Ms Margaret Tozer
Investigations Manager
Commission for Health Improvement
11th Floor, Finsbury Towers
103 Bunhill Row
London
EC1Y 8TG

Our ref: MM/DH
Your ref:
Date: 15 August, 2001
Ext: Code A

Dear Margaret

RE: GOSPORT WAR MEMORIAL - POLICE INVESTIGATION INTO THE DEATH OF GLADYS RICHARDS

Further to your recent telephone conversation with Mrs Humphrey, I enclose a chronological summary of events (as requested by Dr Patterson) from the time of Mrs Richards admission to Gosport War Memorial Hospital up to the present date.

You may already be aware that the CPS have recently decided to close this case, as there is insufficient evidence to proceed.

The attached summary concentrates on what happened to Mrs Richards and the subsequent family complaint and police investigation. You are probably also aware that the South East Regional Office, the Department of Health, the General Medical Council and the United Kingdom Central Council have taken an interest in this case. However, we have not included details of communications with them in this summary.

This was a complex case from the outset, with family disharmony affecting communication at many stages. Attached to the chronological summary, as appendices are:

a) The hand-written notes of concern from Mrs Lack, Mrs Richards daughter.

b) My formal reply to the points that she raised.

c) A report prepared by Dr Lord, for the first police investigation.

continued..../

You will see that Mrs Lack's concerns and questions, as brought to our attention at the time, related to the events surrounding Mrs Richards unwitnessed fall, when her hemi-arthroplasty was dislocated; and her transfer to and from R.N Hospital Haslar following this fall.

Mrs Lack's notes (last page, 6th line from the top) record that she and her sister Mrs Mackenzie agreed with the decision of palliative care only, following Mrs Richards final return from Haslar Hospital.

The main actions arising from this complaint were clarification of the informal policy on transferring patients to Haslar Hospital, out of hours. As you will see from Dr Lord's report, there has never been a formal policy on not transferring patients out of hours. The decision will be made on the basis of clinical need, and where appropriate, patients will be transferred at any time of the day or night.

The issue of palliative care, rather than active treatment and, the use of syringe driver analgesia was not part of the original complaint raised with the Trust. Indeed at that time we understood that the family were in agreement with the clinical decisions made towards the end of Mrs Richards life.

In the subsequent police investigations it became clear that interest was being expressed in the use of syringe driver analgesia, and in particular the broad prescribing practice of Dr Barton. As there was no resident medical cover at Gosport War Memorial Hospital, it was important that prescriptions for pain relief offer sufficient flexibility to avoid excessive pain levels whilst a doctor is called to change a prescription, but staying within the bounds of safety of administration.

Dr Barton's practice was to prescribe Diamorphine 20/40mgs - 200mgs, subcutaneously via a syringe driver, over 24 hours. Her prescription for Mrs Richards was 40mgs - 200mgs in 24 hours, Mrs Richards was only ever given 40mgs in 24 hours.

Since this complaint, a number of changes in policy and medical cover have been made:

(a) Policies on both Prescription Writing and The Assessment and Management of Pain have been reviewed - copies enclosed for your information.

(b) The daytime medical support formerly covered by a GP Clinical Assistant is now covered by a staff Grade post. (Note: out of hours cover remains with a local GP Practice).

The past few years have been very difficult and stressful for the staff concerned in this case. We are anxious to focus on any positive outcomes and would be very willing to participate in a Commission for Health Improvement review of any of the issues arising from this case. We would be particularly interested in exploring palliative versus active treatment decisions, in circumstances such as these and likewise the use/method of delivery of analgesia when palliative care decisions are made. All the guidance supports close family involvement in decisions such as these - the clinical team feel that they met this aim, yet they later faced the potential of criminal charges.

continued...//

We look forward to hearing from you in the future. It has been difficult to decide on the level of detail to supply here. Please do not hesitate to contact Lesley Humphrey again Code A Code A if you should require further information.

Yours sincerely

Max Millett
Chief Executive

Enc.

Portsmouth HealthCare NHS
NHS Trust

GWMH POLICE INVESTIGATION

Chronological Sequence of Events

Background

GWMH is a community hospital where the day to day care is provided by a team of nurses, therapists and managers. The medical care, except on the GP wards, is overseen by a designated consultant, depending on the ward speciality, who conducts weekly ward rounds. At the time in question, the day to day medical care on Daedalus ward was provided by Dr Barton, a local GP, acting as clinical assistant and making daily and on request visits to the ward. There is no resident medical cover and out of hours cover is provided by a local GP practice.

The nursing care provided is non-acute. Daedelus Ward has 24 beds, eight for people needing slow stream stroke rehabilitation and 16 for those who met the criteria for NHS continuing care. Mrs Richards was a continuing care patient.

