PORTSMOUTH HealthCare NHS TRUST

INVESTIGATION INTO COMPLAINT REGARDING THE CARE OF Code A WHILST A PATIENT ON SULTAN WARD FROM 27TH APRIL, 2000 - 5TH MAY, 2000.

SECTION A

INTRODUCTION

A written complaint (undated) was received at Trust Central Office on 11th August, 2000 from Code A r, regarding the nursing and medical care her mother received while a patient on Sultan Ward, Gosport War Memorial Hospital from 27th April, 2000 to 5th May, 2000 (see Appendix 2).

This complaint was considered to need further investigation so I was commissioned by Mrs. Jan peach, Service Manager, on 14th August, 2000 to be the Investigating Officer and complete a report within the agreed timescale of four weeks. Due to impending annual leave this has had to be completed in fourteen working days.

Code A r asked for answers to four points:-

1. **The reason why her mother was admitted to Sultan Ward who, in the opinion of Code A was medically ill with heart problems and leukaemia.**

2. **Why her mother was left so long not eating or drinking.**

3. **Why it took so long for her mother to be moved to a suitable medical ward.**

4. **Why it took from a.m. until late p.m. for her mother to be moved to St. Mary's Hospital.**

The following report attempts to either substantiate the concerns raised or exonerate the Staff of Sultan Ward.

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SECTION B

BACKGROUND

Mrs. Norma Windsor, 68 years old, was admitted to Sultan Ward, G.W.M.H. by her General Practitioner, Dr. A.C. Knapman for two weeks respite care. Mrs. Windsor was admitted as an emergency on 27th April, 2000.

The Nursing Staff had been informed by Dr. Knapman that Code A r was suffering from weakness, exhaustion, depression and reduced appetite. Past medical history included:-

- Chronic Lymphatic Leukaemia - diagnosed April 1998.
- Myocardial Infarction - November 1998 (awaiting a triple by-pass but due to Leukaemia was suspended from waiting list 31st March, 2000).
- Dermatological condition - under consultant Dr. C.I. Cook.
- Husky Voice - under consultant Mr. A. Resouly.

Code A had multiple physical conditions. Recent chemotherapy had caused her to suffer from diarrhoea and vomiting. This caused problems at home and her husband found this difficult to cope with so Dr. Knapman arranged the admission to release the stress and tension within the home.

Sultan Ward is a 24 bedded G.P. Unit for patients of 65 years and over, although patients younger than this are admitted for palliative care.

Two members of staff were on long term sick leave plus the usual allocation of annual leave.

During the month of May there were 37 admissions - this included a high number of palliative care patients.

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SECTION C

CONCERN NO. 1

Why was Code A admitted to Sultan Ward when she was medically ill with heart problems and Leukaemia (Code A opinion of her mother's condition)?

Response

1. Dr. Knapman confirmed that his medical opinion was that Code A was not ill enough to go into an acute hospital bed. She had also had diarrhoea and vomiting for eight days prior to admission which would have necessitated her to be admitted for isolation which he felt a bed would not have been available.

2. Dr. Knapman confirmed both Code A were happy to be admitted to G.W.M.H. Code A stated during interview that her mother did not want to be admitted to G.W.M.H. as her own mother had died there.

3. The information Ward Staff were given regarding reasons for admission by Dr. Knapman was:-

   3.1. Code A was suffering from depression.

   3.2. Code A was suffering from chronic lymphatic leukaemia.

   3.3. Code A was awaiting a triple heart by-pass (although Dr. Knapman was aware that Code A had been suspended from the waiting list).

   3.4. Code A were not coping at home.

   Based on this information it was agreed that Code A met the criteria for admission to Sultan Ward - a G.P. bedded unit.

4. On 3rd May, 20900 Code A was seen on the Ward by Dr. P. Green, Consultant Haematologist, as she had an outpatient appointment that day. He noted she was:-

   - "Miserable - not eating"
   - She complained of diarrhoea and vomiting
   - No loss of weight
   - Overall cause could be ??depression

   Dr. Green arranged for an x-ray of her spine and made a referral to Physio for an assessment of Code A severe back pain.

