospital in Wolverhampton. His wrist was realigned and he was told he needed have it put in plaster the following day. He was given the choice of having this done at either New Cross Hospital or Stafford Hospital. Stafford Hospital was chosen, as it was much closer to the family home.

The following day Patient F1 attended the fracture clinic at Stafford Hospital. Mrs F1 said that she saw a nurse who was very offhand and told them they had to go via the accident and emergency department (A&E).

On arrival in A&E, Patient F1 was seen by a doctor. They gave the doctor the X-rays and a letter from New Cross Hospital detailing the case. Mrs F1 told the Inquiry that there were communication problems because in her view the doctor's first language was not English.

The doctor said that Patient F1's wrist needed to be realigned and his mother had to explain a number of times that his wrist did not need to be realigned as this had already successfully been done at New Cross Hospital. Mrs F1 said that the doctor did not look at the X-ray and that he did not clinically examine her son. Mrs F1 insisted on a second opinion, which confirmed that the wrist did not need realigning and that, as previously reported, a cast was required. Patient F1 and his family were told to go to the fracture clinic, which they did.

At the fracture clinic Patient F1 was seen by a nurse, who said she would not treat him as his fingers were swollen and told him to go back to A&E to book an appointment for the fracture clinic. Mrs F1 said the nurse told her to get a bandage and wrap her son's wrist herself.

The first appointment at the fracture clinic was not until the following week.

Patient F1's backslab became loose and Mrs F1 called Stafford Hospital. She was told to buy a bandage and to roll it tightly round his arm. She again asked about an earlier appointment for her son and was informed that one was not available.

That night Patient F1 was screaming with pain. Patient F1's father took him to A&E. At A&E, no gas and air could be found for Patient F1 to help with the pain. An hour later, a doctor assessed him. No X-ray was taken and Patient F1 was sent home the following morning with painkillers.

Mrs F1 was concerned about the combination of strong painkillers that her son had been prescribed. She visited her GP, who also expressed concern about the combination.

Unhappy about the care provided by Stafford Hospital, Mrs F1 decided to contact New Cross Hospital so her son could get the cast applied there. Patient F1 went to New Cross A&E department and was given an appointment for the following morning with the orthopaedic consultant.

The consultant told Patient F1 that he needed to have his wrist plated because it had come out of line so much that it could not be successfully realigned. The consultant said Patient F1 needed to have the operation done immediately and he was operated on that afternoon. At a follow up appointment, Patient F1 was told that the plates would need to be removed after March 2010.

Mrs F1 feels that Stafford Hospital was clinically negligent. Her son, who was an enthusiastic sportsman, is now unable to play sport again. She feels that if the correct treatment had been given to her son, his wrist could have realigned and he would not have had to have a plate in his wrist.

Mrs F1 wrote to the hospital to complain about the treatment that her son received. She was not satisfied with the response. It was dated 23 May, but it was not received until 23 June. The response did not address Mrs F1's key concern – which was whether a failure to apply the cast in the first place had led to the further misalignment of the fracture and the need for a plate. The hospital followed up by calling Mrs F1 and offering a meeting that she has declined.

Thursday 12 November 2009

Case 2

On Thursday, Mrs G1 told the Inquiry about the treatment that her mother (Patient G1) received at Stafford Hospital in 2008. Patient G1 remained in Stafford Hospital for 21 days before entering a care home. During this period, Mrs G1 kept a diary that detailed her mother's treatment. Her husband (Mr G1) joined her at the hearing.

In February 2008, Patient G1 became unwell. After a visit from her GP, she was admitted to Stafford Hospital through the accident and emergency department (A&E) in the early evening. Patient G1 was put in a side room and a doctor, who Mrs G1 said was very kind, explained to her mother that they were trying to find her a bed.

In the early hours of the morning, Patient G1 was moved to the emergency assessment unit (EAU) where she was placed in a side room. Mrs G1 spoke very highly of the nursing staff that cared for her mother in EAU, who she said were approachable and regularly checked on her mother. However, during this time Patient G1's box with her medication and false teeth went missing.

After nearly a week, Patient G1 was moved to Ward 10 without Mrs G1's knowledge.

At this stage, Mrs G1 had not seen a doctor and was keen to do so in order to discuss her mother's care. After Mrs G1 spoke with staff and called the doctor's secretary, a meeting was organised. At the meeting, which Mrs G1 said was very valuable, the doctor told her that, considering Patient G1's condition, it would be better to find a care home rather than trying to bring her back home with them.

The discharge officer spoke to Mrs G1 about her mother a number of times and told her that her mother was ready to be discharged. This was very worrying to Mrs G1. She said that her mother was still not well or eating properly. The hospital doctor suggested her mother should be moved but nowhere suitable was found at this time.

Mrs G1 told the Inquiry that it was implied that it was her responsibility to make all the arrangements. Mr and Mrs G1 did all the research about possible homes for Patient G1 unassisted. They rang, and chased social services about an assessment of the patient's need.

Mrs G1 told the Inquiry about toileting on Ward 10. She said that often you were not able to find a member of staff to help and patients' buzzers would frequently ring unanswered. On one occasion, Mrs G1 asked for a commode for her mother but one was not provided. She also found her mother covered in her own faeces and would often clean her mother herself.

The feeding of patients also concerned Mrs G1. She personally took care of all her mother's nutritional needs – feeding her and picking her appropriate food from the menu. Mrs G1 said she doubts her mother would have eaten anything if she had not been there to help. On Ward 10, she said she often witnessed food being put out for patients who were not asked if they needed help to eat. The food was then removed untouched.

Mrs G1 told the Inquiry that the nurses on Ward 10 were very busy and difficult to find. She said, in her view, it was not that the staff did not care but that there were not enough staff on the ward.

Friday 13 November 2009

Case 1

Mr H1 told the Inquiry about the treatment that his late mother, Patient H1, received at Stafford Hospital in late October/November 2008. His wife (Mrs H1) joined him.

Mr H1 told the Inquiry that his mother was an extremely active, independent woman who lived on her own.

In October 2008, Patient H1 had a fall and was taken by paramedics to Stafford Hospital. The paramedics told the staff at A&E that Patient H1 needed a bed with cot sides. After nearly six hours, she was found a bed in the emergency assessment unit (EAU). Patient H1 was able to sit up in bed and Mr H1 told the Inquiry that she was quite cheerful. She was treated for high potassium levels and was on a saline drip. That evening a doctor examined Patient H1 and asked her a number of questions to test her memory. She was able to answer some but not others. The doctor said that this was quite normal. Patient H1 was hungry so her son opened a sandwich for her that had been placed out of her reach. There was no liquid refreshment with the sandwich. When Mr H1 left his mother that night, he said she looked bright and well.

The following day Mr H1 and his sister each visited their mother separately. Both noticed that she seemed unable to use her arms and one of her arms was red. Mr H1 asked a member of staff about his mother's arm but was told that she did not work on the ward. He was not able to find a nurse on the ward to discuss this issue.

The next day Mrs H1 was extremely confused, telling Mr H1 that she thought she was dead and her thoughts were very morbid. Patient H1 was also not wearing her own nightdress. Mr H1 told the Inquiry that his wife then noticed that his mother's head had a huge amount of gauze on it and a bandage. Mr H1 spoke to the ward sister and asked what had happened. The ward sister said Patient H1 had fallen during the night. Mr H1 asked the sister why he had not been informed but the ward sister was unable to answer. Mr H1 insisted on seeing a doctor, but was told one was not available.

When Mr H1 next visited, he again insisted on seeing a doctor but no one came. He was concerned that his mother was dehydrated. There was nothing for her to drink on her bedside table and when they asked for water, it was given in a glass that Patient H1 could not use because of her arms.

The following day Mr H1 saw a doctor. The doctor had been transferred from Stoke Hospital that day and his knowledge of Patient H1 was based solely on her medical records. The doctor explained that Patient H1's potassium level had dropped. The doctor also said that the notes said that his mother had been aggressive and had refused medication. This surprised Mr H1 as he had not been told, and he said if he had known he or a member of the family would have helped to give their mother her medication.

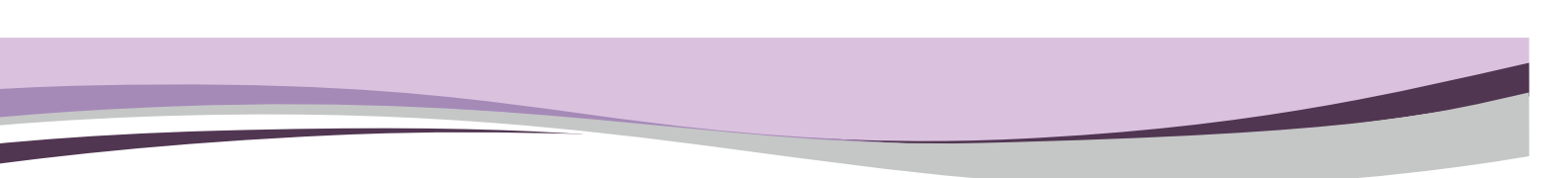
Patient H1 was moved to Ward 10. Mr H1 went to the nurses' station but there were no nurses present. He asked two women at the station who were wearing ordinary clothes if his mother had had her scan. They both looked vague and he was then told she had not.

That evening Mr H1's sister visited their mother. She later informed Mr H1 that their mother had not recognised her. She also reported that Patient H1 had been sitting in the same chair for nearly five hours. That night Mr H1 received a call from a nurse to inform him that his mother had had her scan which had shown only mild shrinkage of the brain, which was normal in older people.

