NHS Trust

Department of Medicine for Elderly People
Queen Alexandra Hospital

MEMORANDUM

From: Dr Ian Reid, Medical Director

To: Max Millett

Ref:

Cc:

Date: 16 November 2001

Re:- Gosport War Memorial Hospital – CHI Visit

I found this quite difficult to do in tabular form and I thought that I would write a brief narrative on the events since the complaints surfaced. This is also very much a first stab and there may have been other initiatives which I have not immediately recalled.

I am not sure whether this is going to be helpful or not.

Ian

Example 1.

GOSPORT WAR MEMORIAL HOSPITAL
CHI VISIT

Use of Opiates Problem list → Medical ? Nurse

- Lack of documented evidence for the use.
- Lack of documented discussion with the relatives on their use.
- Approach to prescribing.
- Wide administration discretion on prescription chart

Action **Statement**

From December 1999, piloting of a pain management chart prescribing guidance and a prescribing chart was undertaken on Dryad Ward pending the development of a Trust wide policy and guidelines on the management of pain including standards for communication and the use of syringe drivers. These were finally approved in May 2001 and a training programme was undertaken.

In practice there have been some concerns that the separate prescribing chart for opiates could lead to confusion and this is being reviewed at present.

During this time, the Trust, as part of its risk management strategy have been reviewing types of syringe drivers used. There was considerable scope for error in the administration of drugs by syringe drivers because of having two different types and as a result the Trust decided to standardise on one type of syringe driver. Approximately 80 syringe drivers were purchased in March 2000 as a result of which the Trust was able to standardise on one type of syringe driver.

The agenda and minutes of the Medicines and Prescribing Committee during the period December 1999 to the present day reflect the discussions around the need to develop a trust wide policy and guidelines. These can be found in the Trust's clinical policies file, which are located on every clinical area within the Trust.

Medical Staffing Cover

Because of a bad experience with a locum consultant, it was decided in early 1998 when one of the two consultants in Gosport went on maternity leave, not to employ a locum (as a locum consultant would be particularly isolated and unsupervised in Gosport). As there was no other consultant sessional time available, the frequency of ward rounds in Gosport War Memorial Hospital was reduced to fortnightly because of there being only one consultant. Following the return of the consultant from maternity leave, the ward rounds became weekly again (in February 1999). However, the situation remained that when a consultant was on holiday, there was no consultant ward round and that nominal consultant cover was provided by the other consultant in GWMH.

This situation was finally resolved in September 2000 as a result of two initiatives. One was the result of funding from the Health Authority in respect of the European working time directive (consultants in the department have completed diaries indicating that all consultants were working more than 48 hours a week excluding on-call commitments). Also as a result of PCG/T investment of intermediate care, further consultant sessional time became available to ensure that weekly consultant ward rounds occurred even when the usual consultant was on leave.

However, during this time, particularly from early 1999 onwards, the case mix within GWMH gradually changed. This came about because of an inability to fill continuing care beds with suitable patients and as a result in-patients who were either awaiting rest home or nursing home care or who had convalescence (rather than intensive rehabilitation) needs, were admitted to Dryad Ward in particular (the alternative would have been to leave the beds empty).

As a result, patient turnover increased, and patients who were probably less stable medically and who had some rehab needs, were admitted. This gradually overstretched the day-to-day cover arrangements as a result of which the GP clinical assistant resigned and the opportunity was taken to reinvest in a Monday to Friday, 9 am to 5 pm Staff Grade doctor, who took up post in September 2000.