Patient

Mrs Gladys Richards
D.O.B Code A
D.O.D. 21st August 1998

Previous resident of Glen Heather's Nursing Home, Millhill Road, Lee On Solent

Past Medical History:-

Deaf in both ears
Cataract operations to both eyes
Alzheimer's (confused for some years)
Confusion/agitation worse for last 6 months
History of falls/deterioration in mobility over last 6 months
Hysterectomy 1955

30th July 98	Fall at nursing home, fractured neck of femur. Admitted to E6 Ward Haslar Hospital where right hemi - arthroplasty was performed.
3rd August 98	Reviewed by Dr Reid: recovering fairly well from surgery although mobility limited and clearly confused. To transfer to GWMH for opportunity to try to re-mobilise.
11th August 98	Transferred to Daedelus Ward, GWMH for slow mobilisation. Consultant Althea Lord; Clinical assistant Dr Jane Barton (local GP)

Condition on transfer

Wound healed, pressure areas intact. Needing total care, washing, dressing, eating, drinking etc. Occasional incontinence at night. Full weight bearing, but walking with the aid of two nurses and a zimmer frame.

13th August 98

13.00hrs - Mrs Richards found on floor by chair checked by Staff Nurse Bryant, no apparent injury, hoisted into another chair.

18.30hrs - Daughter Mrs Lack visited and informed of fall. Nursing reports/records differ from the observations made by Mrs Lack in her note of complaint (see appendix A). Nursing reports were of no obvious signs of pain or injury. Mrs Lack notes that both she and a granddaughter observed Mrs Richards to be in pain and reported this to the nurses, who replied that it was her dementia that was the problem.

19.30hrs - On being helped into bed, right hip noted to be internally rotated and Mrs Richards to be in pain. Dr Briggs, duty doctor (local GP) contacted. He advised analgesia over night, with x-rays at GWMH in the morning, on the basis that transfer to Haslar Hospital at that time of night would be too traumatic for Mrs Richards. Daughter, Mrs Lack, informed.

14th August 98

10.45hrs - x-rayed at GWMH; Mrs Lack present. Dislocation of right hip confirmed. Transferred to Haslar Hospital by ambulance with nurse escort.

Closed relocation of right hip hemi - arthroplasty, under I-V sedation at Haslar Hospital. Reduction uneventful but rather unresponsive following sedation; gradually more responsive but catheterised as unable to pass urine. Canvas knee immobilising splint applied to discourage further dislocation.

17th August 98

11.45hrs - Returned from Haslar in an ambulance with no nurse escort and no trolley canvas for lifting (Note: transport arranged by Haslar Hospital). Very distressed on arrival, crying out in pain, but stopped when positioned in bed.

13.05hrs - Again in pain. Mrs Lack concerned. Dr Barton contacted. X-ray ordered.

15.45hrs - Hip x-rayed: Film seen by Dr Peters and radiologist; no dislocation seen. For pain relief overnight and to be reviewed by Dr Barton in the morning.

18th August 98

11.15hrs - Reviewed by Dr Barton, for pain control via syringe driver. Dr Barton met with Mrs Lack and Mrs Mckenzie and explained that a haematoma had formed at the site of surgery/manipulation.

Dr Barton's clinical opinion was that Mrs Richards was not well enough for further surgery and that she should be kept comfortable and pain free.

	Dr Barton believed that Mrs Lack and Mrs Mckenzie agreed with this decision and this is confirmed in Mrs Lack's notes of complaint. Diamorphine 40mgs and Haliperidol 5 mg and Midazolam 20mgs (this was the dosage given until Mrs Richards death) commenced via syringe driver, over 24 hours.
19th August 98	Mrs Lack telephoned Lesley Humphrey, Quality Manager at Trust Central Office to express concerns. Arrangements made for her to see Sue Hutchings, Nurse Co-ordinator on the ward.
20th August 98	Mrs Lack put her concerns in writing for Sue Hutchings (see appendix A)
21st August 98	**21.20hrs** - Mrs Richards died peacefully, with her two daughters Mrs Lack and Mrs Mckenzie present.
25th August 98	Formal letter of acknowledgement of complaint sent to Mrs Lack from Max Millett, Chief Executive.
8th September 98	Mrs Mckenzie telephoned Trust Central Office requesting copies of correspondence between Mrs Lack and the Trust. She said that she and her sister were not on speaking terms.
22nd September 98	Formal letter of response to complaint from Max Millett, Chief Executive to Mrs Lack with offer of a meeting to discuss complaint and findings, Mrs Lack agrees for a copy to be sent to Mrs Mckenzie
24th September 98	Mrs Lack telephones to request meeting.
25th September 98	Letter from Max Millett, Chief Executive, to Mrs Lack and Mrs Mckenzie confirming meeting arrangements for 29th September at GWMH, with Barbara Robinson.
28th September 98	Mrs Mckenzie telephoned Trust Central Office to say she could not make the meeting on 29th September. She would arrange another date with her sister and telephone again.
2nd October 98	Letter from Max Millett, Chief Executive, to Mrs Lack and Mrs Mckenzie saying we are awaiting a further date from them for the planned meeting.
11th December 98	Telephone call from DC Madison of Gosport Police Station to say that the police have been asked by Mrs Mckenzie to investigate a charge of unlawful killing of Mrs Richards, by Dr Barton. Mrs Mckenzie says nourishment was not given via a drip, whilst syringe driver used.
22nd December 98	Dr Lord prepares a statement for the police on request regarding the care provided for Mrs Richards at GWMH. (Appendix C).
19th January 99	Letter from Max Millett, Chief Executive to DC Madison, enclosing report from Dr Lord.
24th February 99	Trust advised that case with the C.P.S