Later that night Mr H1 received another call to tell him his mother had suffered another fall and asking him to come to the hospital and also to alert his sister. When he arrived, he was told he could not see his mother and was taken to a side room. His sister arrived and went straight to their mother. When Mr H1 was allowed to see his mother, he found her lying on the floor. Some attempts to clear up the blood had been made. Her head was swathed in bandages and a doctor was attending to her. The doctor told Mr H1 that his mother had not been in bed at the time of the fall – she had been in a chair. Mr H1 told the Inquiry that his mother had been left sitting in the chair from when he saw her that day at 3.30pm until her fall at 10.30pm. He also said that the doctor dealing with his mother was uncompassionate.

Patient H1 was subsequently sent for a scan of her head. The doctors said that it was impossible to operate on Patient H1 and that if she did regain consciousness she would not be the same again.

Mr H1 told the Inquiry that he then learnt that his mother had suffered a further previous fall that he had not been made aware of.



The sister in charge of the ward spoke to the family. Mr H1 said she did not listen to any of their concerns. When Mr H1 asked her what she thought of the third fall the sister said her first thought had been “Oh bloody shit”. This was very upsetting to Mr H1.

Sadly Patient H1 passed away shortly afterwards.

Mr H1 complained to the Patient Advice and Liaison Service (PALS) who he said were quite supportive. He had two meetings with the hospital and received an apology and a copy of an action plan, but he said this was not satisfactory and he did not feel anything positive was going to occur.

Friday 13 November 2009

Case 2

Mr J1 told the Inquiry about the treatment that his late wife (Patient J1) received for breast cancer at Stafford Hospital, predominantly in January and March 2009.

In November 2005, Patient J1 was diagnosed with breast cancer and underwent surgery at Stafford Hospital. Mr J1 visited his wife regularly and raised his concerns over the cost of car parking with the Patient Advice and Liaison Service (PALS) office. He was told that a booklet was in the process of being produced. In September 2008 the booklet was still not available.

In January 2007, after receiving chemotherapy and radiotherapy at New Cross Hospital, Patient J1 started to suffer from pain that manifested itself in her back. Patient J1 was referred to a clinic at Cannock Hospital for injections and hydrotherapy, but this did not improve the situation. A doctor assessed her and attributed the pain to the radiotherapy.

Patient J1 was suffering with a bad cough for a period of time, and in February 2007 she visited her GP who took some blood. When she returned for the follow up appointment with her GP, she collapsed and was taken to the accident and emergency department (A&E) at Stafford Hospital. The treatment, according to Mr J1, was excellent.

Patient J1 was then transferred to EAU. Mr J1 said the staff generally were excellent and kind. However, Mr J1 told the Inquiry that he had to bring pillows into the hospital for his wife as they could not find any extra pillows in the hospital and his wife was uncomfortable with just a single pillow.

Patient J1 was transferred to Ward 10. Mr J1 told the Inquiry that the ward was understaffed and less attention was given to patients.

The possibility that Patient J1 may have a brain tumour was raised. Patient J1 was due to have a brain scan prior to seeing an oncologist who was visiting from New Cross Hospital. This did not happen. On the day she expected to have the scan, Patient J1 was reassured that she would be sent for the scan, before she was eventually told that the staff had gone home. This was extremely worrying and distressing to her.

On the following Monday a porter came to take Patient J1 for a scan without advance warning. Due to the delay when Patient J1 saw the oncologist, the results from her scan were not available at her appointment that day. It was suggested to her that she have more chemotherapy to extend her life from a few weeks to a few months. Mr J1 told the Inquiry that he feels that this suggestion was ill-considered and rushed. His wife agreed to have more chemotherapy and was discharged.

At home, Patient J1 was craving water and drinking up to a litre an hour. Mr J1 subsequently contacted their GP. When Patient J1 did not show signs of improvement the following day, the GP organised an ambulance to take her to Stafford Hospital and an emergency appointment for her to see her doctor in the outpatients' clinic.

Patient J1 entered the hospital via A&E and was transferred to EAU. Her Waterlow risk score was very high. Patient J1 was given a standard hospital bed and one pillow. Several requests to make Patient J1 more comfortable were made, but no help was given. No medication to help with the pain was given, as there was no doctor available. When Patient J1 was finally seen by a doctor, she was told in an offhand way to just double the dose of her own painkillers from home.

Mr J1 asked if his wife's doctor at the hospital had been made aware that they were here. He was assured that this had happened. When the doctor arrived, he told them that he had not been informed of their arrival.

Diabetes insipidus was suspected and that evening Patient J1 had tests. Mr J1 was told that the medication for this condition can be fatal if given incorrectly. Mr J1 told the Inquiry that he overheard a conversation between staff in which they said that some of his wife's tests had gone missing. It was decided that Patient J1 should be given medication for diabetes insipidus. However, there was no medication available and the hospital pharmacy was closed. Patient J1 decided to go home, as the hospital was so uncomfortable. No information was given by the hospital on what to do if the symptoms changed.

The next morning the medication was collected but Patient J1's craving for water had gone. Mr J1 told the Inquiry that he was apprehensive about giving his wife the medication in view of this, as he knew how dangerous the drugs could be. He tried to contact the NHS deputising service, which was extremely unhelpful. He then contacted St Giles Hospice, which also attempted to contact a doctor. The hospice got a palliative care team to visit Patient J1.

The decision was made that Patient J1 should have palliative care and she was admitted to a hospice where she later died.

Mr J1 contacted the Patient Advice and Liaison Service (PALS). A meeting was organised to discuss medical issues that Mr J1 found constructive. No follow up report from the meeting was sent to him.

Over a number of months, Mr J1 attempted, via PALS, to organise a meeting to discuss the surgical aspects of his wife's care. Mr J1 told the Inquiry that the doctor at the meeting was very defensive and belittled his concerns. The report that was sent after this meeting contained a number of grammatical mistakes.

Mr J1 had another meeting at which he received an apology for the standard of nursing care received by his wife. Two of the three action points from the meeting were not followed up by the hospital, including sending a copy of the CT scan.

In April 2009, Mr J1 had another meeting. He told the Inquiry that he still does not feel that the hospital has responded satisfactorily.

Friday 13 November 2009

Case 3

On Friday the Inquiry heard evidence from Mrs K1, who was admitted to Stafford Hospital in January 2008 for a 10-day period. She was accompanied by a friend (Ms L1), who also shared her experience of Stafford Hospital with the Inquiry.

Mrs K1 was admitted to Stafford Hospital in January 2008 with an acute infection. She remained in the A&E department for four and a half hours, where she witnessed a single doctor attempting to cope with the waiting queue. During this time her son and daughter-in-law waited for her in reception and were extremely worried as they were not allowed to see Mrs K1. From A&E Mrs K1 was transferred to the assessment ward. She said it was quite professional and caring, and she reports that she was reviewed by a consultant twice.

On the fourth day of her admission, Mrs K1 was moved to Ward 10. She recalls that the ward was extremely cold and the bed only had a sheet and a bedcover. When she reported that she was cold, she was told to either sleep in her dressing gown or to place her dressing gown over the bed cover. For the first three days on Ward 10, she reports that she was not seen by either a doctor or a urologist and ward staff were unable to tell her whom she was due to see. She states that she used to be a nurse and was therefore aware of the significance of monitoring and recording fluid input and output; however, this did not happen.

On the fourth day, after Mrs K1 raised concerns, a nurse removed her catheter. She recalls that nurses appeared to come and go. They did not appear to have time to do more than strip beds and dispense medication. Despite her frequent requests, she was not reviewed by a doctor and nobody appeared to know who the urologist was whom she was due to see.

Mrs K1 states that due to difficulties with her eyes, she had used eye drops for approximately 17 years. However, while in Stafford Hospital she was not allowed to administer them herself. Instead, she was woken every night after 10pm in order for a nurse to administer them. Mrs K1 considered this to be a waste of the nurse's time.

Mrs K1 observed during her time on Ward 10 that when dependent patients rang their call bells, it normally took 10–15 minutes for a nurse to arrive. Furthermore, when patients required a commode they were placed on the commode and left for between half an hour and three-quarters of an hour before being assisted from the commode.

Mrs K1 told the Inquiry about when the patient next to her fell out of bed at 12.45am. Another patient rang the bell for assistance, but after 10 minutes nobody had arrived, so this patient went to look for a nurse. The patient was recovering from a fractured hip and the nurse who subsequently attended looked at the patient and said “What are you doing down there now, Mrs X – get yourself up; my mate is eight months pregnant and she is not allowed to lift.” Mrs K1 said that she found this very distressing to see.

Mrs K1 states that she found it frightening to observe so many older people so dependent on too few staff. She believes that for those patients, many of whom were deaf, partially blind or crippled, they must have felt that they had been completely abandoned. She told the Inquiry that on one occasion a lady was put on a commode where she was left for 35 to 40 minutes. A member of staff eventually came to see her and asked her if she wanted to go back to bed or sit in the armchair. Mrs K1 said that before the lady could answer, the cleaner who was on the other side of the ward said “if she can sit on a commode, she can sit in a chair, don’t put her back in bed”. So the nurse didn’t, and the lady sat in a chair with her legs dangling above the floor. Mrs K1 said she found this very upsetting and found a blanket that she put round her.

Mrs K1 also told the Inquiry that she requested to be called Mrs K1 but was told that they only used Christian names on the ward.

Mrs K1 said that she cannot believe that fully trained nurses, with vocation, care and compassion, gain any satisfaction from such an “abysmal situation”. She believes that there is far too much emphasis on administration, and wonders whether it is time to turn the clock back and put the professional in charge. In particular, she told the Inquiry that despite not having been reviewed by a urologist, she felt her condition had improved and subsequently asked to be discharged. She recalls that her discharge from hospital was extremely unsatisfactory. She said that her son, who had driven 50 miles to take her home, was informed that she had already left the hospital, whereas she was actually only a few feet away in the patients’ lounge. He subsequently drove 12 miles to her home only to discover that she was still at Stafford Hospital.



