

Documents received from Sylvia Giffen.

on 7th October 2002

place -

Code A

Originals handed to Sgt. Kate Roberson - "Operation Rochester"
This set was given to me by Sylvia for safe keeping in
Case the other "went Missing".

- 1 - 15th Feb. 1991 - letter from **Code A** + draft letter.
- 2 - 28th Feb. 1991 - Reply from Mrs. Evans.
- 3 - 5th March 1991 - letter from Sylvia to Mrs. Evans.
- 4 - 4th March 1991 - letter from **Code A** to Mrs Evans
- 5 - 4th March 1991 - letter from KM. to Sylvia
- 6 - 30th April 1991 - letter from KM to Sylvia
- 7 - 30th April 1991 - letter to Mrs. Evans from KM
- 8 - 30th April 1991 - Open letter to Staff at Redcliffe from KM.
- 9 - Minutes/Summary of Meeting held on 11th 1991 at Redcliffe Annexe
- 10 - Copy of **Code A** Report from Anita Tubbitt.
- 11 - 14th November 1991 - Letter from KM to Sylvia
- 12 - Copy of ^{22nd November 1991} letter to Mrs. Evans from Steve Barnes - RCN officer
- 13 - * 2nd December 1991 - Copy of letter from KM to Chris West
- 14 - 5th December 1991 - Memo to Staff at Redcliffe from Mrs. Evans
- 15 - 10th December 1991 - Letter from KM to Mrs. Evans
- 16 - 17th December 1991 - Notes of a meeting held at Redcliffe Annexe
- 17 - * 2nd December 1991 - Letter from KM to Sylvia re no 13.
- 18 - 10th December 1991 - Letter from KM to Sylvia
- 19 - 10th December 1991 - Letter from KM to Mrs Evans.

Mrs. Isabel Evans - Patient Care Manager - GWMH.

Code A

- RCN Convener - QAH - Staff Orthopaedic Ward.

Code A

RCN Officer - Wessex Region - Winchester.

Chris West - District General Manager - St. Marys. Portsmouth.

Code A

- Community Tutor - Continuing Education for GWMH

Sylvia Giffen - Staff Nurse Redcliffe Annexe.

+ Article from Nursing Standard that provided the spark!

FROM:

Code A

ADDRESS:

Code A

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

General Secretary:

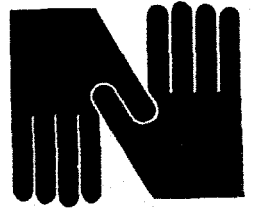
Code A
 BSc(Econ) RGN

15th February 1991

Mrs S R Griffin,

Code A

ROYAL
 COLLEGE OF
 NURSING



Dear Mrs Griffin,

I enclose a draft copy of the letter which I strongly suggest you copy and send to your manager, remember to keep a copy and send a copy to me. In case you do not have one I have enclosed a copy of the UKCC Code of Professional Conduct.

In case you are worried about any repercussions you cannot be disciplined or have any action taken against you by taking this action. If for reason of ignorance there are problems then let me know immediately and I will deal with them.

When you send me a copy of the letter can you confirm in writing the reasons for having to take this action, this is only to cover me. When this has been received I will contact you to discuss the next step.

Yours sincerely,

Code A**Code A**

Branch Convenor

①

DRAFT

Dear ,

I am writing under the auspices and requirements of the UKCC Code of Professional Conduct and specifically rules 1,2,7,10 to express my concern in the treatment of certain patients at Redclyffe Annex.

My specific concern is the prescribing and use of controlled drugs with 'syringe drivers' for certain patients.

It is hoped that this letter will stimulate the formation of a forum at which this subject can be fully addressed. Should this arise I reserve the right for representation by the RCN to whom a copy of this letter has been sent.

Yours sincerely,

2

**PORTSMOUTH AND SOUTH EAST
HAMPSHIRE HEALTH AUTHORITY**

COMMUNITY HEALTH SERVICES AND SMALL HOSPITALS UNIT

GOSPORT WAR MEMORIAL HOSPITAL
BURY ROAD,
GOSPORT,
HANTS. PO12 3PW
Gosport 524611 Ext. 336

Our ref: IE/SVN

Your ref:

Mrs S R Griffin

Code A

28 February 1991

Dear S N Giffin

I received your letter dated 26 February 1991 expressing your concern over the prescribing and use of controlled drugs with syringe drivers for certain patients at Redclyffe Annexe.

I am obviously concerned over your comments but find it difficult to decide on any action to be taken as you have not identified your cause for concern.

May I suggest that you and I meet to identify your specific areas of concern so that a plan of action can be determined, if necessary.

I note that you are on Annual Leave until 10 March but I will happily see you before then or visit you on duty on 11 March if you prefer.

