

DRAFT

LH/YJM

4378

Dear Ray,

I am finally able to answer the questions posed in your letter to me dated 8th February, 2000. The delay has been caused by annual leave and other work pressures, not because the information was difficult to find. We have some concerns, however, that the line of enquiry now seems much broader; we will not be able to answer all your questions as some of the issues were not under our control. The information provided here should not be considered as from "an expert" witness, these are merely collective responses to your questions.

It is probably simplest if I respond in number format, as the questions were posed:

1. Transport from Haslar Hospital to Gosport War Memorial Hospital

Haslar Hospital, not Portsmouth HealthCare Trust, were responsible for making the arrangements for Mrs. Richards' transfer and thus were responsible for ensuring the suitability of the transport.

- (a) No, other than the report prepared by Mrs. Hutchings.
- (b) No. Haslar were aware of the circumstances, i.e. that they did not provide a canvas for lifting by the Mainline crew. The over-riding concern when Mrs. Richards arrived at Gosport was to deal with her immediate needs, i.e. X-ray and pain relief.
- (c) Mainline is a local transport service who contract with local health services to provide non-urgent (i.e. non-emergency) transport. The service provides for all mobility types; walking, wheelchair and stretcher patients. (Mainline was renamed as Portsmouth and Hampshire Patient Transport Services Limited (PHPTS) on 1st April, 1997 but the term "Mainline" has stuck in general usage.)

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I am not sure if Haslar have their own contract with Mainline or if they access this service via the contract held by the Health Authority. The service and staff are currently managed by PHPTS who are responsible for providing the service within the contracted agreement with the stated health care agency.

- (d) There are guidelines within the contract with Mainline. In this case, however, the transport was booked by Haslar and it was their responsibility to ensure it was suitable transport.
- (c) As the transport arrangements were made by Haslar, yet the complaint and police investigation focus on Portsmouth HealthCare Trust, it seems a little awkward for this question to be posed to us. We can say that a Mainline ambulance would usually be deemed appropriate for this type of stretcher case. The appropriate method of moving the patient from bed to ambulance stretcher would be a canvas and poles, or a canvas and Patslide.
- (f) We are not aware of any such action; you would need to pose this question to Haslar.

## 2. Medical Cover at Gosport War Memorial Hospital

- (a) Dr. Lord had overall responsibility for care, but because of the dates of the two brief periods of admission she did not see Mrs. Richards, nor was she specifically consulted about her care. Dr. Lord visits Gosport War Memorial Hospital every Monday afternoon. Mrs. Richards was admitted to Daedalus Ward on Tuesday, 11th August, 1998 and transferred to Haslar Hospital on Friday, 14th August, 1998. She was readmitted on the afternoon of Monday, 17th August, 1998 and died on the afternoon of Friday, 17th August, 1998. On 17th and 18th August, 1998 Dr. Lord was away on study leave.

In providing "on call" cover for Dr. Barton, two of her general practitioner

colleagues were involved in Mrs. Richards' care: Dr. Briggs on the afternoon of 13th August, 1998 and Dr. Peters on the evening of 17th August, 1998 (see the nursing contact records for these dates).

- (b) There is no "on call" rota in the sense that there would be in an acute hospital. Out of hours medical cover is provided by Dr. Barton and her general practitioner practice colleagues (as part of the clinical assistant contract). The nursing staff would telephone the general practitioner on call for the practice that night/ weekend, etc..

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Dr. Knapman (senior partner at the practice) may be able to advise you which general practitioners were on call on which days if this would help your investigation. We can probably assume, but you may wish to check, that Drs. Briggs and Peters were on call on the dates stated above.

- (c) Dr. Lord would provide consultant cover for her patients during the normal working days when she was not on study leave - i.e. 11th to 14th August, 1998, and 19th to 21st August, 1998. Cover for the 17th and 18th August, 1998 (when she was on study leave), and out of hours would be provided by the "on call" consultant for elderly medicine on the days in question. The attached rota copy shows that Dr. Grunstein was on call for the two week period in question.
- (d) See the attached contract documents for details of the contractual arrangements for the employment of clinical assistants at Gosport War Memorial Hospital.
- (e) There was no written policy governing the transfer of patients to accident and emergency at Haslar "out of hours" at the time of Mrs. Richards' admission. The decision would be made by the duty doctor on the basis of assessed medical need, taking all relevant circumstances into consideration. Patients can and could be referred and transferred at any time of the day or night.

### 3. Use of Syringe Drivers

- (a) Syringe drivers are used frequently throughout the hospital. The exact usage would be difficult to specify as this fluctuates. On Daedalus Ward they would typically use syringe drivers for at least two patients per month.
- (b) All qualified nursing staff on Daedalus Ward are experienced in the use of syringe drivers; the majority have been on syringe driver study days and the clinical manager deems them all competent in this area of practice. The nursing staff are responsible for the administration of all medications, including monitoring of syringe drivers in accordance with the prescription written by the doctor.
- (c) Two drugs were administered via the syringe driver, as detailed in the prescription

sheet within the medical records.

- Diamorphine (an opiate analgesia) was given at the rate of 40 mgs in 24 hours; commenced on 18th August, 1998 with the syringe being recharged 24 hours later on 19th, 20th and 21st August, 1998.
- Haloperidol (an anti-psychotic drug) was given at the rate of 5 mgs in 24 hours; as detailed above.

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The prescription sheet within Mrs. Richards' medical records (copy already supplied) and the ward controlled drug register confirm these details. (I can supply a copy of the register if you wish; the original must remain on the ward.)

- (d) The syringe driver was charged on four occasions, as explained above. There are very strict procedures about the administration of controlled drugs, such as Diamorphine, whereby they must be checked by two qualified nurses. The nurses responsible for setting up the syringe drivers were as follows:

<u>Date</u>	<u>Time</u>	<u>Given by</u>	<u>Checked by</u>
18.8.1998	11.45 a.m.	C/N Beed	S/N Couchman
19.8.1998	11.20 a.m.	C/N Beed	S/N Brewer
20.8.1998	10.45 a.m.	S/N Couchman	S/R Lock
21.8.1998	11.55 a.m.	S/N Joice	S/N Brewer

Sister Lock was called from another ward to check the setting up of the syringe driver. Following setting up of a syringe driver, the working of the driver, the injection site, and the patient's condition would be closely monitored, as part of routine nursing care.

#### 4. Other Complaints about Clinical Management by Clinical Assistants

- (a) Having checked the complaint file for the past two years, there is only one other complaint which specifically refers to the action of a Clinical Assistant.
- (b) This complaint was about manner and attitude.
- (c) In the past two years there have been four complaints subsequent to death. Whether you could class these as complaints about "terminal care" might be questionable.
- (d) Issues included: communication/general care/attitudes/medication. One of these which challenged the use of opiate analgesia, has been through the NHS complaints procedure and had external opinion support the medical treatment given.

I hope this information helps. I would be happy to meet you to talk this through.

Yours sincerely,