13 June

Ian

CHI – Media Preparation

Further to your letter of 29 May, attached are my comments on the questions with my name against them.
Sorry they are handwritten – no Yvonne looking after me these days!!!

Yrs,

Mat

Copy: Ian R.
Eileen

C1

Comments:

(a) We did not link the three complaints before the media coverage did from April 2001 onwards:

- Richards case was subject of a police investigation, but as stated above we did not believe there to be any substance in the charge ✓
- Code A care was subject of independent Ombudsman review which dismissed the complaint and upheld the clinical care provided. (NB only criticism of the Trust was to do with microfilming of fluid records) 19 ✓ x 31
- Devine case was subject to Independent Review (using external medical and nursing assessors) which confirmed that the clinical care was appropriate, whilst communications very poor.

(b) In terms of the unlawful killing allegation, therefore, there was no reason to link the cases. In terms of communications, record keeping etc. there were common themes which were followed up on the nursing front by the hospital with input from the Nursing Director. ✓ 31

(c) as already acknowledged above, the police telephone call in the Richards case should have triggered an internal Trust investigation back in 1998/99 . . . . as it undoubtedly would in today's clinical governance process. ✓ 32

[signature]

A1. C2 D2 E1

...all four pose essentially the same question.

Comments:

(a) in Mrs Richards' case, no prima facie evidence to support the charge
- only minimal morphine dosage given to patient
- allegation out of the blue as family had initially thanked ward for their care.
- the only other information available was Code A complaint
- impression from police that seeing it in low-key terms
- the GP concerned was well known: sometimes brusque in manner, but hard working and committed.
- the consultant concerned had not even seen the patient.
- at the time this was a one off case in a community hospital well regarded and supported by GPs etc., with very few complaints.

(b) in the context of the pressures, clinical concerns and issues facing the Trust as a whole at that time, the Richards case did not register as a major one.

(c) it pre-dated the more rigorous risk event reporting/complaints handling/monitoring systems that were developed as part of Clinical Governance.

(d) it is easy with hindsight and with familiarity with current clinical governance processes to see that the police telephone call should have triggered an internal Trust investigation at the time.

D1

Comments:

(a) the initial phone call re the first police enquiry (December 1998), as indicated above, was not pursued as it was thought not substantial for the reasons stated above.

32 (a) only

38 all

(b) the later phone call re-opening the case (October 1999) was different, and I reported it to the Chairman. I have rung Code A to check this, and she confirms that I did so.

(c) I am afraid that I cannot recall when we shared it with the full Board. There would certainly have been no intention to keep it from them — from the outset in 1994 we have had an open culture and shared a number of difficult quality concerns with the Board fully and this would have been no exception.

D4

Comments:

(a) the question implies that today's overall picture/information was coherently available from 1999 !!

(b) Ian R./Eileen/Fiona have already listed the individual complaints, and action taken arising out of wider concerns (eg communications, pain control guidelines etc.), monitored through the usual Performance Review process. Since the April 2001 media coverage linking the various cases (and generating new complaints) the Board has been briefed/updated on the position as a whole.