17th March 99	Message from DC Madison to say that the CPS had reviewed this case and that there was insufficient evidence to justify a prosecution.
7th October 99	Telephone message from DCI Ray Burt, to Max Millett stating that he will be writing soon about access to Gladys Richards records.
11th October 99	Max Millett, Chief Executive, receives a letter from DCI Burt to say that this police investigation has been re-opened.
19th October 99	Lesley Humphrey, Quality Manager has a telephone conversation with DCI Burt . Mrs Lack complained that the earlier police investigation was inadequate. On examination this had proved to be so. The police would now have to conduct a very thorough investigation; the charge would be unlawful killing.
27th October 99	Lesley Humphrey meets with DCI Burt, who explains the process to be followed
January/February 00	Medical records and police findings reviewed by Professor Livesey for the police.
Spring/Summer 00	Portsmouth HealthCare Trust staff assist police with investigations. Mrs Richards' medical records and x-rays are handed over to police. Dr Barton, Dr Lord and a number of nursing staff are interviewed by the police.
September 00	Professor Livesey again asked to review case notes.
January 01	Police case sent to the CPS for decision.
April 01	Press stories published about this police investigation. Nine other families approach the police with concerns about the death of a member of their family at GWMH.
June 01	DS John James takes over the case from DCI Ray Burt.
6th July 01	Letter from DS James to Max Millett, Chief Executive requesting the release of the health records of four other people who died at GWMH in 1998. Following the press stories and subsequent contact made with the police by members of these families the local police wish to undertake preliminary enquires into these four other cases but only to reassure themselves that there is no need for any further investigation.
20th July 01	CPS decide that there is insufficient evidence to proceed with Mrs Richards case. The case is closed.
8th August 01	Four sets of records collected from Trust Central Office by the police.

GOSPORT WAR MEMORIAL PERSONNEL

Dr Althea Lord	Consultant Gerontologist

Dr Jane Barton Clinical Assistant
(Local GP contract to work as clinical assistant 9 - 5, Monday to Friday. Out of Hours cover provided by Dr Barton's GP Practice on call system)

Dr Ian Reid, Consultant Gerontologist and Trust Medical Director

Staff Nurse Brewer Daedalus Ward ? Grade

Dr Briggs, GP providing out of hours cover, from Dr Barton's GP Practice

Dr Peter, GP providing out of hours cover, from Dr Barton's GP Practice

Sue Hutchings	Nursing Co-ordinator/acting Service Manager (covering annual leave)
Barbara Robinson	Service Manager

(1)

(1)

Ref Gladys Richards DOB **Code A**

Died 21-8-98 JMH

No Analgesia necessary

Tuesday 11th Aug Admitted from Haslar. Able to walk - painful

Wednesday 12 Dementia was read. Granddaughter - (Unwell off) so no funds etc could be given. Thought her hip was fine.

THURSday 13 Aug.

Seen to be in pain by Granddaughter. HRS Read 1.30 - 2.15pm

Brought to ward staff's attention. Thought to be dementia. HRS Read brought to the attention of the staff that Mum had

Hotter showing with pain, great pain in her hip (For your info. she is a qualified Nurse) LH.

(1) AV what time did HRS Richards fall?

(2) Who attended to her.

(3) who moved her and how.

(4) I arrived and saw my mother was in pain Anxious expression, weeping - calling out. I spoke to several trained and untrained staff. I was told - there is nothing wrong - it's her dementia A I asked had she seen a Doctor? I was then told she had fallen from her chair.

Could she be Xrayed? AV supper time while my mother was quiet and I was reasoning her some soup I was asked "Do you think your Mother is in pain?" by RGN doing the drug round. "Not at the moment while I'm feeding her? I said "Well you said she was in pain". "Yes" I said "she has been very uncomfortable" since I got here". "Do you think she has done some damage?" "No" she only fell on her bottom from the chair". I stayed Till 7.45pm My mother was in distress throughout.

At 9.30pm. I received a phone call from the ward. "When we put your Mother to bed she was in great pain and she may have done something. The Doctor feels its too late to send her to Haslar and our Xray unit is closed. We will give her Oramorph for the night to keep her pain free and Xray here in the morning."