As such, Mrs K1 has concerns regarding the communication and liaison at the hospital both in terms of treatment on Ward 10 and of discharge planning.

Mrs K1 believes that the care and compassion afforded on Ward 10 is appalling and that things desperately need to change. As such, she made an official complaint to the Chief Executive and subsequently met with him and a colleague. Despite feeling as though her concerns were listened to and taken on board, she did not leave the meeting with the feeling that change would come about as a result of the meeting.

Ms L1 recalled having experienced the care afforded to patients at Stafford Hospital on a number of occasions. On one occasion, in January 2008, her partner was admitted to Stafford Hospital through the accident and emergency department (A&E). She states that he was left on a bed in a corridor for over 11 hours before being transferred to the emergency assessment unit (EAU). She reports that her partner was taken for tests and on being returned to his room, he was found to be in the same clothes in which he was admitted the previous day that were soaked with urine, as was his bed linen. Ms L1 recalls finding a nurse and asking for bed linen and subsequently changing her partner's clothes and bed linen herself. She recalls low staffing levels in both EAU and on Ward 6, where her partner was later transferred. Ms L1 also recalls assisting other patients in the ward with sourcing drinks, as they did not appear to have been offered one for a considerable time.

Monday 16 November 2009

Case 1

On Monday Mrs A11 told the Inquiry about the treatment her husband (Patient A11) received at Stafford Hospital in July 2007. She was joined by her daughter (Mrs B11) at the hearing.

Patient A11 was admitted to the accident and emergency department (A&E) at Stafford Hospital by ambulance. When he arrived, he was in considerable pain and had a fit while a doctor was examining him. While waiting for a scan he had another fit. A nurse put him on his side before leaving to find another member of staff. No staff returned and his daughter was left holding her father alone until the fit had subsided.

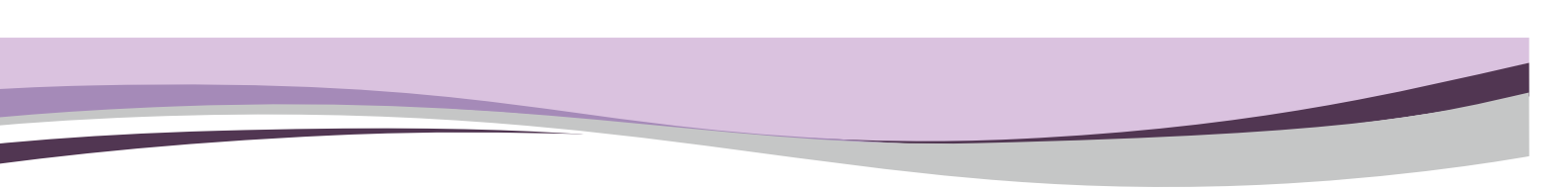
Patient A11 was transferred to the emergency assessment unit (EAU). He required extra pillows to be propped up but none were available and Mrs A11 had to go and buy some. The pillows kept been given to other people and were eventually lost when Patient A11 was transferred.

Patient A11 was moved to Ward 7. Mrs A11 told the Inquiry that the staff and care received were excellent and that her husband was treated with dignity. Following Patient A11's brain scan, the family were informed that the prognosis was not good and he was moved to Ward 10.

Mrs A11 described Ward 10 as a "hellhole" where there was no dignity or care. She said that she had to ask for everything – drips, mouthwash, painkillers. Patients were left to call out for bedpans and help. Moreover, the response by nursing staff was always the same: "In a minute".

On one occasion when Mrs B11 went to visit her father, she found the rails at the sides of his bed were down and his leg and arm were hanging over the side of a soaking wet bed. She told the Inquiry if she had not visited, her father would have been left and probably have fallen out of the bed completely. There were no staff to assist so Mrs B11 helped her father and changed his bed herself. Mrs A11 also told the Inquiry that she had to beg the staff to provide her husband with his pain relief.

During his time on the ward, Patient A11 was attacked in the middle of the night by another patient who tried to strangle him. Mrs A11 believes that she should have been told about this incident immediately and not informed in the morning when she visited. The family raised concerns that a known aggressive patient was placed on a ward without extra care or security.



Following this incident, Patient A11's daughter stayed with her father at the hospital the following night. During the night, she had to ask a number of times for her father to be given his regular medication.

That morning, Patient A11 passed away and the staff had to ask his daughter what time her father had died. The family were shown to a dirty room and his daughter told the Inquiry that a nurse came in and literally threw documents at her that she said she would need for the funeral.

The family complained to the hospital. An investigations report was produced. The family believe the response and report were a "whitewash". A complaint was also made to the Healthcare Commission (HCC).

Monday 16 November 2009

Case 2

On Monday the Inquiry also heard evidence from Mrs C11 whose late husband (Patient C11) received treatment at Stafford Hospital in September 2006 and again in May 2007.

Patient C11 was initially admitted to Stafford Hospital in September 2006 through the accident and emergency department (A&E) as he was experiencing chest and back pain. He was subsequently transferred to Ward 12 where he remained until he was later discharged. Mrs C11 does not recall having any concern in the way in which her husband was treated during this initial episode in Stafford Hospital.

In May 2007 Patient C11 experienced a minor transient ischaemic attack (TIA) and was admitted to Stafford Hospital. Mrs C11 recalls that, once admitted to Stafford Hospital, her husband was transferred to Ward 10 from the emergency assessment unit (EAU). She recalls that while on Ward 10 her husband did not receive any of the blood pressure tablets that he was prescribed to take on a daily basis prior to his admission. She recalls that he went without these tablets for a 48-hour period before a nurse was able to locate the necessary medication.

Mrs C11's husband was on a ward with three male patients who had experienced severe strokes and the room was extremely odorous. As such, Patient C11 found it difficult to spend any time in his room and felt unable to eat his meals in there given the odour. Her husband reported to her that the other patients in his ward were often left in soiled clothes and bed linen which resulted in the odour. Mrs C11 also reports that her husband informed her of an incident whereby two nurses were talking and laughing about the patients; she reports that her husband actually confronted the nurses about their lack of respect for the patients on this occasion.

Mrs C11 informed the Inquiry that due to problems with her husband's bowels since 1999, he was monitored via regular colonoscopies. Despite annual investigations, in 2002 the patient was informed that his next follow up would not be for three years and that they would be contacted by the hospital when he was due to attend for the follow up appointment. When Mrs C11 thought mistakenly that three years had passed she attempted to make contact with the hospital, and was informed that they were moving departments and would be in touch when her husband needed to attend. The procedure was undertaken in June 2007, five years after his last examination. Following the procedure a nurse informed him that he had in fact been "lost in the system".

During his stay in hospital following his TIA in May 2007, his results from the colonoscopy indicated that Patient C11 had cancer. The Macmillan nurse subsequently wrote in his notes that the patient was unaware of the diagnosis. Patient C11 was subsequently discharged without being aware of the diagnosis. It was a month before Patient C11 was told of the diagnosis. It was subsequently agreed that Patient C11 would undergo surgery and he was admitted onto Ward 6 in July 2008.

Following the operation Mrs C11 went to visit her husband. She recalls that he was complaining of pain despite having been administered an epidural. She reports that the nurse was dismissive of her husband's pain and disputed that he was suffering. Some time later the nurse agreed to give her husband some liquid paracetamol; however, this did not reduced the pain. Mrs C11 recalls the nurses having a poor attitude and when her husband informed them that his pain had not improved they ignored him and walked away. She also recalls that he did not receive morphine or artificial tears, despite it being stated in his notes that he required them.

In terms of personal hygiene, Mrs C11 recalls that her husband was infrequently washed and given clean clothes, despite frequently soiling himself. She recalls that her husband had sores on his bottom and on his heels. She states that her husband rang the bell for toileting assistance but by the time the nurses arrived it was too late. She reports that she used to ring the bell for 20 minutes before it was responded to.

Mrs C11 states that the bed linen was not changed as frequently as it should, and when it had been changed her husband was afraid to go to bed in case he soiled it as he feared the reaction from the nurses. Mrs C11 was informed by her husband that nurses had been angry at having to change his soiled bed linen. Subsequently on one occasion he sat in his chair from 5am until 8pm.

When her husband was allowed to resume eating following the operation, Mrs C11 feels that little consideration was given to his nutritional needs. She also considers that he was given inappropriate food given that he had been nil by mouth for nine days. She recalls that after eating he was violently sick.

Mrs C11 states that she never met with the consultant who operated on her husband, and she did not feel that his junior fully understood her husband's condition. Furthermore, she recalls finding it difficult getting access to a doctor in order to discuss her husband's condition or care pathway.

Despite continuing to experience diarrhoea and vomiting and being unable to eat, Patient C11 was informed that he could be discharged home. Being concerned by this, Mrs C11 contacted the Macmillan nurse who reported that he should not go home until he was fully functional.

Later that day Mrs C11 went to visit her husband, who was rolling around on the bed in pain. When a doctor examined him Mrs C11 was unable to comprehend how much weight he had lost during his time in hospital. She reports that he had not been given any build-up drinks or vitamins during his time in hospital. Mrs C11 recalls that on completing the examination, the doctor left without saying anything to the patient or his wife.

Patient C11's condition deteriorated further over the next couple of days and Mrs C11 received a call in the early hours of the morning to inform her that her husband was extremely poorly. Despite only taking 20 minutes to get to the hospital, she was informed on arrival that her husband had passed away.

Monday 16 November 2009

Case 3

On Monday the Inquiry heard evidence from Mrs D11 about the treatment her father (Patient D11) received at Stafford Hospital in the summer of 2007. Her daughter (Ms E11) joined her at the hearing.