   The medical notes written by Dr. Green did not make any suggestion that Mrs. Windsor should be transferred.

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CONCERN NO. 2

Why was Code A was left for long periods without eating or drinking?

Response

1. A nutritional assessment was completed on admission and the score indicated Code A was "At Risk", therefore, a Care Plan was written to increase nutritional intake. The Care Plan also identified:-

   - Complete food/fluid chart for 48 hours.
   - Offer supplements if necessary.

   The food and fluid chart was discontinued on G.P.'s instruction within 24 hours of admission.

2. All Staff interviewed were aware of the need to encourage food and fluids.

3. Nursing Care Plan for Nutrition confirms Staff awareness to encourage food and fluids but it also confirms the reluctance by Code A to comply - only taking "sips of fluid", "¼ slice of bread and butter" and her dislike of food supplement "Ensure" as she thought it was causing an adverse reaction on her bowels.

4. All Nursing Staff interviewed were questioned about giving Code A food and fluids. Their statements confirm the difficulty they had in persuading her to try something. It is also noted that at least two members of staff suggested to one of Mrs. Windsor's Code A daughters they could bring in anything that might tempt their mother to eat. This same daughter asked the Staff to be more "insistent" with her mother regarding eating and mobilising and said she "would arrange with the family to visit over the weekend to support the Staff and encourage their mother".

5. The food and fluid chart has not been traced, either in G.W.M.H. Notes or P.H.T. Medical Notes. An explanation may be that the G.P. instructed Staff to stop the chart before it had been issued as the recording of intake may have caused more anxiety for Code A

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CONCERN NO. 3

Why did it take so long before Code A was moved to a suitable bed?

Response

1. Code A 's blood pressure had been low since admission and on 1st May, 2000 Dr. Peters was informed it had dropped to 74/40 at 0600 hrs and 90/60 at 1000 hrs. He ordered 50 mgs of Atenolol instead of 100 mgs. On 2nd May, 2000 Dr. Knapman discontinued the drug as Code A 's blood pressure remained low, he also changed her analgesia for her back pain to Co-proxamol.

2. Code A was seen by Haematological Consultant, Dr. P. Green on 3rd May, 2000. No evidence in medical notes to sugges Code A should be transferred.

3. On 4th May, 2000 Nursing Notes confirm telephone conversation with daughter Code A who expressed concern on behalf of the family saying that [redacted] was not improving and asked for a transfer to a medical bed. Code A was advised by Staff Nurse Hannan that she should speak to Dr. Knapman.

   Code A interview statement confirmed that her father was angry and made numerous phone calls to Portsmouth Hospitals, including Senior Management, to try and get his wife moved. Meanwhile, Code A 's sister kept phoning Dr. Knapman at the surgery.

4. Medical notes cannot confirm if Dr. Knapman visited Code A on 4th May, 2000.

5. Nursing Notes confirm that Dr. Knapman was requested to make an "urgent visit" on 5th May, 2000 at 1030 hrs due to inaudible blood pressure and general collapse of Code A Oxygen was administered by Nursing Staff - Code A r and Code A were present. Dr. Knapman did not arrive until 1150 hrs despite a request for an "urgent visit" (Nursing Staff stated this is not an uncommon occurrence if they have problems during surgery hours).

   The medical notes written by Dr. Knapman on 5th May, 2000 confirm Code A was suffering from hypotension. He admitted she needed "specialist care" and there was "considerable relative concern". Dr. Knapman arranged transfer to St. Mary's Hospital.

6. Nursing Notes confirm Code A would be transferred when a bed was available.

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SECTION F

CONCERN NO. 4

Why did it take from a.m. to late p.m. for M Code A to be moved to St. Mary's?

Response

1. Nursing Notes 5th May, 2000 confirm the difficulty in obtaining a medical bed.

2. Ann Haste, Clinical Manager, telephoned the bed bureau every two hours from 1400 hrs until 1739 hrs when a bed was available on B2 S.M.G.H.

3. Throughout this time Ann Haste, Clinical Manager, confirmed in her statement she kept M Code A informed of the cause of the delay.