(5) This was an avoidable delay. Why? Any lay person would have seen she was hurt - by the angle of her leg & thigh LH

FRIDAY 14th. I arrived as she was taken to Xray

(2)

She was deeply under with anamorph.
She was xrayed. The movement caused pain and I stayed with her to comfort her.
We returned to the ward. I was called in to the office by Philip - ward manager and DR Barton to be told - "Your worst fears of last night appear to be true We have rung Haslar and they have accepted her back."
We carried at Haslar late morning - mid day. She was expected. The ambulance was booked. He saw Helen in Casualty immediately. He then saw me. He showed me the Xrays and positioning limb - which I had seen - Q.W.H - 24 hrs from accident to admission and second emergency operation. Why? why no examination? why no xray? why no transfer?
(6)
She arrived at Haslar and within 1hr had a manipulation to put the hip back in the socket. From then she was pain free.
She did not regain consciousness fully 1am (15th) on Sat 15th due to amount of analgesia required for the procedure.
She was then catheterised so that there was no need to use slippa pa. She had a drip as she had had NIL BY MOUTH since before Xrays on 14th.
She remained pain free in full length leg splint both legs level and straight - shown to me by consultant. No analgesia was required - she was able to use a commode for the toilet and might have gone for transfer! She ate and drank and the drip was removed and the fluid balance was acceptable.
She progressed on Sunday and was easily manageable. She was seen early on Monday 17th when transfer back was recommended. I rang Haslar at 8.30am to be told she would be going A.M. I asked if I should come back to accompany her and they said "No need

(3)

She is fine". I went to G.W.H about 10.45am and was told the ambulance was due about midday I arrived back at 12.15 midday

On entering through the swing doors to the ward I heard my Mother screaming. On arrival to the room a care assistant said "You try feeding her I can't do it she is screaming all the time" My Mother had a starving anxious expression She was gripping her Rt thigh op site tightly. She uttered the words Do Something Do something the pain the pain - dont just stand there - I dont understand it the pain the pain sharp sharp — this is some adventure. A SRN came into the room at all the noise I moved the sheet and said look at the awful position she is in, she was lying awkwardly towards the left side with the full length splint not straight and the hips uneven. She cried in pain. I said to the RGN "can we please move her" We moved her together with our arms together under her lower back and the other under her thighs we placed her squarely on her buttocks and within minutes she stopped the screaming

(7) Why when returned to bed from the ambulance was her position not checked.?
why was the source of pain not sought?
From 1pm onwards the Charge Nurse Manager frequently checked my Mother. He acknowledged our concern. He acknowledged her obvious pain We asked for X rays We asked what had happened between leaving Haslar & arrival into her bed at G.W.H. It was acknowledged that "something" had happened

(14)

The charge nurse was concerned for her pain and analgesia was given 3 times before her admission at 6pm.

Phillip's ward manager agreed she needed Xray to establish if damage had been done as had occurred to the hip.

Xray Dept refused forms signed PP for the DR who was unavailable

An appointment for Xray was made for 3.45pm as the DR called was expected at about 3.15pm The charge Nurse did all he could to expedite this - keeping us informed and constantly checking Rothus obvious severe pain. He administered pain relief in readiness for the Xrays. He was courteous and attentive at all times.

DR Barton arrived and we left the room as asked She examined my Mother. She stated she did not think there was further dislocation but the Xray would go ahead. A review would be held later when Xrays had been seen

We went to Xray. My mother was in pain despite her pain relief. I was not allowed in with her as I was the previous week. I could hear her wailing through the doors while the Xray plates were put in place. We returned to the ward. We were told there was no dislocation but obviously something had happened. We were told she would be given Oramorph for the pain Lately through the night for pain relief and reviewed in the morning.

On Tues 18 we arrived on the ward and were told she had had a peaceful night. We were told that she had a massive haematoma causing pain at the Op si

(5)

and the plan of management was to use a syringe driver to ensure she was pain free and she would not suffer when she was washed - moved or changed shunt & all become inconvenient

The outcome of the use of a syringe driver was explained to us fully. We agreed

A little later Dr Barton appeared and confirmed that a haematoma was present and that this was the kindest way to treat her She also stated "and the next thing will be a chest infection". Totally insensitive to those already in the first stages of bereavment. Because the syringe driver was essential following the night of analgesics for pain - my mother of course would not now regain consciousness, speak, open her eyes to see us, or hear anything anymore. To us Mother as we know her is already gone.

(8) How was she brought from Hastings? was there an escort? was anyone in the back with her? til when did she start to show pain? what caused it? I request again to see the last X rays the when decisions were made to do nothing but allow to die painfree.

Answers to the numbered questions are sought in detail.

Trivial things added to our trauma. Her clothing already each's name tabs marked - had all gone the day after last admission for washing - despite my agreeing to do the washing daily.

Asking continually, to insisting today that Mother be allowed to wear her own clothes has resulted in them being brought by Taxi from St Marys 8 days later - still unmarked and all totally unnecessary. - as was a staff Nurse yesterday asking to take her day clothes away - "because we get them up here you know". Our reply was - Just look at her - she will not be getting up anywhere.

The contents and events in this report were in the majority witnessed by my elder sister Mrs Mackenzie.

Lesley Lees

Mrs. L. Lack,

Code A

MM/BM/YJM

22nd September, 1998

Code A

Dear Mrs. Lack,

I am writing further to my letter of 25th August, 1998 now that I have received the report from Mrs. Hutchings, who has been investigating all the matters you raised concerning the care provided for your mother, Mrs. G. Richards, prior to her death on Friday, 21st August, 1998.

I should like to reiterate how very sorry I am that your grief has been compounded by so many concerns, but that you for having taken the trouble to write, as this has resulted in a very thorough investigation, and given us the chance to explain and/or apologise for the problems you identified. It has also meant that staff have reviewed procedures and improvements are being implemented as a result.