In July 2007 Patient D11 fell at home and fractured his femur, and was taken to Stafford Hospital accident and emergency department (A&E) in the early hours of the morning. The family report that they were satisfied with the treatment that their father/grandfather received in A&E and the communication that took place between staff and the family. After about four hours Patient D11 was admitted to the emergency assessment unit (EAU). The family settled him for the night and left at approximately 4am. At this point they were informed that Patient D11 would undergo an operation the following day. When the family then called the hospital to ascertain whether Patient D11 had undergone the planned surgery, they were informed that he had not and to call again later. Later that day the family received a call from the hospital to inform them that the patient was agitated, which concerned them as this was not his usual character. The following day their father finally underwent surgery. Due to the delay in the procedure, Patient D11 had remained nil by mouth for an extended period of time. Given that the patient was diabetic, the family feel that this could have been the cause of his agitated state on the Saturday.

Mrs D11 states that staff on Ward 7 were informed not to change Patient D11's insulin as he was allergic to other forms. Despite this, his insulin was changed and he came out in a rash. The family requested that he be prescribed cream to sooth the itchy rash but they were not provided with any. The family subsequently had to arrange to get the cream from their GP.

Mrs D11 reported that her father disclosed that the nurses failed to answer call bells. This resulted in him and another patient soiling themselves. After a couple of days Mrs D11 visited the Patient Advice and Liaison Service (PALS) office, as she felt she was not getting sufficient information regarding her father's care. She states that the PALS representative phoned Ward 7 and arranged for Mrs D11 to meet with the ward sister. Mrs D11 was left alone with the ward sister to discuss her concerns. The ward sister initially denied that Patient D11's insulin had been changed and then when Mrs D11 went to get her mother to confirm her story the sister confirmed that it had been changed. No apology was offered.

On one occasion Patient D11 informed his wife that he had been shaved with the same razor that had been used to shave other patients on the ward.

With regards to meal times, Mrs D11 said that her mother used to fill in the menu card for her father. She said that patients who did not have regular visitors would not get assistance. Furthermore, these patients were not provided with assistance when eating. She recalls that food was often placed out of the reach of patients and then taken away untouched.

Despite initially being under the impression that he could be discharged, Patient D11 was informed that staff wanted him to remain in hospital for a further 24 hours in order to monitor his potassium levels, to which he agreed. He was subsequently transferred to Ward 11.

The following day Mrs D11's mother visited to find Patient D11 slumped in a chair, unconscious with blood coming out of his mouth. She ran out into the ward to get assistance but there did not appear to be any staff around. Eventually staff appeared and activated the panic button; a crash team arrived and he was stabilised. The staff did not know how long Patient D11 had been in this hypoglycaemic state.

The family feel that Patient D11's blood sugar levels were not monitored closely enough, that staff did not act swiftly enough when a deterioration was recognised and that too great a time elapsed before they took a further sugar test. Furthermore, the fact that Patient D11's low blood sugar levels continued for a sustained period of time did not appear to raise concern.

Overall the family did not have any concerns regarding the actual nursing care that Patient D11 received on Ward 11; however, they recall there being very few staff. The family described that on one occasion there appeared to be just two nurses to care for over 40 patients.

On one occasion the family report that Patient D11's catheter bag was full and on the verge of overflowing. An auxiliary nurse was informed that it needed changing. Mrs D11 ended up changing the catheter bag herself.

The family also recall that staff did not communicate the severity of Patient D11's condition to them, and it took considerable probing for staff to release information regarding his prognosis.



Patient D11's condition deteriorated and he was moved to Ward 1. He was initially placed on the ward but as he deteriorated further he was given his own room.

Overall, the family were satisfied with the nursing care afforded to Patient D11 on Ward 1. They emphasised that they were primarily dissatisfied in the period following his operation when he was a patient on Ward 7. They had a positive experience of the sister on Ward 11 and felt that she was very "hands on". In contrast, they recall the sister on Ward 7 being less visible and less of a team player.

Following further deterioration, Patient D11 passed away in September 2007. The family made a complaint to the Trust, initially when Patient D11 was still alive, and the complaint continued after his death. The family do not feel that their complaints have been dealt with in a timely or satisfactory manner.

Tuesday 17 November 2009

Case 1

On Tuesday, Mrs F11 told the Inquiry about the treatment that her 96-year-old mother (Patient F11) received at Stafford Hospital. Her husband (Mr F11) joined her at the hearing. Patient F11 was admitted to the accident and emergency department (A&E) in June 2006 before being transferred first to the emergency assessment unit (EAU) and then to Ward 11.

Patient F11 was referred to A&E by her nursing home as she was screaming and had a water infection. When she arrived in A&E she was very distressed and in tears. She was also dehydrated. A fluid drip to help with the dehydration was brought to her, but it was not connected despite a number of requests by the family. No staff spoke to Patient F11 or her family about why she was being transferred to EAU.

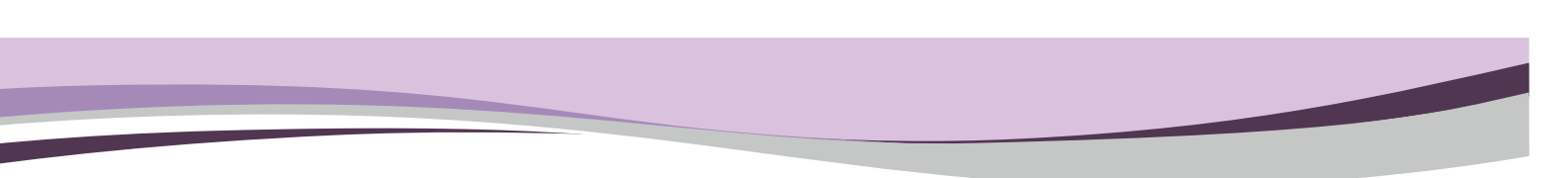
On arrival at EAU, no staff introduced themselves to Patient F11 or her family. While Patient F11's fluid drip was connected in EAU, Mrs F11 said that they would often find the fluid bag empty and she could not recall a nurse ever coming to check on her mother while she was there.

Mrs F11 told the Inquiry that on one occasion when she and her husband visited her mother, she had no clothes on and her door was open, which meant that anyone walking through the ward would have been able to see her. Her mother was covered in faeces; it was in her hair, nails and bedclothes. Mrs F11 said that the faeces had dried, indicating that it had been there for hours. Mrs F11's husband had to go and find staff to ask them to clean his mother-in-law. No one apologised for the condition in which Mrs F11 was found.

Patient F11 was then transferred to Ward 11 where she was given a side room. Her family were not informed about the move.

While on Ward 11 Patient F11's drip bag was often empty. Mrs F11 said that on one occasion a nurse tried to fix the drip, but left before it was done because she said her husband was waiting for her as her shift had finished. Mr F11 was left to try to fix his mother-in-law's drip alone.

Mrs F11 said a male patient in the adjacent room on the ward told her that nobody ever came to attend to her mother. She also said it was extremely difficult to find a member of staff on the ward and that she never witnessed a nurse checking on her mother. Mrs F11 also reported that a doctor did not review her mother when she was on the ward.



When Patient F11 was ready to be discharged, she had to wait without anything to eat or drink for several hours for an ambulance to arrive. Patient F11 was diabetic and Mrs F11 asked for something for her mother to eat. She was brought a trifle by a member of staff and told "This is all I can find."

Patient F11 returned to her nursing home where she passed away six weeks later.

Mrs F11 made a formal complaint to the Chief Executive but was dissatisfied with the response that she received, describing it as very curt.

Tuesday 17 November 2009

Case 2

On Tuesday the Inquiry heard evidence from Mrs G11, whose late mother (Patient G11) was at Stafford Hospital between July 2006 and December 2006. Mrs G11 was accompanied by her husband (Mr G11) at the hearing.

Patient G11 had been diagnosed with bone cancer in March 2006 and subsequently underwent chemotherapy, which was perceived to be going well. Patient G11 had begun experiencing difficulties with mobility and experienced a couple of falls at home. Patient G11 was subsequently admitted to Stafford Hospital having experienced a particular fall in July 2006. She was referred to hospital by her GP and was admitted to the emergency assessment unit (EAU) until she was transferred, the following day, to Ward 2.

When Patient G11 was admitted to Ward 2 her family raised concerns about her suppressed immune system as a result of her chemotherapy. They requested that she be placed in an isolation bay. Mrs G11 was informed by nurses that this was not necessary and there was not the capacity even if required. Within a few days of being on Ward 2 Patient G11 was diagnosed with *Clostridium difficile* (*C. difficile*). Mrs G11 recalls her mother experiencing severe diarrhoea on one occasion and being unable to find a nurse to clean her mother. She therefore cleaned her mother herself and was then informed by a nurse that she should not be doing this given her mother's contagious condition. Mrs G11 pointed out that Patient G11 was afforded little dignity and respect, being left to sit in her own faeces in front of other patients' visitors within the ward.

Mrs G11 reports that she was never informed that her mother was suffering with *C. difficile* and she only became aware of this through reading her mother's medical notes that were kept at the end of her bed. She recalls that it was extremely difficult gaining information on her mother's condition during her time on Ward 2 from both doctors and nurses. On one occasion she recalls raising her concerns with a nurse on a Monday morning and being told that if she came back at 9am on the Thursday morning then she would be able to speak with a doctor. However, on doing this the same nurse informed her that she had not informed them to return that day. Despite this a junior doctor agreed to speak with them and discuss their concerns.

In terms of the nursing staff on Ward 2, Mrs G11 described them as being extremely busy and constantly running around. She stated that some of the nurses were very kind; however, there were others who were not.

In relation to Mrs G11's general observations of Ward 2, she recalls that patients were not given bedpans in a timely fashion or drinks regularly. Furthermore, she observed patients being left to sit in their own faeces and urine, unable to reach their buzzers and generally being left in an extremely distressed state. Her view was that there were not enough staff to cope with even the basics of nursing care.