4. Once the bed was confirmed Ann Haste arranged for transport with a Trained Paramedic to transfer Code A to B2 S.M.G.H. Code A accompanied M Code A in the ambulance.

   Ann Haste stated the transport arrived very quickly as she had told ambulance control if they were unable to respond she would have to "blue light", i.e. dial 999.

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SECTION G

SUMMARY OF CONCERNS 1 - 4

Code A 's complaint highlights four areas of concern during her interview. informed me of two other concerns - one was noted in her letter the other not. this report has attempted to answer all concerns.

I have not been able to identify the member of staff who allegedly made the comment "We have watched how she gets on with her husband and he is making her low".

The other concern not mentioned in the letter related to Code A alleged comment to her daughter that she had to share a commode at night. Night Staff confirmed they did not have enough commodes, i.e. 24 for every patient to have their won, so prioritised the patients so that patients unable to get out of bed and walk to the toilet would have a commode. During the first few days of admission Staff were encouraging Mrs. Windsor to walk to the toilet with assistance but if she had stated she did not feel well enough a commode would have been offered.

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SECTION H

CONCLUSION

My overall conclusions following this investigation are:-

1. The decision to admit to Sultan Ward was made by Dr. Knapman using his medical expertise in consultation with Code A

   On the information given to Sultan Ward Staff by Dr. Knapman they offered a bed and accepted the "emergency respite care" admission. Mrs. Windsor was seen by Consultant Haematologist six days after admission. The medical notes conform her current problems but he did not suggest/advise transfer to an acute medical bed.

2. The Nursing Care Plans and Nursing Summary confirm the need to improve food and fluid intake. A Nutritional Assessment was also completed identifying Code A score as "At Risk". Intervention included:-

   - Weekly weighing }
   - Food and fluid chart for 48 hrs } Implemented
   - Advice to patient on food choices } 27.04.00
   - Offer supplements when required }

   The Food and Fluid Chart were discontinued less than 48 hours on Dr. Knapman's advice (documented in Care Plan Evaluation) - Appendix 2. As the Food and Fluid Chart cannot be found the Named Nurse, S S/N Katie Mann, thinks it may not have been started.

   It is evident from all the Nursing Staff interviewed they were aware of the need to encourage Code A to eat/drink. The Care Plan for Nutrition (Appendix 2) supports this with numerous entries stating Code A reluctance to take food/fluids. The family were asked to bring in anything (provided it did not have to be cooked) that might tempt Code A to eat or drink. Nursing Notes (Summary) also confirm a conversation with one daughter re Code A reluctance to be more "insistent" with her mother.

   The H.C.S.W. Staff interviewed confirmed they report to Trained Staff any patient who has not eaten any/part of a meal. The Domestics do not remove trays from patients that are having food/fluid intake monitored.

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I can confirm that the H.C.S.W.'s do report to Trained Staff any patient that has not eaten or drunk anything. Food supplement, Ensure, was offered and Staff also tried to tempt Mrs. Windsor with other food alternatives, i.e. soup/toast/ice cream. During a telephone conversation with Dr. Knapman he confirmed that Nurses were aware of the "fluid problem and low blood pressure".

I therefore cannot find any evidence to substantiate Miss Windsor's complaint that her mother was left for long period without food or fluids.

3. The length of time taken before Code A was transferred was from 1150 hrs to 1739 hrs on 5th May, 2000 (5½ hours approximately). The cause of the delay was the unavailability of a medical bed.

The Nursing Notes confirm that the Bed Bureau was contacted by the Clinical Manager of Sultan Ward every 2 hours until a bed was found on B2 S.M.G.H. at 1739 hrs.

Code A were kept informed of the problems (notes do not identify which daughter - Mrs. Windsor had 3 daughters - but the letter of complaint written by Code A indicates she was present on 5th May, 2000).

Following my interview with Code A I believe her concern regarding transfer started from the day of admission. She felt her mother should have been admitted to an acute medical bed where investigations would have been carried out and problems, i.e. renal/liver failure may have been identified sooner, although Miss Windsor does accept the outcome may have been the same.

