

Elderly facing eviction from NHS beds: After damning report on hospital care, legal moves to force patients off wards

By Sophie Borland

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Trespassing laws are to be used to evict elderly patients who 'block' hospital beds.

Pensioners reluctant to go home – often because they are too frail or confused to cope on their own – will be given 48 hours to leave. If they refuse, NHS trusts will seek a court order for possession of their bed.

The 'bed-blockers' could even be forced to pay the legal fees incurred.



Evictions: NHS Trusts are hoping to use trespass laws to remove patients who are reluctant to go home - and will use court orders to gain possession of their beds (file picture)

The extraordinary plans, which emerged on the day an official report accused the Health Service of betraying the elderly, were condemned as inhumane.

Katherine Murphy of the Patients Association said: 'This is an absolute disgrace. It is so difficult for these patients to get the help they need in the community. There are simply insufficient resources for people to cope on their own. They need a planned discharge. This is a damning indictment of how society treats the elderly.'

Aintree University Foundation Trust and Southport and Ormskirk Hospital Trust, both on Merseyside, are seeking to employ anti-trespass powers more commonly used to ban jobs from shopping centres.

'Bed-blockers' are patients deemed by doctors to be well enough to leave but who often remain in hospital because there is nowhere safe for them to go.

Dementia sufferers can be denied places in care homes, while other patients need stairlifts or rails to be installed in their own properties. Many are widows or widowers or those whose children have moved away.

It is unclear how the plan would work because the offence of trespass in England is based on centuries of common law.

It is seen as a civil offence, not a criminal act, and the owner of the building – the NHS Trust – would ultimately be able to sue for damages if an individual refused to leave after a series of warnings.



Seeking powers: Aintree University Hospital is one of the two trusts hoping to employ the rules to remove patients who are blocking their beds

The idea has come from a 2006 case involving Barnet primary care trust in North London which used a High Court possession order to remove a patient who had been in hospital for three years after being declared fit to go home. The patient was also made to pay £10,000 in legal fees.

Michelle Mitchell of the charity Age UK said: 'This proposed treatment of vulnerable, frail patients by a primary care trust is extremely heavy handed. It appears to be a very blunt tool to fix what looks to be a far more complex problem.'

Last month a report found that 'bed-blocking' had worsened on many wards.



'Heavy handed': Michelle Mitchell of charity Age UK said the Trusts' proposals were a 'blunt tool being used to fix a very complex problem'

In a survey by Doctors.net, 40 per cent of medics said the situation had deteriorated in the past month, with half seeing no improvement.

Senior consultants blamed councils for not organising services such as carers to enable the elderly to move back into their own homes safely.

The proposals, unearthed by HSJ magazine, have been brought in to reduce the number of 'delayed transfers of care'.

A spokesman for Sefton Primary Care Trust, which has drawn up the plans with the two Merseyside hospitals, said legal action was a last resort.

'It could only be considered after every other available option had been thoroughly explored with the patient and their family,' she added.

'However, the NHS has a duty to ensure hospital beds are available for those who are seriously ill and not occupied by people who no longer require acute consultant care.'

A scathing report by the Health Service Ombudsman yesterday highlighted ten cases of inhumane treatment of the elderly.

One dying cancer patient was left so dehydrated on a hospital ward that he could not even call for help. Yet not a single doctor or nurse has been sacked from any of the hospitals named in the report.

Ann Abraham's findings came just two months after the Daily Mail launched a campaign to end such scandalous treatment. With the help of our readers we were able to raise £100,000 for the Patients Association to go toward a helpline to deal with complaints about poor care.

How can no one be to blame?

Not a single doctor or nurse has been sacked over the appalling cases of NHS neglect of the elderly highlighted in a damning report yesterday.

Shocking examples of patients being left unfed, unwashed and in agonising pain were the centrepiece of a scathing study by the Health Service Ombudsman.

The report's findings prompted senior nursing leaders to demand a 'complete overhaul' of patient care.

But it has since emerged that not one member of staff involved in the cases detailed in the report had been sacked – or even formally disciplined.



Terrible treatment: Irene Telford, pictured with her granddaughter Rebecca Stone

A GRANDMOTHER was left lying in her own faeces after hospital staff claimed they were 'too busy' to help her.

Irene Telford, 93, died after two weeks at Worthing Hospital, West Sussex, where she was not fed properly or given her medicine.