Mrs G11 was extremely positive in relation to the physiotherapist who worked with her mother. She recalls that he was extremely overstretched and was required to provide a service to a significant number of wards across the hospital. However, she felt that he always ensured he spent as much time with Patient G11 as possible.

In relation to the cleanliness of the ward, Mrs G11 recalls that her mother's blood-stained swabs were often left on the cabinet beside her bed or were dropped onto the floor. On one occasion she decided to leave a blood-stained swab on the floor to see how long it remained there. Three days later it was still there and Mrs G11 threw it away.

Patient G11 was moved into an isolation room which her family considered to be filthy. Mrs G11 reports that she and her family cleaned the room daily but it was extremely dusty. Additionally, she recalls a basket at the end of the bed where her mother's soiled linen was placed, which she considered to be an infection control issue. Her concerns were ignored by nurses. Furthermore, she recalls that the hand gel dispensers on the ward were often empty.

Mrs G11 recalls that on one occasion she went into the room to find her mother on her bed on a bedpan which she was falling off. She was clearly in agony. Patient G11 informed her daughter that she had been left on the bedpan for over an hour and that the call bell was out of her reach.

Mrs G11 was keen for her mother's weight to be monitored as she was concerned that she was losing a considerable amount of weight. She was informed that it was not possible to weigh her due to her immobility. Mrs G11 disputed this as there was a hoist available, but again this was dismissed.

Mrs G11 was informed by her mother's consultant that her mother had gone into remission from the bone cancer and that nutrition was important for her strength to improve, and that in particular she should consume red meat. Mrs G11 ensured she ordered cottage pie for her mother's lunch the following day. However, when lunch arrived it consisted of a cheese salad. The auxiliary nurse was adamant that this had been ordered and her meal was not changed. As a consequence, Mrs G11 went into town to purchase a more appropriate meal for her mother.

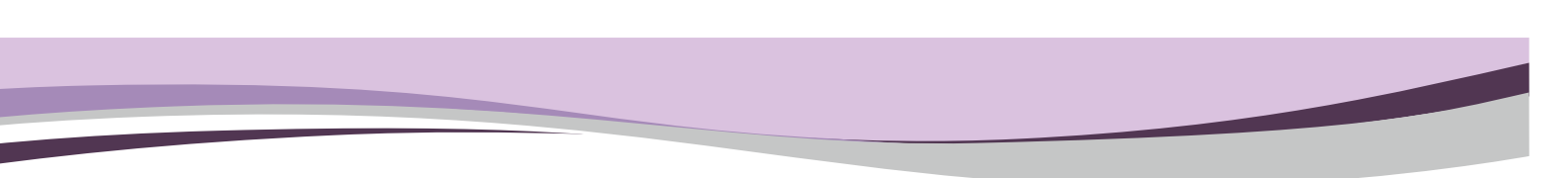
On one occasion Patient G11's foot became tangled in the sheets at the bottom of the bed. Unable to get the attention of the nurses and having been stuck in that position all night, she contacted her daughter using her mobile phone. When Mrs G11 arrived she was still in this position and in a considerable amount of pain.

Furthermore, Mrs G11 reports that she has recently learnt that her mother suffered fractured ribs while in hospital. This information was never shared with her or her family. She recalls her mother complaining of pain in that region and it was suggested that her mother's pain was psychological.

Mrs G11 recalls hearing a very loud alarm ring for a considerable amount of time on one occasion. After some time a number of staff came running onto the ward and she recalls one member of staff saying to another "How long has that emergency button been going?" Mrs G11 feels that this incident typified the situation on the ward. Furthermore, at night Mrs G11 recalls staffing levels being particularly low.

In relation to eating, Mrs G11 recalls having to assist other patients with removing the packaging from their meals. She recalls that patients who did not have relatives to assist them with eating were often left unfed. She recalls that meals were placed out of reach and then they were taken away untouched.

Mrs G11 recalls reading in her mother's file that she had contracted MRSA. She found a nurse with whom to discuss this with and the nurse explained to her exactly how her mother had contracted MRSA. However, there is no record of this on Patient G11's medical notes.



The night before Patient G11 passed away she was described as unresponsive, and the family were informed that it may take several days before she passed away. As such, the family went home at about 10pm but received a call at 2.30am to say that Patient G11 was very poorly. Mrs G11 recalls being back at the hospital within 20 minutes of the phone call, but Patient G11 had already passed away.

Despite nurses informing the family that they were with Patient G11, holding her hand when she passed away, they were unable to document the time of her death. As such, Mrs G11 fears that her mother died alone and was found by nurses after she had passed away. Mrs G11 sat with her mother for some time after her death and wanted to remain with her mother. However, she was keen to get her out of the hospital and it was agreed that she would leave her now and spend more time with her when she was moved to the chapel of rest. However, after Patient G11 was moved to the undertakers, her family were informed that they would not be able to see her body as the hospital had advised that she was highly infectious. The undertakers reported that they had been advised by the hospital that Patient G11 had to be buried in a sealed body bag. The family were extremely distressed to learn this and made attempts to contact the hospital. The Bereavement Officer informed Mrs G11 that the paperwork had been completed incorrectly and that her mother could in fact be embalmed. However, as this information had not come from a clinician it was not deemed sufficient to override the information previously received by the undertaker. The family were very upset as the only viewing of the patient's body was of her head sticking out of a body bag.

Mrs G11 subsequently made a complaint to the Trust, primarily regarding the nursing care received by her mother and the situation which occurred following her death. Mrs G11 was unhappy with the way in which her complaint was dealt with. She recalls that letters were not received and investigations were not undertaken in a timely manner.

Tuesday 17 November 2009

Case 3

On Tuesday the Inquiry heard evidence from Mrs H11 whose late mother (Patient H11) was at Stafford Hospital in October 2007. Mrs H11 was accompanied by her daughter (Ms J11).

Patient H11 experienced a fall at home approximately one week prior to being admitted to Stafford Hospital. Despite the efforts of ambulance staff at the time of the fall, Patient H11 refused to go to hospital for treatment. Approximately one week after the fall, suffering from a urine infection and injuries to her arm, Patient H11 was admitted to Stafford Hospital.

Patient H11 was diagnosed as having a mid-shaft fracture of the humerus. From A&E Patient H11 was transferred to the emergency assessment unit (EAU) and the following day was moved to the Trauma and Orthopaedic Ward. Mrs H11 recalls being concerned about this ward from the first night her mother was moved there. She states that she was concerned about how high her mother's bed was from the ground and that the bed did not have sides to it. She reports that her mother fell out of bed on the first night but staff did not call Mrs H11 or her family to notify them of this incident.

Patient H11 then underwent an operation on her injured arm. The family raise concerns that they were not asked to consent to such a procedure. They feel that, given the confused state that Patient H11 was experiencing, the family should have been asked to consent to the operation.

The family raised concerns relating to their mother's dietary intake. The family recall that Patient H11 was eating and drinking very little, on some occasions just half a cup of tea. Patient H11's lack of food intake was attributed to dementia. However, Mrs H11 feels that staff did not do enough to try to encourage her mother to eat.

Mrs H11 recalls noticing a strange smell in the ward which went on for several days before asking a nursing friend of hers to visit her mother to see whether she could determine what the smell was. She recalls that as soon as her friend entered the ward she could tell that her mother was uraemic. Her friend informed her that this is a condition where extreme dehydration causes urine to come out through your skin. She recalls that her friend informed her that this condition occurs as a result of poor nursing care.

Mrs H11 reported that nursing records were chaotic and that they have received different versions of the same forms that have subsequently been completed in a different manner.

Mrs H11 states that the family were made to feel as though they were "irrelevant" in the care of their mother/grandmother. They recall that they were not informed when Patient H11 had fallen out of her chair and they often learnt information like this from other patients' relatives who witnessed such falls.

The hospital informed the family that Patient H11's dementia meant that it was unlikely that she would ever be able to walk again. However, within a month of being discharged into a care home she was able to move with the use of a frame. By the time she was discharged to the care home she had lost a considerable amount of weight; however, while at the care home her food and fluid intake improved significantly. Her fluid intake was initially increased by placing Patient H11 on a drip; however, the family feel that the damage caused by her being left dehydrated in hospital for too long had already been done.

Patient H11 would regularly attend Queen's Hospital in Burton for assistance with fluid levels and then be discharged back to the care home after a couple of days. The family recall that the level of care Patient H11 received at Queen's Hospital contrasted significantly with the care afforded at Stafford Hospital. Mrs H11 reports that the levels of cleanliness at Queen's Hospital were far greater and that patients were treated with a greater level of dignity and respect. Furthermore, they were able to speak with doctors or nurses as and when they required.

Ms J11 states that the main thing that was lacking in her grandmother's case was basic nursing care, including effective feeding and hydration.

Wednesday 18 November 2009

Case 1

Mr and Ms K11 described the care that their mother (Patient K11) and father (Patient L) received at Stafford Hospital.

Patient K11 was admitted to the accident and emergency department (A&E) in December 2007 following an incident at her care home. Patient K11's leg was bent at a right angle, which indicated to Mr K11 that she had broken her hip. Patient K11 waited for three hours before pain relief or assistance were given. This was traumatic and stressful for the patient and her family.

An X-ray confirmed that Patient K11 did have a broken hip and she was subsequently transferred to Ward 7. Mr K11 recalled that surgery for the broken hip was delayed. This meant that his mother had significant periods without food and drink and became very dehydrated.

Mr K11 felt that the physiotherapy given to his mother was insufficient and that this was partly because his mother was not on the appropriate specialised ward for her condition.

Mr K11 also told the Inquiry that his mother's medication was not properly administered while on the ward. His mother had dementia but staff did not give her the necessary support to swallow tablets. He also observed that call buttons were left out of reach of patients. Patient K11 also developed bedsores during her stay.