I should like to respond to each of the points you made, using the numbering system from your notes.

1. At what time did Mrs. Richards fall?
   She fell at 1330 on Thursday, 13th August, 1998 although there was no witness to the fall.

2. Who attended her?
   She was attended by Staff Nurse Jenny Brewer and Health Care Support Worker Code A

3. Who moved her and how?
   Both members of staff did, using a hoist.

4. After the fall
Your mother had been given medicationi presecribed by Dr. Barton, who was present on the ward just after her fall. I understand that it was not your wish for your mother to be given stronger medication because it made her drowsy.

5. Why was there such a delay in dealing with the consequences of the fall?
With the benefit of hindsight it is possible to assume that your mother's dislocation could have been identified much earlier and we can now only apologise for that delay if that was the case. It is notoriously difficult to establish degrees of pain or discomfort in dementia sufferers, but staff now recognise that more attention should have been paid to your mother's signs of discomfort, and your own expressed concerns about that.

6. Why no x-ray? Why no transfer?
These delays were a direct result of the failure to identify a problem earlier in the day - because the x-ray department at Gosport War Memorial Hospital only operates from 9 a.m. to 5 p.m. I understand that you did appreciate this when it was discussed with you on the Thursday evening, and agreed with the advice that it would be best to defer a transfer to Haslar until an x-ray based diagnosis had been made. The transfer to Haslar was organised as soon as possible after the situation had been confirmed by x-ray, on the morning of Friday, 14th August, 1998. It is a matter of great regret that this delay occurred, and we accept and apologise for the fact that the standard of care fell below that which we aim to provide.

7. Why when she was returned to bed from the ambulance was her position not checked?
When your mother arrived on the ward two health care support workers saw her into bed and then went to inform Staff Nurse Couchman that your mother had arrived. They had realised there was a problem and that professional advice was needed. Staff Nurse Couchman came and checked her position, and I believe you assisted her in straightening your mother's leg and placing a pillow between her legs.

8. (a) How was she brought from Haslar?
She was brought by an ambulance with two crew.

(b) Was there an escort/anyone in the back with her?
There was no nurse escort - this would have been arranged by Haslar had it been thought necessary.

(c) When did she start to show pain and what caused it?
The ambulance crew commented that she showed signs of being in pain as she was put into the ambulance. The cause of the pain has not been specifically identified.

(d) Why was my request to see the x-rays denied?
The x-rays were seen in the x-ray department by the doctor and the consultant radiologist. The decision to keep x-rays in the department and not to send them to the ward rests with the consultant radiologist, not the ward staff, and your request may not have been relayed to the department.

(e) Decision to do nothing but provide pain relief?
Dr,. Barton felt that the family had been involved at this stage as she discussed the situation fully with you. She made sure you were aware that the surgical intervention necessary for the haematoma would have required a general anaesthetic and clearly your mother was not well enough for such a procedure to be undertaken. Therefore, the priority, and only realistic option, was to keep her pain-free and allow her to die peacefully, with dignity.

9. Clothing sent for marking despite being named already
As a result of previous problems the ward have adopted the practice of marking all patients clothing with the ward name - a procedure designed to help, which on this occasion, did the absolute opposite. The laundry marker at Gosport War Memorial Hospital had broken down, so your mother's clothes were sent to St. Mary's Hospital and meanwhile she was given hospital clothing. In attempting to meet your completely reasonable request for her own clothes to be returned, a taxi was authorised which in the event brought the clothes back - still only bearing your mother's name. Whilst, as you say, this was a trivial problem on the scale of the real issues, it was a quite ridiculous consequence of a well-intentioned policy which served to cause unlooked for stress. The process is being reviewed as a result of your complaint.

All the staff concerned with the care of your mother were deeply saddened at her experience, and sincere apologise are proffered to you and your sister for the problems which occurred, and the failure of the service to meet your very reasonable expectations. The only constructive aspect I can identify is that lessons have been learned and the experience will benefit future patients, although I fully appreciate that such benefits have little relevance to yourselves.

You may be aware that your sister, Mrs. McKenzie, has telephoned Mrs. Hutchings as she wishes to see this correspondence. I am writing to her to confirm that it is personal to you, although, of course, I hope that you will feel able to share it with her. If you unable to do this then she will need to raise a complaint of her own.

/continued - page 4

Should you wish to pursue the matter further my secretary would be very happy to arrange a meeting with Mrs. Barbara Robinson, Hospital Manager, at your convenience and I would be grateful if you could contact her on **Code A** within one month should you wish this.

Thank you once again for writing so comprehensively of your concerns.