Her son Stephen Ford, 57, who hoped she would get better one-on-one care at the hospital than at a retirement home, was horrified when he discovered the neglect in December 2008.

Mr Ford, a heating engineer from Camberley, Surrey, said: 'My daughter went to visit and found my mother lying in her own faeces. I was shocked.'

'When I arrived, she had a red raw mouth which was totally encrusted. She was totally dehydrated.'

'There was a plate of food and a pot of pills next to her - no

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one had given them to her. I sat with her for four hours and gave her sips of water every 30 seconds.

'When I asked a nurse why my mother had been ignored, she was uncomfortable. She said she was too busy and it was obvious there were not enough staff.'

'I was so angry that the nurse hadn't been given enough support.'

Hospital bosses apologised and told the family that they have identified the staff responsible and will hold an investigation.

But Mr Ford claimed he had been given little feedback on

the investigation and felt that the hospital's apology had been insincere.

He said: 'There needs to be better support and education for nurses.'

'No one wants to see their parents suffering. It was just horrific. I felt so helpless.'

'When your parent is dying, you don't always think about complaining. You've never been in that situation and you just want to look after them.'

'After I complained, the hospital apologised but it was just to placate us.'

'They said they know who was responsible but I don't want them placing blame, I just want the system to improve.'

'I would like to know if the management are going to provide better training - but they haven't told me what they're planning to do.'

The study, by Ann Abraham, highlighted ten examples of inhumane treatment of the elderly on the NHS, which campaigners said yesterday were just the 'tip of the iceberg'.

One dying cancer patient was left so dehydrated on a hospital ward that he could not even call for help.

Another relative described how her frail, confused mother was left unfed for days, neglect which she described as tantamount to 'euthanasia'.

But the trusts named in the report admit that despite the severity of the cases, they did not feel the need to sack any staff.



Alfred Ratcliffe: Hospital care was 'non-existent'

A DISTRAUGHT wife was left to wash and dress her husband after hospital staff ignored her pleas for their help.

When Catherine Ratcliffe's husband Alfred, 69, had a heart attack, he was taken to Rotherham Hospital, South Yorkshire, where nurses refused to help him dress or check he had taken his medicine and 'sighed' at her requests for assistance.

On one visit, Mrs Ratcliffe, 59, found her husband of 33 years slumped in a chair because staff had given his bed to another patient.

Desperate to leave the hospital, Mr Ratcliffe, a retired steel worker, returned home a week later - but died within hours.

Mrs Ratcliffe, who works in children's services, said: 'The care at the hospital was non-existent. They all had dreadful attitudes. I

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had to dress him and wash him every day because they left him on his own. After one procedure, they didn't wash the blood off his hand and it was still there days later.

'How they treated him - as if he had an expiry date - was unacceptable. Attitudes really need to change.'

She added: 'The day after he died, I wrote to the NHS. When the response came it was full of inaccuracies and contradictions. They did apologise but there were some things they couldn't answer, like why he was left without a bed for three hours. I am unhappy with it, so it's being taken further.'

Many said they had not even formally disciplined the doctors or nurses involved or even given them a written warning.

Campaigners said that unless disciplinary action was taken the same mistakes would happen again. Steve Jamieson, head of nursing at the Royal College of Nursing, said: 'We need to look at the education and training of our nurses and ensure they are clear about the fundamentals of care.'

Katherine Murphy, chief executive of the Patients Association, said: 'We are appalled that despite the damning evidence in the Ombudsman's report, not a single member of staff has been disciplined for their actions.'

'Staff and managers must be accountable for their actions. Staff should not be allowed to treat patients in such a degrading, inhumane way and then carry on in their job without repercussions.'

'What is really worrying is that these staff are still walking the wards and "caring" for patients.'

The Ombudsman's findings came two months after the Daily Mail launched a campaign to end such scandalous treatment.

With the help of our generous readers, we were able to raise £100,000 for the Patients Association to go toward a helpline to deal with complaints arising from similar cases of poor care.

Other support groups said that senior managers have become increasingly reluctant to take action against incompetent staff in case it is deemed to be 'harassment'.

Joyce Robbins, of Patient Concern, said: 'This report is not new. These sorts of things are happening all the time. It is a nationwide scandal.'