Patient K11 was subsequently transferred to Cannock Hospital. The transfer was delayed for a number of hours, as she had to wait for transport. Patient K11 was in considerable pain, as a consequence of waiting on a very hard bed in the discharge area, and was very distressed and confused.

In April 2008 Patient K11 was again admitted to Stafford Hospital. She was admitted to Ward 11, via A&E and the EAU. While in the EAU Mr K11 recalled finding his mother in a soaking bed.

On Ward 11, Patient K11 had some assistance with food and drink but there were too few staff to cope with all the elderly patients in the ward who needed help.

The nurses' station was very rarely manned; if the family wanted to speak to a sister they could not do so immediately and in some cases had to wait two or three hours. Mr K11 felt it was very difficult finding out who was in charge of the ward or information about the current situation. This was worse during the changeover from one shift to another.

Mr and Ms K11 also suspect that the documentation of their parents' care was inaccurate. Ms K11 gave an example of when food had been reported as eaten when it had not been. She also reported an occasion when her father specifically asked for breakfast but an entry for that day reported that it had been refused.

Patient L was cared for in Wards 1 and 2 in Stafford Hospital in early 2008. Mr and Ms K11 had no particular concerns with the care their father received during this period.

Patient L was then admitted again in April 2008. He was admitted to Ward 7 and later to Ward 10. On admission to Ward 7, Mr K11 had to ask for the bed to be cleaned because there were faeces on the sides of the bed. When in the isolation ward, on one occasion, Patient L could not access the call button and was left without help all night. He was very distressed by this experience. There were also times, after he had contracted *C. difficile*, when he was left for periods of time in a soiled bed.

While on Ward 11, Mr K11 recounted being overwhelmed by a stench when visiting his father in the isolation room. His father was suffering from severe diarrhoea. He found the smell was coming from a bin in the room containing soiled bed pads. He went to the desk and requested that the bin be changed and the nurse told him that it was the cleaner's job and that they weren't coming until the evening. Mr K11, unhappy with this, then asked the nurse whether he could take it away but the nurse did not know where to take the full bin liners.

Patient L was often very thirsty during his time on the ward and was often not left with sufficient water. When he asked for more, he was sometimes ignored. Mr K11 also observed that call buttons were often beyond patients' reach.

Mr and Ms K11 felt their father was incorrectly discharged following the first of the two admissions: a blood test had shown abnormalities in his liver function. They were also confused about whether their father had had a gall bladder procedure during the first admission. They had concerns that case notes had been altered.

Patient L was later admitted to Stoke Hospital where Mr and Ms K11 found the care markedly different. Communication was better and staff were more open and friendly. In contrast to Stafford Hospital, they felt confident in leaving a relative there.

Wednesday 18 November 2009

Case 2

On Wednesday the Inquiry heard evidence from two of Patient M11's sons (Mr N11/Mr P11) and her daughter (Mrs M11). Patient M11 was at Stafford Hospital in 2005 and again from December 2008 to January 2009.

In June 2005 Patient M11 went into Stafford Hospital in order to have a nephrostomy tube fitted. Despite feeling unwell, the day after the procedure Patient M11 was discharged home. The following morning her condition deteriorated further. Her GP diagnosed an infection and arranged for an ambulance to take her back to hospital. The family recall that there was a lack of communication between the accident and emergency department (A&E) staff and the family on this occasion. They state that they were not kept informed about their mother's condition. Mrs M11 also raised concerns regarding the attitude of clinical staff and reception staff within A&E. Furthermore, she states that her mother was left in a very cold room without a blanket while her condition continued to deteriorate.

Patient M11 was later transferred to Ward 6 where her family raised concerns in relation to the cleanliness of the ward. They recall observing blood-stained tissues on the floor in the ward and bags with blood-stained sheets remaining for days at a time. The family state that the treatment on Ward 6 contrasted greatly with the care received when they moved their mother to a private room within the hospital. They state that on the private ward there were fewer patients and more nursing staff with time to provide a higher level of care to patients.

In May 2008 Patient M11's leg began to swell; her GP indicated that she may have a blood clot and subsequently sent her directly to Stafford Hospital. When examined by a doctor, the family feel that the doctor was convinced of a particular diagnosis and subsequently did not pay sufficient attention to Patient M11's swollen leg. Mrs M11 believes that there was a missed diagnosis at this point. Further tests were undertaken and in September 2008 Patient M11 was diagnosed with non-Hodgkin's lymphoma. The family raise concerns that the diagnosis was made without having conclusive evidence. However, a decision was undertaken for her to undergo chemotherapy which initially appeared to be going well.

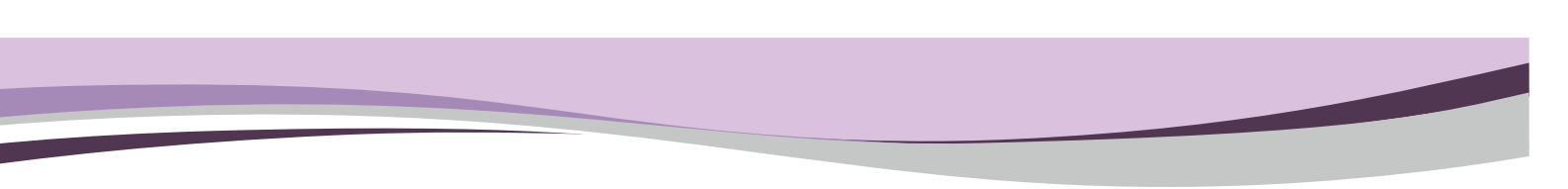
In August 2008 Patient M11 had a stent inserted. Following this procedure she began experiencing severe pain. The family questioned whether the stent was causing the pain or whether damage had been done when the stent was inserted. However, a decision was taken by the hospital that the stent would remain *in situ*.

In December 2008 Patient M11 was readmitted to Stafford Hospital. The family raised concerns about the level of care received from the time of her admittance until her death in January 2009. They recall that their mother was not treated as an individual. It was their perception that none of the patients they observed were treated as though they were an individual person. They recall that their mother was left constipated for a 16-day period with no attempt made to rectify the situation. They state that they continually attempted to get the nursing staff to address the situation but to no avail.

The family also raised concerns about a lack of information and a lack of compassion being afforded to them. Mrs M11 recalls that in January 2009 her mother had developed a cough and she asked a nurse for a doctor to review her. She states that the nurse responded by informing her that her mother would not get better, that she was going to die and the hospital were just keeping her comfortable until she did. Mrs M11 states that if they had been made aware of their mother's prognosis then they would have taken her home.

Mrs M11 also raised concerns relating to the pain relief provided to her mother. She states that the predominant reason for her mother going into hospital was to ensure her pain management was brought under control. However, the family state that despite a referral being made to the palliative care team, they did not receive any input from a palliative nurse until two weeks prior to her death. The patient was later placed on a syringe driver in order to manage her pain; however, the family recall that on one occasion she was administered too high a dose of morphine which resulted in her being unresponsive one morning.

Mrs M11 recalls that if her mother needed assistance she would use the call bell; however, nobody ever responded to it. In the end a member of the family would go and seek assistance only to find a number of nurses gathered around the nurses' station. The family feel that there was a lack of management on Ward 1, which resulted in a lack of direction and control. They recall that during handover time they were unable to have access to any nursing staff for approximately half an hour, which they perceived to be unacceptable.



Concerns were raised regarding the lack of staff. They recall that on one occasion their mother pulled her feeding tube out. It subsequently took almost nine hours for it to be reinserted as apparently there was nobody available with the correct level of skills to reinsert the tube. They also raised concerns about equipment not working, particularly the heart rate monitor, and the family recall that the nurse stated that the machine “never functions properly”.

In relation to the administration of medication, the family recall that medication rounds were often delayed, which resulted in their mother being woken at midnight in order to take her medication.

In terms of cleanliness, the family report that their mother was moved from Ward 1 to a room in Ward 2. However, the room had not been cleaned prior to her moving into it and debris from the previous patient was still in the room on their mother’s arrival.

Mrs M11 also said that the room on Ward 2 was freezing. She was told that the heating was broken and to use a electrical heater, but she was concerned about the effect of this on her mother’s asthma. Mrs M11 had to bring blankets from home to try and keep her mother warm and she told the Inquiry that when she visited she would keep a coat, gloves and scarf on.

Their mother’s condition deteriorated and she sadly passed away in January 2009. The family have since made a formal complaint to the Trust both in relation to the diagnosis of cancer, and the care and treatment received during her time in Stafford Hospital.

Wednesday 18 November 2009

Case 3

On Wednesday the Inquiry heard evidence from Mrs R11 about the treatment that her mother (Patient R11) received at Stafford Hospital.

In December 2006, Patient R11 was found by her carer to be unwell and with a high temperature. She was admitted to Stafford Hospital where she spent time on the emergency assessment unit (EAU) and Ward 11.

The Inquiry was told by Mrs R11 that they had no issues with the care provided on EAU.

When Mrs R11 visited her mother on Ward 11, she found an uncovered used commode by her mother's bed. She recalls that it was there for six hours. Mrs R11 had to ask staff personally to move it. No apology was given.

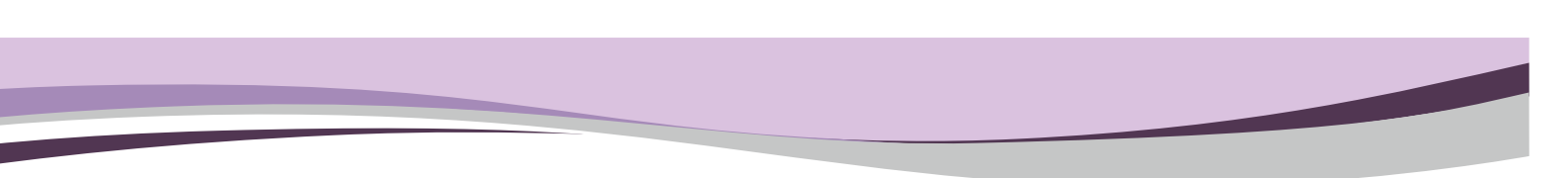
Despite Patient R11's family telling staff that their mother could not see her water jug due to poor vision, and that she needed to be encouraged to drink, no help was provided. Patient R11 was also unable to see her meals as they were left at the bottom of her bed.