Yours sincerely,

Max Millett
Chief Executive

Silent copy to: Mrs. B. Robinson
Mr. W. Hooper

Re- late Gladys Richards - DOB **Code A**

I am writing this in response to Lesley Humphrey's written request on 17th December 1998. I am the Consultant of Daedalus ward to which Mrs. Richards was admitted as a patient for NHS Continuing Care. She had been assessed at Haslar by Dr. Ian Reid who had also spoken to her 2 daughters. (Letter attached - *Note 1*). My wards rounds for the Continuing Care patients in Gosport are fortnightly on Mondays as I cover both Daedalus and Dryad wards. I was on Study leave on the 17th and 18th August 98. During her 2 short stays on Daedalus Ward (11/8 to 14./8 and 17/8 to 21/8) I did not attend to Mrs. Richards at all, nor did I have any contact with her daughters and hence the comments made are from what I have gathered from her medical, psychiatry and nursing notes, Sue Hutchings report, the sequence of events as documented by Mrs. Lesley Lack (Mrs. Richards' daughter) and from discussions with Philip Beed (Charge Nurse, Daedalus) and Dr. Jane Barton (Clinical Assistant). I have not had access to the Haslar records. The written complaint from Mrs. Lesley Lack, the documentation of the investigations and Sue Hutchings report of 11/9/98 were first made available to me on the 17th December 98.

In brief the sequence of events that affected Mrs. Gladys Richards -
30/7/98 - fall in Nursing Home, admitted to Halsar where she underwent a right hemiarthroplasty
11/8/98 - admitted to NHS Continuing Care Daedalus ward, GWMH - able to mobilise with frame and 2 persons
13/8/98 - fall on ward
14/8/98 - right hip x-rayed and subsequent transfer back to Haslar arranged. The same day s Closed hip relocation of right hip hemiarthroplasty was carried out under IV sedation. Nursing transfer letter states "rather unresponsive following the sedation"
17/8/98 - returned to Daedalus ward. On admission in pain and distress and was screaming loudly. She was given 5mg of Oramorph at 1 p.m. after discussion with a daughter who was present. A further Xray was arranged the same day and a dislocation excluded. This is also confirmed in the Radiologist's report.
18/8/98 - decision made following discussion with both daughters to commence a syringe driver containing Diamorphine. Mrs. Richards had required 45 mg Oramorph in a 24 hour period but seemed to be in considerable pain, discomfort and distress. This was reviewed and renewed daily till Mrs. Richards passed away on 21/8.

I have itemised my comments as follows:

1) **Use of Diamorphine via a Syringe Driver**
All the documentation available supports the fact that Mrs. Richards was in very severe pain and distress, screaming loudly on return to Daedalus ward on 17/8. An X-Ray that same day excluded a 2nd dislocation (confirmed by Radiologist's report) and it was decided by the medical and nursing staff that good pain control would be the aim of management.

As Mrs. Richards was demented, her pain control was discussed with one of her daughters who agreed that Oramorph (the oral liquid preparation of Morphine) was

given. This has a short action and needs to be administered 4 hourly for adequate pain control. Inspite of a substantial dose a day later, pain and distress was still a problem. Adequate nursing care was difficult to provide.

If someone is in considerable pain after having received regular Oramorph then the next step up the anaelgesic ladder is Diamorphine. The syringe driver was chosen as it delivers a continuous dose of Diamorphine over a 24 hour period, and hence 4 hourly injections are not required. It was also possible to add in Haloperidol 5 mg/24hours into the syringe driver. Mrs. Richards had been on this prior to her initial admission to Haslar. This was to treat agitation which had been a problem in the Nursing Home and occasionally at night on Daedalus Ward. Due to her underlying dementia, and inability to communicate fully, her distress could have been due to an element of anxiety and hence Midazolam was added to the syringe driver as an anxiolytic.

The above anaelgesia and sedation was considered necessary for Mrs. Richards to keep her comfortable and aimed at addressing pain, anxiety and agitation.

2) **Decision not to start intravenous fluids.**

Having established with Mrs. Richards daughters that she required opiates for pain control, we were now in the situation of providing palliative care. Basic nursing care, including mouth care was not possible as Mrs. Richards could not understand and comply with requests and was also in considerable distress. In this instance parenteral fluids are often not used as they do not siginificantly alter the outcome. If this is necessary in order to keep the mouth dry and skin hydrated, it is done by the subcutaneous route only on NHS continuing care wards. Patients requiring intravenous fluids would need to be transferred to an acute bed at Haslar or QA. Mrs. Richards was 91 years of age, frail, confused and had been twice to Halsar for surgical procedures and hence a 3rd transfer back for intravenous fluids only would not have been appropriate. I do not feel that the lack of intravenous fluids for the 4 days that Mrs. Richards was on a syringe driver significantly altered the outcome.

The concern about the lack of intravenous fluids was not raised by either daughter on Daedalus ward prior to her death and isn't included in Mrs. Lacks' written comments/questions.

3) **What was agreed with Mrs. Lack and Mrs. McKenzie**

The administration of the 1st dose of Oramorph on 17/8 was discussed and agreed with a daughter prior to it being administered. Consent was obtained for the doses to be repeated to ensure adequate anaelgesia.. The administration of subcutaneous morphine via a syringe driver was discussed on 18/8 and agreed by both daughters. Both these discussions were carried out by C/N Philip Beed.