'Senior staff feel they can't discipline other staff in case they are told it is harassment and they are not doing enough to nurture them. So everybody just keeps quiet. Chief executives should be carrying the can for this. The buck stops with them and they should be out there on the wards. Nothing is happening. There is a general attitude among staff that these people are old and are going to die anyway.'

The report looked at ten cases which occurred in the past three years, eight in hospitals and two in GP surgeries.

All hospitals were named but the surgeries were not identified because doing so could breach patient confidentiality since they are much smaller organisations.

None of the eight trusts – Epsom and St Helier, Royal Bolton, Ealing, Southampton University, Ashford and St Peter's, Oxford Radcliffe, Northern Lincolnshire and Goole, and Surrey and Borders – had sacked any staff.

At least five – Ealing, Royal Bolton, Oxford Radcliffe, Southampton, and Surrey and Borders – admitted they had not even felt the need to discipline staff and give them a written warning.

Managers insisted, however, that they were 'determined' to learn lessons and issues had been 'discussed at length'.

We have forgotten our duty to the old

By JENNI MURRAY

There can be few things in life more agonising than watching a sick parent suffer in hospital, through callousness, neglect, ignorance or overworked hospital staff, and be able to do absolutely nothing about it.

You express to your parent your determination to make a complaint about the bedpan that was begged for but never delivered, the lunch that was sitting untouched in front of a hungry patient unable to feed herself, or the panic button placed just out of reach.

But the frightened mother or father, who worked hard, paid their taxes and fully believed they would be cared for 'from the cradle to the grave', begs you not to say anything because they're afraid the staff will 'take it out' on them when you're gone. So, you hold your tongue.



Duty: There are few more agonising things for a child than visiting a sick parent in hospital but why does our society treat the elderly as second class citizens when they become ill (posed by model)

It's now some four years since I was the angry daughter keeping quiet about the iniquities of the care of the elderly in the NHS. After my parents died, I made my complaints and wrote about the horrors I'd witnessed.

I thought it would have improved, but it seems, as we absorb the latest revelations from the Health Service Ombudsman, that it has not.

What we now must ask is: Why not? What does it say about our supposedly civilised society that the elderly – the most vulnerable among us – are still too often treated as second-class citizens when they fall ill?

Are we simply all so occupied with our own concerns – the best car, the smartest house, the cleverest kids – that we forget that the old lady down the street might just appreciate a visit and a chat?

We have somehow managed to lose any sense that taking good care of those around us matters.

How many of us know our neighbours well enough to pop round and check if they're OK, or offer to add their shopping to our supermarket list if they're having difficulty getting about?

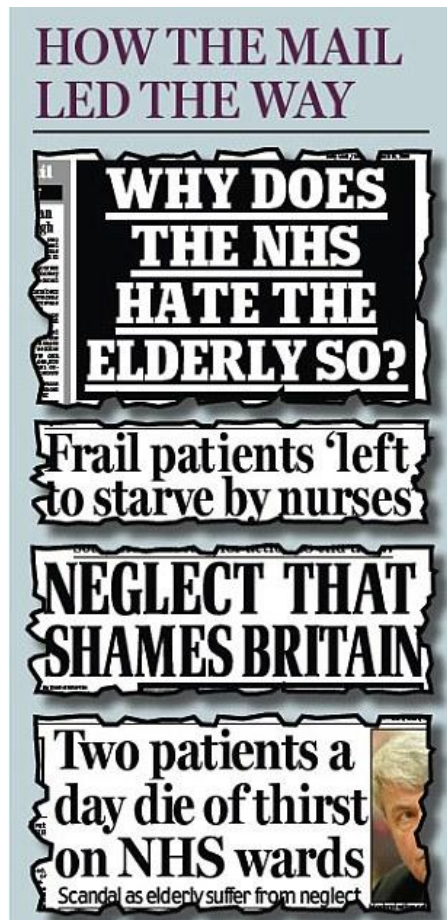
Are we simply all so occupied with our own concerns – the best car, the smartest house, the cleverest kids – that we forget that the old lady down the street might just appreciate a visit and a chat?

It used not to be like this. Is it mass communication that's made us forget how to communicate with real people? Do we watch too much nastiness on TV? Has Simon Cowell's casual cruelty or the bitter humour of a Ricky Gervais hardened us to suffering?