Patient R11's son and daughter-in-law had to tell staff when their mother developed oral thrush, as staff had not detected it. Mrs R11 also reports that her mother was left in dirty nightwear and that dirty laundry was placed near her bed.

Patient R11 was scared of showers. Her family requested that they be allowed to help her into the shower to ease her fears but they were refused on health and safety grounds. Patient R11 did not have a bath for her entire stay on the ward, as staff could not locate a bath for her.

Mrs R11 told the Inquiry that the family asked if they could wash her mother's hair or organise for a hairdresser to visit. She was informed that the hospital would organise it; however, this did not happen.

Mrs R11 feels that the staff at the hospital failed to diagnose her mother and treat her correctly.



When Patient R11 deteriorated, her family were informed that it was unlikely that she would regain consciousness. She was placed in a side room. Mrs R11 said the side room smelt and was unclean, and that she and her sister along with a healthcare assistant had to clean the room.

Mrs R11 told the Inquiry that one doctor told the family that Patient R11 had suffered a stroke, yet other members of the family were given different information.

Mrs R11 told the Inquiry that she disagrees with information recorded in her mother's medical notes.

Thursday 19 November 2009

Case 11

Miss S11 and Miss T11 told the Inquiry about the care and treatment provided to their mother (Patient S11) and father (Patient T11) by Stafford Hospital.

In February 2008, Patient S11 was dehydrated and was admitted to Stafford Hospital accident and emergency department (A&E) by ambulance. She spent five days at the hospital.

Miss S11 told the Inquiry that her mother was kept waiting for a long period in A&E while in considerable pain. No one explained what was happening and Miss S11 told the Inquiry that she felt "lost".

Patient S11 was transferred to the emergency assessment unit (EAU). Miss T11 phoned the unit the following day to ask about her mother and was informed she had been sent for cardiac tests. Their mother had not been sent for cardiac tests – the hospital was referring to a different patient. That evening when they visited with their father they were taken to see their mother. Again, it was the wrong patient. Their mother had in fact been transferred to Ward 1.

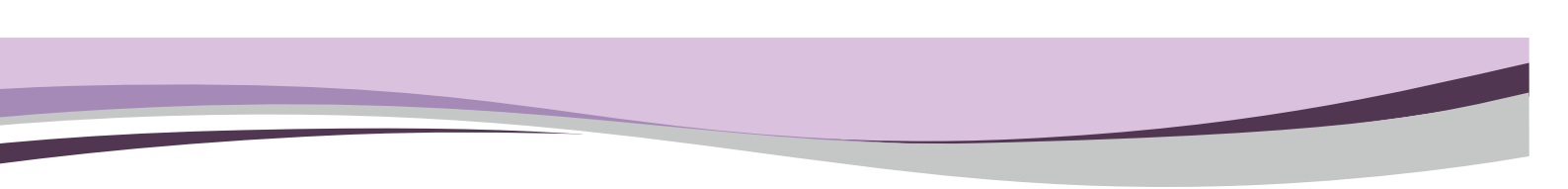
On Ward 1, they found their mother was extremely cold as she only had one sheet covering her. Despite her high risk of sores, Patient S11 had not been put on an air mattress and her pressure sores returned as a result. They also discovered that their mother had not been given her eye drops. As a result, Patient S11's eyes deteriorated.

Miss S11 and Miss T11 said they had concerns regarding their mother's nutrition and hydration on the ward. She was given inappropriate food that she could not see to eat, and water was placed in a glass for her that she was unable to use.

After three days, Miss S11 saw a doctor who said her mother was going to have a chest X-ray. Neither daughter knows if this ever took place.

Patient S11's daughters asked if an ambulance could bring their mother home, as they were concerned about lifting her. The hospital refused.

Miss S11 and Miss T11 said that their mother left hospital in a worse condition than she entered. Their mother passed away in April 2008.



In January 2009 Miss S11 and Miss T11's father was admitted to Stafford Hospital's A&E. He had diarrhoea and was vomiting. They reported an improvement in the system. Patient T11 was seen promptly and staff were more helpful. However, he still had to wait several hours to be transferred to EAU.

While on EAU, Patient T11 started to deteriorate and was shaking. They asked for a doctor. A doctor did not arrive until two hours later. The doctor said that A&E had not told Miss S11 about the arrival of their father.

Patient T11 was then transferred to Ward 11. Miss S11 told the Inquiry that there were no staff and patients were shouting for assistance. They learnt from another patient that their father had fallen out of bed. The fall was not recorded in Patient T11's medical records. No one communicated with them about their father's condition. Their father later died at the hospital.

Complaints have been made to David Kidney MP and the hospital. Miss S11 and Miss T11 are not satisfied with the hospital's handling of their complaint.

Thursday 19 November 2009

Case 2

Mrs U11 told the Inquiry about the treatment provided to her mother (Patient U11) when she was a patient at Stafford Hospital in March and in June/July 2006. Her husband (Mr U11) joined her at the Inquiry.

Patient U11 had started to lose the use of her right leg and in March 2006 she was suffering constant back pain. The emergency doctor visited her and organised an emergency appointment at Stafford Hospital. When Patient U11 and her family arrived at the accident and emergency department (A&E), she waited for two hours before being seen. Mrs U11 said there were no staff available and that there were blood, used plasters and bandages on the floor.

Mrs U11 said that her mother was very uncomfortable so she asked if she could wait in a chair as opposed to on the bed. She was told she could not. Mrs U11 then asked if her mother could have a pillow for her back to ease the pain. She was informed that there were no pillows available.

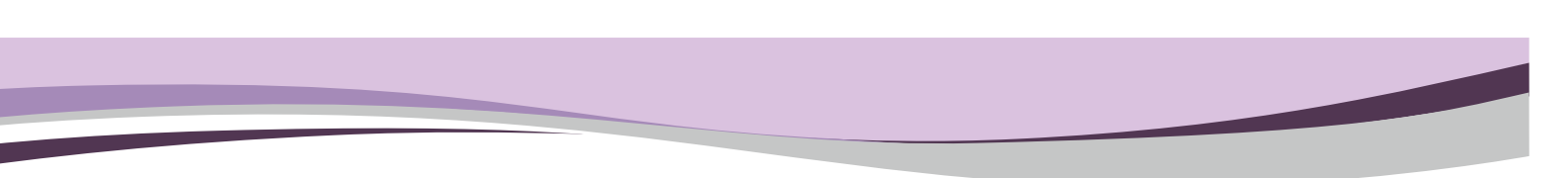
Patient U11 was transferred to Ward 12. Mrs U11 reports that there were insufficient staff and that the information provided by staff was inconsistent. On the ward, her mother was given a commode without a potty in it. Mrs U11 said this made her mother very embarrassed.

Patient U11's medical records at the time of discharge state she had MRSA. Neither Mr U11 nor Mrs U11 was informed of this by the hospital.

In June 2006, Patient U11's leg had deteriorated and she was again admitted to Stafford Hospital.

Mr and Mrs U11 told the Inquiry that the staff on A&E were not polite. When Mr U11 offered to help move his mother-in-law into a chair, he was ignored. Instead, two members of staff grabbed her immobile leg and swung her into the chair. Mrs U11 said this made her mother cry out in pain.

Patient U11 was then moved to Ward 6. Mrs U11 was contacted by the hospital and asked to bring in her mother's morphine, as they did not have any available in the hospital. Mr and Mrs U11 also state that Patient U11 was not given her medication regularly and that she often had to request it.



On one occasion, Patient U11 rang for assistance, as she required the toilet. A nurse came, placed a Zimmer frame beside the bed and left. However, Patient U11 was immobile and therefore unable to use a frame. She consequently wet the bed, which Mrs U11 said upset her mother greatly and left her feeling dirty and degraded. Mrs U11 also told the Inquiry that the ward was dirty and that she and family members had to clean the sink and commode before her mother used them.

Patient U11 was sent for an urgent scan on her back. The results took two weeks to arrive. Patient U11 was then informed she had cancer. Mrs U11 said that the hospital should have alerted the family so they could have been with their mother when she was given this news.

Patient U11 was due to be transferred to Stoke Hospital at midday. She was suffering extreme pain. Her family kept asking when the transfer would take place and were continually told they were busy. Patient U11 was finally transferred at 11.45pm after waiting for more than 10 hours.

Patient U11's son-in-law told the Inquiry that the longer his mother-in-law was on Ward 6 the worse she became. This was in stark comparison to the care she received at Stoke Hospital. Mr and Mrs U11 said their mother seemed to be a "different woman" there – sitting up in bed with clean-brushed hair and staff checking she was OK.

A complaint was made to Stafford Hospital. They did not receive a full response to their complaint until seven months later. The family met with the hospital. Mr and Mrs U11 do not feel that the hospital's handling of the complaint was satisfactory.

Thursday 19 November 2009

Case 3

Mr V11 told the Inquiry about the treatment that his late wife (Patient V11) received during her stay at Stafford Hospital in January 2008. His son (Mr W11) joined him at the Inquiry.