Code A s interview also highlighted her feelings re Dr. Knapman's approach to her and her family was not justified. I explained it was not my remit to investigate the G.P.'s attitude/medical decision but he would be asked to respond to the concerns she had raised. To date (30th August, 2000) only a verbal response has been received with a promise of a written response to follow shortly (see Appendix Telephone Transcript 25.08.00).

Dr. Knapman has attempted to explain why he felt he needed to talk to Code A re her mother being removed from the heart by-pass waiting list. He had not met her before, but he was aware that Code A had taken the decision to remove her from the list very badly and he wanted the opportunity to explain.

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SECTION H

CONCLUSION

The investigation has identified Code A did have low blood pressure on admission and was depressed. Therefore, the Nursing Staff did not become alarmed until:-

- 1st May, 2000 when her blood pressure went down. G.P. Dr. Peters was informed and medication was reduced.
- 2nd May, 2000 - low blood pressure continued. Despite reduction in medication Dr. Knapman discontinued medication.
- 4th May, 2000 - seen by Consultant Haematologist. Only x-ray ordered and referral to Physio for assessment of back pain.
- 5th May, 2000 - Nursing Notes confirm patient feeling unwell at 0503 hrs and at 1030 hrs. First signs of collapse are present, i.e. thin, thready pulse, inaudible blood pressure, short of breath. The G.P. requested to make urgent visit but does not arrive until 1150 hrs. O_2 administered by Nursing Staff.

Code A was contacted by Night Staff on the morning of 5th May, 2000 at 0710 hrs at his wife's request. He and one of his daughters came to Sultan Ward sometime after 0800 hrs, therefore, were present at the time of Mrs. Windsor's collapse. As the G.P. did not arrive until 1150 hrs and actual transfer did not take place until after 1739 hrs - it must have appeared a very long time.

The Ambulance Service did respond very quickly once the call was made by the Clinical Manager who stated she would "blue light" Mrs. Windsor if they could hot attend immediately. A Trained Crew, i.e. paramedics attended. Mr. Windsor also accompanied his wife in the ambulance.

I feel the response to Concern No. 4 is the same as Concern No. 3.

I cannot agree with Code A s statement that "someone failed to do their job correctly" but I do suspect that if medical investigations, i.e. blood test had been authorised this may have indicated problems with kidney and liver functions and identified the need for transfer earlier.

Once Nursing Staff were aware of the collapse of Code A they acted appropriately.

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Dr. Knapman took 1½ hours to respond to the request for an "urgent visit". According to Nursing Staff this is not an uncommon problem if they require a G.P. during surgery hours.

If Dr. Knapman had visited immediately the problem regarding the availability of a medical bed would have been the same, therefore, admission would not have taken place any sooner.

The answer to the question Code A asked during interview re admission to Sultan Ward instead of an acute medical is difficult to determine as Dr. Knapman did not consider Code A "ill enough" to take an acute medical bed on the day of admission despite suffering from enteritis for 8 days.

Code A

Investigating Officer
31/8/00

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SECTION I

SUMMARY OF CONCLUSION

1. From information received and Dr. Knapman's medical opinion he felt Code A s admission to Sultan Ward appropriate.

   Code A was also seen while an in-patient by the Consultant Haematologist - no transfer to an acute bed noted.

2. From interview statements evidence in Care Plan and Nursing Notes all Staff were aware of the need to encourage food and fluids. The evidence supports Code A was offered food/fluids and alternatives, i.e. food supplements but often refused. Discussion did take place with the family regarding bringing in anything that may tempt Code A o eat.

3. The transfer to an acute medical bed did take five and a half hours once Dr. Knapman visite Code A and made the decision she needed more specialist care.

   The length of time taken was caused by the shortage of medical beds. The Nursing Notes confirm 2 hourly telephone calls by the Clinical Manager to try and obtain a bed. This was beyond Dr. Knapman's and Nursing Staff's control.

4. Once a bed was identified ambulance transport was arranged very quickly with a Trained Paramedic Crew.

   The Clinical Manager confirmed she kept the family informed of the reason for the delay in transfer, i.e. no bed.

   The other issued raised during the interview with Code A have been attempted to be answered in the full conclusion.

Code A

Investigating Officer
12/00