Have we so derided a sense of duty that none of us is ready to acknowledge that to be fully human requires that we fulfil an obligation to make the lives of those around us as comfortable as we would wish our own to be?

No one, of whatever political party, wants to make health care worse, but I think we all, politicians included, sometimes forget that, while the younger and fitter among us shout our desire to be able to choose which consultant we want to treat us, or which hospital we fancy might have the best food, the majority of patients the NHS deals with – more than 75 per cent – are simply old.

And they are people who were not raised in a culture where you made demands of the organisation whose birth they witnessed, and of which had such high hopes. They were grateful it was free, and believed without question that the doctor knew best.



I would be the last person to argue that nursing – a primarily female profession – is anything other than a highly skilled job, and deserves to be taught to degree level.

But, while you may need a high level of qualification to administer drugs or monitor a patient whose life hangs by a thread, it takes no academic brilliance at all to make sure an elderly patient is lying in clean clothes and sheets, is given a drink when they're thirsty and a hand to hold when they're feeling scared.

I can't be the only son or daughter to have walked up to the nurses' station to find a little group gossiping about boyfriends, or to be faced with a look that says 'Yuk! I didn't go to university to wipe someone's bum' when you've asked, politely, for your mother to be helped to the toilet. I'm sure that many look to a career in nursing with the best possible intentions.

They genuinely want to take care of people and they want to learn to the highest possible standards about the modern medicine with which they'll be involved.

But it's vital that they are made to understand that it's not all lovely little babies or bagging yourself a good-looking doctor.

Old, sick people are frightening because their withered, declining frames are a foretaste of what's to come for all of us. So, no, keeping an old man clean is not nearly so attractive a proposition as changing the nappy of a silky skinned baby.

If the cry of a baby evokes instant sympathy, the whimpering of an old woman is easier to ignore, yet it is no less deserving of a nurse's full attention.

Their training, even at the highest level, must emphasise that it's a dirty, testing job, but someone has to do it and do it well.

If you'd asked me a few years ago what I thought of the NHS, I would have put a case for getting rid of management and investing more in doctors and nurses. But then I experienced rather more than my fair share of the service through my own encounter with breast cancer, and now I've revised my opinion.

Since I received a brilliant level of care at The Christie cancer hospital in Manchester, I've become a non-executive director there.

I've only been sitting on the board for a couple of months, but already I'm gaining a valuable insight into how a hospital that consistently puts its patients first and is measured as one of the top performing trusts in the country depends entirely on the quality of its management.

Good care works not from the bottom up, but from the top down.



Brilliant care: Since receiving excellent treatment at Christie's Cancer Hospital, Jenni Murray has become a non-executive director, which has given her an insight into how the trust puts the patients first

When we look at hospitals that have been conspicuous failures, it's been management's inability to cope with the organisation and monitoring needed to meet waiting list targets or spend money wisely that's put patients at risk.

Mid-Staffordshire was a classic example – a place where scores of patients died because of a lack of basic care. The most glaring example of potentially fatal mistakes made there seems to have been the under-employment of trained nurses in favour of cheaper health care assistants. Patient care suffered.

At The Christie, the executives on the board all worked their way up from the ground.

The chief executive was a midwife, the chief operating officer was a nurse and the young finance director, whom I would willingly appoint as Chancellor of the Exchequer, has spent his entire career within the NHS.

I can't be the only son or daughter to have walked up to the nurses' station to find a little group gossiping about boyfriends, or to be faced with a look that says 'Yuk! I didn't go to university to wipe someone's bum' when you've asked, politely, for your mother to be helped to the toilet

They listen to the non-executives on the board, all chosen for a variety of skills, and to the lay governors who make their own spot checks on how well patients are being looked after.

Staffing levels are high, with considerably more registered nurses than assistants. Four matrons have responsibility for two wards each and monitor cleanliness and infection control. Each ward sister checks her nurses' competence in making sure the patients are fed, watered, clean and free of bed sores.

It's basic stuff alongside the highly complex medical treatments, and it works because the correct systems are in place.

Everyone is, of course, concerned about what the impact of yet another reorganisation of the NHS will be.

The watchword of the new 'patient-centred NHS' is to be 'no decision about you without you'.

I just hope someone remembers that the very sick and the elderly either don't want to make a decision, or can't. They simply want to be well looked after.

Surely the milk of human kindness isn't too much to ask.