Code A

Dr.A.Lord, Consultant Geriatrician
22/12/98

TC1 Daedalus Ward 11.8.98

PORTSMOUTH
HealthCare
NHS
TRUST

NOTE 1

DR R I REID, FRCP
CONSULTANT GERIATRICIAN

Elderly Medicine
Queen Alexandra Hospital
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Code A

RIR/BJG/WVTQ130407

5th August 1998

Surgeon Commander M Scott
The Royal Hospital Haslar
Gosport
Hants

Dear Surgeon Commander Scott

RE: WARD VISIT - E6 WARD HASLAR
Gladys RICHARDS - DOB Code A
HA: GLENHEATHERS NURSING HOME, LEE-ON-SOLENT, HANTS

Thank you for referring Mrs Richards whom I saw on Ward E6 at Haslar Hospital on 3rd August.

Fortunately two of her daughters were present when I visited so I was able to obtain information from them, about Mrs Richards pre-morbid health. It would appear that Mrs Richards has been confused for some years but was mobile in her nursing home until around Christmas 1997 when she sustained a fall. She started to become increasingly noisy. She was seen by Dr Banks whom presumably felt she was depressed as well as suffering from a dementing illness. She has been on treatment with Haloperidol and Trazodone. According to her daughters she has been "knocked off" by this medication for months and has not spoken to them for some six to seven months. Her mobility has also deteriorated during that time and when unsupervised she has a tendency to get up and fall. In the last such incident she sustained a fracture to the neck of her right femur, for which she has had a hemi-arthroplasty. I believe that she is usually continent of urine but has had occasional episodes of faecal incontinence.

Since her operation she has been catheterised. She has had occasional faecal incontinence and has been noisy at times. She has been continued on Haloperidol, her Trazodone has been omitted. According to her daughters it would seem that since her Trazodone has been omitted she has been much brighter mentally and has been speaking to them at times.

contd.....

D

Gladys RICHARDS

When I saw Mrs Richards she was clearly confused and unable to give any coherent history. However she was pleasant and cooperative. She was able to move her left leg quite freely and although not able to actively lift her extended right leg from the bed, she appeared to have a little discomfort on passive movement of the right hip. I understand that she has been sitting out in a chair and I think that, despite her dementia, she should be given the opportunity to try to re-mobilise. I will arrange for her transfer to Gosport War Memorial Hospital. I understand that her daughters intend to give up the place in Glenheathers Nursing Home as they have been unhappy with the care, but would be happy to arrange care in another nursing home.

Yours sincerely

DR R I REID, FRCP
Consultant Physician in Geriatrics

cc. Dr J H Bassett
Lee-on-Solent Health Centre
Manor Way
Lee-on-Solent
Hampshire

22nd December 98.

Dear Lesley,

In addition to the 2 pages of the requested report on the late Gladys Richards I have 2 further comments to make, and would value a written reply to these from yourself, Barbara Robinson and Bill Hooper.

1)**"Review agreed 'policy' of medical consultant team not to transfer patients to Accident and Emergency, Haslar outside of working hours (i.e. G.W.M.H. X-Ray Department)"** This statement is taken from Sue Hutchings signed CONCLUSION of 11/9/98. Copy attached - *Note 2.*

This statement is false. I am the sole member of the medical consultant team for NHS Continuing Care at GWMH at present. Neither I or any of my predecessors have recommended such a policy. There is no written policy regarding transfer of patients to A & E at Haslar. If there is one as mentioned I would be grateful for a copy as I have not been able to find one either at QAH or Gosport. It is expected that anyone suspected of a fracture or dislocation is sent to the nearest A & E department and if there is a reason for not doing so this is documented in the notes.

Further I was not consulted about this complaint in August or September. Inspite of a statement that is an insult to my professional integrity I find out by chance on the 18th December - more than 3 months after it was written. Why?

At no point was either myself or the duty Consultant Geriatrician involved in making the decision not to transfer Mrs. Richards to Haslar on the night of 13/8. I attach a Memo (*Note 3*) that has gone out to Daedalus and Dryad wards, Dr. Jane Barton, Dr. A. Knapman so that appropriate action can be taken if similar events occur over the Christmas and New Year weekends. This memo contains temporary guidelines of what should be done in the event of a suspected fracture or dislocation and hasn't been agreed by the medical or nursing staff on Deadalus and Dryad wards yet. I will discuss this further with Mrs. N. Pendleton and Consultant Colleagues so that a suitable policy could be circulated to all NHS Continuing Care Wards of the department.

2) There seems to be discrepancy in the way in which complaints are handled at QAH and GWMH. If there is a compliant on the acute ward at QAH, Nicky Pendleton sends me a copy as soon as it arrives requesting a response and then sends me a copy of the final statement before it is sent out to the complainant. This is not the case in Gosport and I'm writing to request that the system that is and always has been operational in QAH is carried out in Gosport and hope that this will happen with immediate effect.

Sincerely,

Code A

Althea Lord
Consultant Geriatrician

copies:
Barbara Robinson
Bill Hooper
Nicky Pendleton

NOTE 2.

