

Portsmouth Health Care NHS Trust

Received

15 SEP 2000

General Manager, Fareham / Gosport

Code A

MM/LH/YJM

14 September 2000

Code ADear **Code A**

Further to my letter of 11th August, 2000 I am now able to reply more fully to your letter detailing your concerns about the care provided for your late mother, **Code A** on Sultan Ward, Gosport War Memorial Hospital. Before I do so, however, I think I should first explain the care arrangements on Sultan Ward.

Gosport War Memorial Hospital is one of the community hospitals run by Portsmouth HealthCare Trust; community hospitals do not provide acute care. Sultan is one of the "general practitioner" wards; this means that the medical care is provided by the patient's own general practitioner whilst the nursing care is provided by nurses who are employed by Portsmouth HealthCare Trust. **Code A**'s general practitioner, Dr. Knapman, has helped us explore the answers to your questions.

Code A was admitted to Sultan Ward as an emergency under the care of Dr. Knapman on 27th April this year. Her past medical history included lymphatic leukaemia (diagnosed in April 1998) and in November 1998 she had suffered a myocardial infarction (heart attack). She was on the waiting list for a triple heart bypass operation but this plan was suspended in March 2000 because of her poor health. She was also seeing two consultants because of a skin condition and a husky voice.

I shall now reply to your specific questions in the order they were posed in your letter.

1. Why was **Code A** admitted to Sultan Ward?

On admission your mother was noted to be suffering from weakness, exhaustion, depression, and a reduced appetite. For eight days prior to admission she had been suffering from diarrhoea and vomiting, perhaps caused by a recent course of chemotherapy.

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We understand that Dr. Knapman admitted [Code A] for two weeks respite care because she was weak and she and your father were finding it difficult to cope at home. In Dr. Knapman's medical opinion [Code A] did not need acute medical care at that stage. Had he thought otherwise he would have arranged admission directly to an acute ward in another hospital. Dr. Knapman understood both your mother and your father to be happy with admission to Sultan Ward.

In your letter you mention that a nurse commented about watching your parents together and the effect on your mother. We have been unable to identify the nurse concerned; however, we consider communication with relatives as a key part of the care provided. We would like to apologise for any occasion when you were unable to get answers to your questions, or when any tactless comments were made.

2. Why was [Code A] left so long not eating or drinking?

A nutritional assessment was completed on admission which identified [Code A] as being at risk. A care plan to increase and monitor what she was eating and drinking was developed and implemented. All the nursing staff were aware of the situation and did their best to encourage [Code A] but she remained reluctant to take much fluid or food. I understand that staff suggested to you or your sisters that you could bring something in from home which might prove more tempting to your mother.

It seems that Dr. Knapman was well aware of [Code A]'s poor intake, and that the nursing staff did their best to encourage her to eat and drink. However, she remained reluctant and only took small amounts. It is clear from the nursing records and from information provided by the nursing staff that [Code A]'s intake of fluid and food was regularly monitored, and that she was passing reasonable volumes of unconcentrated urine. Her ability and desire to eat and drink remained poor; however we found no evidence of dehydration and when he visited on 4th May, 2000 Dr. Green noted that her weight was stable.

3. Why did it take so long before [Code A] was moved to a suitable ward?

[Code A] was admitted to Sultan Ward because Dr. Knapman felt it suited her needs. He continued to monitor her condition and presumably was happy with the situation until she collapsed on Friday, 5th May, 2000.

Dr. Green [Code A]'s consultant haematologist, visited her on the ward on Thursday, 4th May, 2000 as she had had an outpatient appointment for that day. In the notes he recorded that: she was miserable and not eating, was complaining of diarrhoea and vomiting, there was no weight loss, and thought she might be depressed. He arranged for an x-ray of her spine and made a referral to physiotherapy for an assessment of her severe back pain. He made no suggestion that we are aware of that [Code A] condition warranted transfer to an acute ward.

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The nursing notes do record that your family expressed concern on Thursday, 4th May, 2000 that your mother's condition was not improving and that you attempted to contact Dr. Knapman. There is also a suggestion that your father spoke to Portsmouth Hospitals Trust about transfer but we are unclear about this. Other than a drop in her blood pressure on 1st May, 2000 (which was brought to the attention of another general practitioner who was on call), the nursing staff had no particular concern about Mrs. Windsor's condition until the morning of Friday, 5th May, 2000.

4. Why, when she was so ill, did it take from morning to late afternoon before

Code A was moved to St. Mary's?

Early on the morning of 5th May, 2000 Code A complained of feeling unwell and asked for your father to be called in. At 10.30 a.m. the nurses were very concerned about her condition and called Dr. Knapman. He visited the ward at 11.50 a.m. - in the meantime the nursing staff provided the appropriate care.

It was at this stage that Dr. Knapman decided Code A needed specialist care and arranged her transfer to St. Mary's Hospital, under the care of B2 Ward of Portsmouth Hospitals Trust.

Transfer could not take place until almost six o'clock that same evening, because Portsmouth Hospitals Trust did not have a bed available until that time. The nursing records show that the clinical manager at Gosport War Memorial Hospital made regular calls to the Portsmouth Hospitals Trust bed bureau to check the situation throughout the day. As soon as a bed was available a paramedical ambulance was arranged and transfer took place immediately.

The nursing staff did their best in caring for your mother and when her condition deteriorated they acted swiftly and appropriately.

Many of your concerns seem to relate specifically to the decision to admit your mother to Sultan Ward, and then whether she should have been transferred to an acute hospital bed at an earlier stage. We have done our best to answer your questions here. If it would help you we could arrange for you to meet with Dr. Knapman and someone from the nursing team to talk through your concerns. If you would like me to take any further action please let me know within one month.

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The last few weeks of your mother's life must have been traumatic and painful for you all. Whilst we are confident that our staff provided appropriate nursing care we can understand your distress about your mother's sudden deterioration and then her death. We are sorry that we were not able to offer you more reassurance at the time, and for the distress that you are left with. This will be a sad and difficult time for you and your family and we would like to offer our condolences at your sad loss.

Yours sincerely,

Code A

Max Millett
Chief Executive

Silent copy to: Mrs. F. Cameron