Yours sincerely

Code A

MRS I EVANS
PATIENT CARE MANAGER

Reply 5-3-91

(3)

MRS. S. R. GIFFIN

Code A

5-3-91

Dear Mrs. Evans,

Thankyou for your
letter dated 28th February 1991.

May I point out that in my
letter to you I requested for an
RCN representative to be present
at any meeting, and I would
like this fact acknowledged.

I am happy to see you any
time a meeting can be arranged
which is convenient to

2

yourself and an R.C.N.
representative. (

Code A

Yours truly,

Code A

FORM:

Code A

ADDRESS:

Code A

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

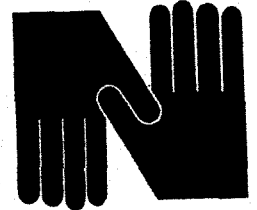
General Secretary:

Code A
 BSc(Econ) RGN

4th March 1991

Mrs I Evans,
 Patient Care Manager,
 Gosport War Memorial Hospital,
 Gosport,
 Hants..

ROYAL
 COLLEGE OF
 NURSING



Dear Mrs Evans,

I am in receipt of a copy of a letter that Mrs Giffin has sent you in which she has felt it necessary to refer to the UKCC Code of Professional Code of Conduct.

I note that Mrs Giffin has expressed a wish to be represented at any meeting that is convened upon the receipt of her letter. It would be appreciated if you could inform me when such a meeting is arranged to enable me to make the necessary arrangements.

Yours sincerely,

Code A

Branch Convenor

cc Mrs S R Giffin

FORM:

Code A

ADDRESS:

Code A

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

General Secretary:

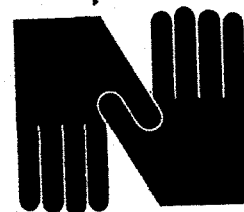
Code A
 BSc(Econ) RGN

4th March 1991

Mrs S R Giffin,

Code A

ROYAL
 COLLEGE OF
 NURSING



Dear Mrs Giffin,

Further to our recent telephone conversation I enclose a copy of a letter I have sent to Mrs Evans.

I will let you know when or indeed if Mrs Evans acknowledges my letter, in the meantime I advise you not to enter into the 'trap' of informal chats that is often used. If you are invited to one of these please let me know.

I hope you found the details of the Study Day interesting enough for both you and your husband to attend and if so I look forward to seeing you. In the meantime please keep me informed of any developments.

Keep up the good work, you have acted perfectly correctly and I admire your courage.

Yours sincerely,

Code A

Code A

Branch Convenor

FROM:

Code A

ADDRESS:

Code A

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

General Secretary:

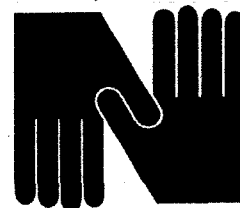
Code A
 DISTRICT NUR

30th April 1991

Mrs S Giffin,

Code A

ROYAL
 COLLEGE OF
 NURSING



Dear Sylvia,

I apologise for the delay in responding after our meeting with Mrs Evans Patient Care Manager.

I enclose a "notice" which you can show to any member of staff working in Redclyffe Annex. I have sent a copy of this to Mrs Evans and Sue Donne so that they are fully aware of the current situation. I have also enclosed a copy of my response to Mrs Evans.

If you have any further concerns please don't hesitate in contacting me.

With best wishes,

Yours sincerely,

Code A**Code A**

Branch Convenor

Enc

FROM:

Code A

ADDRESS:

Code A

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

General Secretary:

Code A
 BSc(Econ) RGN

30th April 1971

Mrs I Evans,
 Patient Care Manager,
 Gosport War Memorial Hospital,
 Bury Road,
 Gosport,
 Hants. PO12 3PW

ROYAL
 COLLEGE OF
 NURSING



Dear Mrs Evans,

I write following our meeting on Friday 26th April 1971. I would like to thank you for the frank and open discussion that took place in what could best be described in a congenial atmosphere given the subject of discussion.

I enclose a copy of the open letter that I have produced in the anticipation that this will encourage staff to talk freely at the meeting you agreed to convene.

It appeared during our meeting that the issue of the syringe drivers had 'upset' Dr Barton. I would be very grateful if you could convey my apologies to Dr Barton, at no time were her clinical judgements being questioned. Furthermore you said that she (Dr Barton) was a very caring G.P., I equally know and reinforce your views. If you feel it is relevant to show this letter to Dr Barton then I certainly do not have any objections to this action.

If I can be of any further assistance in resolving this matter I would be more than happy to make myself available.

Yours sincerely,

Code A

Branch Convenor

Enc.