CONCLUSION

Mrs. Richards did fall from her chair on 13.08.98 but this was not witnessed by anyone. The trained nurse on duty at the time did check her for injuries and there did not appear to be any. Therefore, Mrs. Richards was put into another chair with a table to help prevent reoccurrence. Unfortunately, on that day the Ward was exceptionally busy and low in numbers of trained staff, although patient care did not suffer - only the stress level of the one trained nurse. Mrs. Lack stayed with her mother until early evening and was asked if she felt her mother to be in pain. Mrs. Lack did not feel her mother was. Mrs. Lack was then asked if she would like her mother to be put to bed. She replied "No rush".

Once S/N Brewer put Mrs. Richards on the bed, using a hoist, she noticed the angle of the hip and immediately phoned the Duty Doctor. Medical opinion was not to transfer to x-ray until the following day.

When did dislocation occur, i.e. when she fell? or when hoist was used?- unable to define.

Once x-rays confirmed dislocation, transfer to Accident and Emergency at Haslar was arranged - as appropriate.

In view of Mrs. Richards' previous fracture I feel she should have been transferred to Haslar the night before and that S/N Brewer should have insisted on this when contacting the Duty Doctor. S/N Brewer did agree with the Doctor that transferring Mrs. Richards at that time, i.e. 8.30 p.m. - 9.00 p.m. would have been too traumatic for Mrs. Richards. You could argue, due to Mrs. Richards's dementia, would she have been aware of the time?

Haslar Hospital were responsible for organising transport to transfer Mrs. Richards back to Daedalus Ward. It appears they booked Main Line Ambulance Services who were not happy about transferring Mrs. Richards without a canvas to lie her on. Haslar apologised and gave them two sheets instead. The Ambulance Crew confirmed to the nursing staff that Mrs. Richards began crying/screaming immediately they put her into the ambulance. They were given instructions to keep her flat. This may have been the cause of Mrs. Richards' distress or pain due to the transfer from bed to trolley to bed at Daedalus.

A nurse escort did not accompany Mrs. Richards. Unable to confirm the position Mrs. Richards was in in the ambulance, but once in bed it was noted her leg was not straight but at an angle. This would have caused some considerable discomfort. Once her (right) leg was straightened, within a few minutes of arrival she stopped crying out.

Once further x-rays confirmed no further dislocation, medical, nursing and family were involved in making the decision of how to treat Mrs. Richards - in view of Mrs. Richards age of 91 years. Agreement was made that she must be kept free of pain, therefore syringe driver was put in situ to ensure continual pain relief, the outcome of which was explained fully to both daughters.

Sadly, Mrs. Richards last few days and her death were not how her daughters had hoped her end would be, i.e. she did not regain consciousness and they felt they could not say "goodbye". The nursing staff were very aware of this and tried to involve the family as much as possible. Regarding the "trivia" part of the complaint, i.e. clothing being sent away for marking. It is policy on Daedalus Ward for all patient's clothing to be marked with the Ward name. This decision has been made in the light of complaints from relatives whose clothing has disappeared. This includes clothing of patients whose relatives agree to their laundry. It is a safeguard in case an article of clothing is put into the Hospital Laundry Bag by mistake. Unfortunately, at the time Mrs. Richards was admitted the marking machine at G.W.M.H. was broken so the laundry lady sent it to St. Mary's for marking but failed to inform the Ward of this. Steps have now been taken to ensure Wards are kept informed.

The nursing staff are sorry that this added to the stress the family were already suffering. As a result of this investigation an action plan will be recommended by myself to ensure we reduce the risk of further complaints of this nature.

RECOMMENDED ACTION PLAN (to be agreed with Service Manager)

1. Review agreed "policy" of medical consultant team not to transfer patients to Accident and Emergency, Haslar outside of working hours (i.e. G.W.M.H. X-Ray Dept.).

2. Review nursing records and documentation.

3. Further training on records and documentation for all staff.

4. Review marking of clothing "policy".

Code A

11/9/98

NOTE 3

URGENT - FOR THE NOTICE OF ALL MEDICAL AND NURSING STAFF

DAEDALUS AND DRYAD WARDS
GOSPORT WAR MEMORIAL HOSPITAL

In the event of a **suspected fracture and/or dislocation** in a patient on the ward the following must be adhered to:

1) Ensure the patient is comfortable and pain free.
2) Call out Dr. Jane Barton or the duty doctor.
3) If after a medical examination a fracture and/or dislocation cannot be confidently excluded an urgent X-Ray must be arranged as soon as is possible. If this is not possible at GWMH, the patient must be transferred to the nearest A&E Department irrespective of the time of day.
4) If for any reason this is not done (eg: in someone who is for palliative care) this must be discussed with the next-of-kin and documented in the medical and nursing notes.
5) If there is any concern about making the right decision the duty Geriatrician should be contacted via QA switchboard.

If there is any problem with carrying this out please let me know.

Code A

Dr. Althea Lord
Consultant Geriatrician
20.12.98.

Circulation:
- Dr. Jane Barton, Clinical Assitant
- Dr. A.Knapman and partners
- Sr. G. Hamblin, Dryad Ward
- Philip Beed, C/N Daedalus Ward
- Lesley Humphrey, Quality Manager, Portsmouth HealthCare Trust