Given to Lesley back for comments. None given except paragraph 9. — not adequate. 9

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.

2 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**

3 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.

4 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.

4

increased dose after X-ray.

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.

5

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

6

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.

7

8

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**

THIS INFO IS NOT Correct

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.

9

DRUG given earlier see note (Hospital 11/12·9

Code A

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

Dr. Ladd's Report. given [redacted] after request from [redacted] Report CID.
Not an independent opinion. How did he CPS originally accept it?

Para. 1.
How is it that my mother's named consultant Dr. Ladd was unaware of Lesley Humphries Report for Mr. Mullett. Parkinson Healthcare Trust until her request on the 17 December. This paragraph is a Defence. 'Discussions with Philip Reed.' and Barker. ~~Does~~ has not had access to Harlan records' Surely she should have been aware of the Report and complaint before the 17 December 1998 when she were he named consultant, in charge of the ward and the complaint concerned two of her own staff, Charge Nurse Reed and clinical Assistant Dr. Jane Barker. The behaviour of those two members of staff were ultimately under her supervision.

Para 2.
No comments on the fact on 13/8/98 or Drugs written up on answer 11/8/98 or Barker's comments 'Quite happy to Nursing staff to confirm death.' Obviously in defence of Barker. I have commented on P30 of 71H. rather unresponsive following sedation. Ward should have understood why. I was the daughter present at 1pm. Reed did not give her diamorph. It was an injection. See my statement. 2 queries when he came in with an injection of diamorphine which I would not allow. When he came in again with an injection I assumed it was not diamorphine but I now know you do not inject diamorph. My mother had another injection before going to X ray. 45 mg. Diamorph in 24 hour period Did they raise my mother to consciousness every 4 hours to give her diamorph — Rubbish. see my notes P30 of 71H. Decision taken to Syringe Driver at 18.8.98 discussion with Reed only. — Barker was not present. We were informed by Reed nothing more could be done & presumably we would want her to have a death pain-free. When I said I wanted her back in Harlan I specifically asked Reed if she (my mother) could die in the ambulance He replied "It is possible" We were given the impression death was imminent & so agreed the Syringe driver. My mother was still 'out' from the day before. She did not seem to be in considerable pain, discomfort or distress. The treatment was not reviewed daily. Staff commented that they were surprised she was still alive on the 19th.

Para 3.
My mother was not screaming loudly — She was making groaning. I have used 'screaming' in my Statement but with more experience in the last 6 years. I know this is not correct. I have been an emergency patient to A+E after lithotripsy (Kidney Stone) given pain relief 'pethadine' I was moaning but conscious & I sounded like my mother. My mother had been tipped off a sheet onto the right hip. As she could not gain attention to her position I am not surprised she moaned or wailed loudly. See my Statement.

Para 4.

Yes I agreed to oramorph on the 17 and I assumed that the injection on the 17 was oramorph. (I knew researched the drugs since). A subsequent dose a day later 18.8.98. According to the Drug chart 18 8.98 10 mls. 012.30 ! and 0430. There were no signs & pain and distress — mother was still 'out'. from the time she left X ray on the 17.8.98.

Haloperidol had been written up on the 11.8.98. but not given by Bard who preferred to keep mother sedated by oramorph. My mother had Haloperidol at the Nursing Home the but not this dose. The agitation experienced on the Nursing Home was not surprising — now that I know the full drug records for my mother from Basingstoke onwards I am surprised that she had any brain left at all after psychiatric drug abuse over a long period. What on earth was Wesley doing to allow her mother to be dosed with Neuroleptics plus other drugs. I was only aware & drugs at her on Solent and I thought she had been on them from Dec/Jan 98. Wesley & the GP were monitored the various cocktails she had been on/off before. There are notes regarding my objections on medical notes kept on Solent GP. & Nursing Home records. Inability to communicate, — no hearing aids or glasses — I can find no medical records & exhaust removal at Woolfields from Basingstoke onwards or at her on Solent Side effects & neuroleptics can cause loss & coherent speech. Dr. Banks comments my mother was allergic to Methid and suggests aromatherapy & therapeutic touch.

Para 6. addressing pain anxiety & agitation. I was under the impression it was to give my mother a pain-free imminent death.

Para 7 Much care could not be given Gosport medical notes do not confirm — the reverse. 'Mrs Richards could not understand' — She was unconscious! Hyoscine would dehydrate our fluids — excretions including the nose/throat lungs. — also skin. It dries you out. Often in cough mixtures but not at this dose level. My mother was not transferred to Haslar for a surgical procedure — the desbeation did not involve Surgery. There was no question of a 3rd transfer back intravenous drip would not have altered the outcome but it would have given a more comfortable death. Dehydration is extremely uncomfortable see previous BMA & letters to the Times from Medical Experts will confirm. Jan 6-9 1999 Sent to Dr. Morgan

Para 8. No-lack & intravenous drip was not raised by Wesley or myself we were under the impression from Bard Mother was about to die on the 18th. We were dismayed that it took 4 days. Wesley's notes were written 4 days before death.

Dr. Lord's Opinion continued. Cont. 11.

Para 9.

1st dose of oramorph was agreed on 17/8/98 with me. I thought it was in the injection given by Reed after refusing to let him use diamorphine.

Yes Wesley. I agreed to Syringe Driver with Reed. see previous comments.

Lord places these discussions fully with Reed. There is no reference to Bashar and general anesthesia for a haematoma as contained in Humphrey's Report or as confirmed by Reed to Dc. Maddison as per my Statement 27.4.99 Lord would have known you do not treat a haematoma with surgery or a general anesthetic - and of course there is no write up in the medical notes of evidence of a haematoma. Lord makes no comments - in defence of Bashar or Reed.

Bashar, Reed and Lord are all covering for each other. Bashar is guilty of negligence but in my opinion Reed is the worst of the lot.

M. MacKenzie