Patient V11 had Alzheimer's disease and developed a water infection. She was taken to the accident and emergency department (A&E) by ambulance. She was left to wait for a considerable period of time at A&E. Mr V11's son, who is a paramedic, told Mr V11 that he should go home, as his mother would be kept in overnight. At 3.30am, the hospital called to say Patient V11 was being discharged and Mr W11 subsequently collected his mother. Mr V11 said that despite it being in the middle of a winter night, Patient V11 was discharged in just a nightdress and shawl. Mr V11 and his son had to carry Patient V11 into the house. They then discovered that she had been discharged with a cannula still in her arm. Mr W11 was able to remove it, as he is a paramedic. He told the Inquiry that if removed incorrectly there would have been a serious risk of infection and bleeding.

Patient V11 was readmitted to Stafford Hospital in January 2008. She refused to have a scan. No one at the hospital discussed this with her family and Mr V11 told the Inquiry that because of his wife's Alzheimer's she would not have known what was happening.

Patient V11 spent a period of time on Ward 7, which Mr V11 described as "horrendous".

Mr V11 told the Inquiry that there was a clear lack of staff and also spoke of his concerns about the nutrition on the ward. He found his wife's Fortisip bottle left out of her reach and said a cold meal was brought on a tray and left at the foot of his wife's bed that, due to her condition, she would not have known was there or have been able to reach.

Patient V11 could not move herself. One day when he visited, Mr V11 found his wife lying on her side and her arm with a drip in was under her hip. No one had thought to move her arm. Mr V11 said he could not imagine the pain she must have been in. When he asked for assistance, he was told someone would be there in a minute. He cannot recall how long it was before someone eventually came to help.

Mr V11 would also find his wife lying in soiled sheets and her catheter bag unemptied and overflowing. For two weeks, he took his wife's dirty laundry home to wash as no one at the hospital had told him that there was a laundry service.

The medical records state that Patient V11 was given a bed bath and had her hair brushed each day. Mr V11 does not believe this is correct. He told the Inquiry that other visitors had also commented on his wife's appearance and unbrushed hair.

Patient V11 was due to be transferred to Cannock Hospital. Mr V11 went to visit his wife and when he went to her bed he discovered it was occupied by someone else. Mr V11 spoke to a nurse. She wagged her finger at him and told him he knew his wife was being transferred. Mr V11 knew she was due to be transferred but no one had notified him that it had taken place. He then had to catch the bus back to Cannock and was very upset because he was only able to see his wife briefly at Cannock Hospital because visiting hours had nearly finished by the time he arrived. After a brief period in Cannock Hospital Patient V11 was transferred to Marquis Court. At Marquis Court, a member of staff noticed that she had faeces left in her fingernails.

Mr V11 made a formal complaint to Stafford Hospital and had a meeting to discuss his concerns. The hospital organised for him to take an unannounced visit to the hospital. Mr V11 believes that the visit was orchestrated.

Monday 30 November 2009

Case 1

The Inquiry heard evidence from a retired clinical assistant who previously worked at Stafford Hospital (Witness A1). She told the Inquiry about the treatment received by her late husband (Patient A1), a former consultant at the hospital, in July and August 2007. Witness A1 also spoke about the experiences of two of her friends at the hospital. Her daughter accompanied her at the hearing.

Patient A1 had leukaemia and developed a bleed, which resulted in a swollen and tender right knee. He had been sitting with his feet up on a stool all evening, but cried out in pain when he tried to stand to go to bed. He asked his wife to take him to the hospital so they could administer some strong painkillers. The patient already had an appointment to attend the hospital at 8.30am the next morning.

They arrived just after 11pm and Witness A1 had to leave her husband in the car to go into the accident and emergency department (A&E) and look for a wheelchair as there were no porters available to help her. Once he was in a wheelchair, Witness A1 then had to leave her husband at the door so she could find a car parking space. Witness A1 reports that A&E was in the process of being reorganised so there was a temporary waiting room with one receptionist but no other members of staff visible.

Witness A1 informed the Inquiry that she and her husband waited for 5–10 minutes to be seen by a receptionist, whom she then briefed on her husband's condition and requested he be seen by a member of the haematology department. The receptionist informed them that they would have to wait and that it was for the nurse in A&E to decide what treatment was needed. Witness A1 informed the receptionist that both she and her husband were doctors so understood the medical requirements. Again, she was told she had to wait. No indication was given of how long the wait might be. Witness A1 observed that there were only approximately 10 other patients waiting to be seen at the time.

Witness A1 and her husband waited for 20 minutes before being moved to a cubicle in the department. A nurse came in, took Patient's A1's name and address and disappeared. Witness A1 reports that the cubicle was filthy, with clumps of hair and cotton wool swabs on the floor. Her husband was left sitting in the wheelchair, which, she explained, was a very painful position for someone with a swollen knee to be left in. They waited for an hour before being moved to the other end of the hospital. A nurse accompanied them on the walk across the hospital, but Witness

A1 was left to push her husband in the wheelchair. The wheelchair was very difficult to push and constantly became stuck, so Witness A1 had to walk backwards and pull her husband's wheelchair along behind her. She said the nurse was quite irritated because she was not walking fast enough. After nearly three-quarters of the journey, the nurse took over with the wheelchair.

The cubicle they were put in on the other side of the hospital was also dirty, according to Witness A1. It had clumps of fluff, dust and hair on the floor and she found a bag of clinical waste under the trolley. They were left to wait for another hour and Witness A1 did not see anyone whom she could ask for help or about what was happening. Witness A1 states that she heard people in other cubicles calling out for help.

Two hours after their initial arrival, and having not received any pain relief, Witness A1 saw a sister sitting at a desk and told her she was taking her husband home. The sister, Witness A1 reports, looked "shame-faced". Witness A1 believes the sister recognised her and therefore offered to move her husband onto a ward, although she did not know whether moving him to the ward would mean he would be seen. Witness A1 told the sister that she and her husband had worked at the hospital for 20 years and she never thought she would see anything such as this at the hospital. A staff nurse then appeared and said "well, if you have worked here you should appreciate our problems." Witness A1 said this made her feel angry. She told the staff nurse she did not appreciate one single thing of what had happened that night and took her husband home. Witness A1 states that the staff showed a complete lack of sympathy.

Witness A1 reports that she only saw two doctors during the whole period, one of whom was "coming and going", and the other sat writing up notes.

Witness A1 informed the Inquiry that she had been told previously that if there were problems with her husband, he was to go straight to the haematology department at the hospital, not to his GP, and that two consultants carried the emergency bleep and were always available. However, a nurse and a receptionist both told her that night that no one worked on haematology after 9pm.

When Witness A1 left the hospital, she again had to struggle alone with the wheelchair down a slope to where she had parked the car. Her husband spent that night on the settee at home and Witness A1 slept on a chair next to him.

It was evident to Witness A1 that this bad experience was not due to the building work taking place in A&E, but the result of a lack of staff and beds.

The following morning, when they returned to hospital for Patient A1's 8.30am appointment, she recalled that her husband received the necessary treatment.

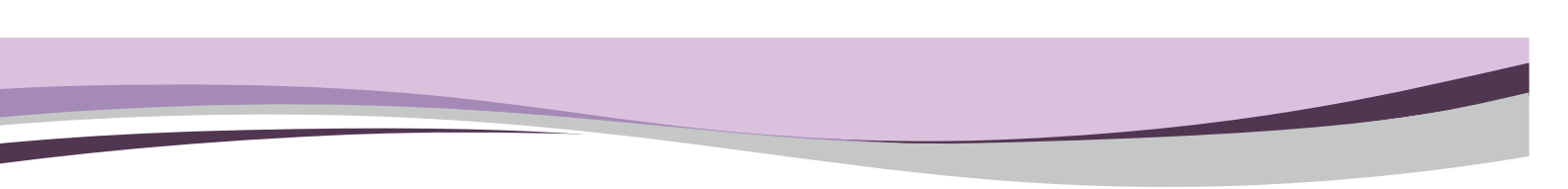
After his visit, her husband wrote a letter of complaint to the Chief Executive. Witness A1 had been informed that the Chief Executive never personally opened letters. She therefore passed her complaint to the Medical Director, who placed it on the Chief Executive's desk. As a result of the letter, the Chief Executive invited Patient A1 and his wife to a meeting.

Witness A1 told the Inquiry that the Chief Executive listened to their concerns, but was non-committal and failed to apologise. She believes that he was not surprised by what he was told.

During the course of the meeting Witness A1 complained about the standards of cleanliness in the toilets, to which the Chief Executive responded "Well, you must appreciate the kind of person who uses the toilets in the hospital." Witness A1 told him that in Asda, the toilets are always clean and they have a sign on the wall, which is signed by a member of staff every hour when they are cleaned. The Chief Executive's response was "We could not possibly keep the same standards as Asda."

The following month Patient A1's condition deteriorated. He was taken to the hospital by paramedics and met, by prior agreement, by former colleagues who still worked at the hospital. He was taken to the emergency assessment unit (EAU) and then admitted to Ward 2. Witness A1 has no complaint about the care provided during this time, although she remembers that there appeared to be a shortage of nurses.

A friend of Witness A1 was admitted to Stafford Hospital for a bowel operation two years ago. She had chronic infection at the base of one lung and therefore needed to sit up in bed to allow it to drain. However, following her operation she was left lying flat. The hospital was unable to provide any additional pillows for the patients and she was informed she would have to organise for additional pillows to be brought to the hospital. As a result, she was left lying flat for over 24 hours. Witness A1 told the Inquiry that she believes this to be negligence.



Witness A1 does not believe that the standards at the hospital have improved. She reports that standards of cleanliness improved after the deep clean but have since fallen. There is also, in her opinion, still a lack of staff.

The hospital mortality figures would have caused many people in the region to worry, Witness A1 commented. In her view, the figures should not have been released unless they were fully accurate.



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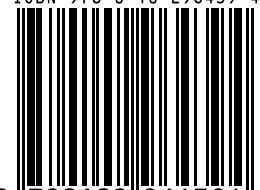
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