NEWS FROM YOUR STEWARD

NAME:

PLACE OF WORK:

Keith Murray

DATE:

30th April 1991

It has been brought to the attention of the RCN that concern has been expressed by staff working in the Reclyffe Annex regarding the use of syringe drivers and controlled drugs.

Having now had the opportunity of discussing this subject with Mrs Evans the conclusions reached were:

1. That a meeting be arranged where the staff will be able to voice their concerns. NO disciplinary or any other action will be taken against staff who voice their concerns.
2. That a written Policy be agreed on the use of syringe drivers and controlled drugs.

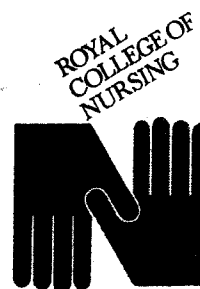
While I understand the reluctance of staff to talk freely about a subject such this as Mrs Evans has every wish to resolve this situation I fully support the action that has been detailed above.

I therefore strongly urge that staff attend this meeting and talk freely.

If any staff wish to talk to me in strict confidence they can contact me on my home 'phone number Code A between 6.30pm and 8pm on most evenings.

Code A

RCN Convenor



9

Summary of Meeting held at Redclyffe Annexe on 11.7.91

A meeting was arranged for the trained staff at Redclyffe Annexe following concern expressed by some staff at the prescribed treatment for 'Terminal Patients'

Mrs. Evans

Present:- Sister Goldsmith S/N Williams
 Sister Hamblin S/N Donne
 S/N Giffin S/N Tubbritt
 S/N Ryder S/N Barrington
 S/N Barrett E/N Turnbull

The main area for concern was the use of Diamorphine on patients, all present appeared to accept its use for patients with severe pain, but the majority had some reservations that it was always used appropriately at Redclyffe.

The following concerns were expressed and discussed:-

1. Not all patients given diamorphine have pain.
2. No other forms of analgesia are considered, and the 'sliding scale' for analgesia is never used.
3. The drug regime is used indiscriminately, each patients individual needs are not considered, that oral and rectal treatment is never considered.
4. That patients deaths are sometimes hastened unnecessarily.
5. The use of the syringe driver on commencing diamorphine prohibits trained staff from adjusting dose to suit patients needs.
6. That too high a degree of unresponsiveness from the patients was sought at times.
7. That sedative drugs such as Thioridazine would sometimes be more appropriate.
8. That diamorphine was prescribed prior to such procedures such as catheterization* - where dizepam would be just as effective. (S Evans !)
9. That not all staffs views were considered before a decision was made to start patients on diamorphine - it was suggested that weekly 'case conference' sessions could be held to decide on patients complete care.
10. That other similar units did not use diamorphine as extensively.

Mrs. Evans acknowledged the staffs concern on this very emotive subject. She felt the staff had only the patients best interest at heart, but pointed out it was medical practice they were questioning that was not in her power to control. However, she felt that both Dr. Logan and Dr. Barton would consider staffs views so long as they were based on proven facts rather than unqualified statements. Mrs. Evans also pointed out that she was not an expert in this field and was not therefore qualified to condemn nor condone their statements, she did, however, ask them to consider the following in answer to statements made.

/...

- 2 -

1. That patients suffered distress from other symptoms besides pain but also had the right to a peaceful and dignified death. That the majority of patients had complex problems.
2. If 'sliding scale' analgesia was appropriate in these circumstances, particularly when pain was not the primary cause for patient distress. That terminal care should not be confused with care of cancer patients.
3. The appropriateness of oral treatment at this time considering the patients deterioration and possibility of maintaining ability to swallow. The range of drugs available to cover all patients needs in drugs that can be given rectally together with patients ability to retain and absorb product.
4. It was acknowledged that excessive doses or prolonged treatment may be detrimental to patients health but was there any proven evidence to suggest that the small amounts prescribed at Redclyffe over a relatively short period did in fact harm the patients.
5. It could be suggested to Dr. Barton that drugs could be given via a butterfly for the first 24 hrs. to give trained staff the opportunity to regularise dose to suit patient.
6. That treatment sometimes needed regularising as patients condition changed - were staff contributing signs of patients deterioration to effects of drug? Few patients remained aware until the moment of death.
7. What was the evidence to suggest that thioridazine or any other similar drugs would be better.
8. Again, what was the objection to diamorphine being used in this way and how was diazepam better.
9. Mrs. Evans wholly supported any system which allowed all staff to contribute to patients care however, she could not see that weekly meetings were appropriate in this case where immediate action needed to be taken if any action was required at all.
10. What was the evidence to prove that these other units care of the dying was superior to ours, before any change could be taken on this premise it would need to be established that we would be raising our standards to theirs rather than dropping our standards to theirs.

It was evident that no one present had sufficient knowledge to answer these questions with authority, it was therefore decided that before any criticism was made on medical practice we needed to be able to answer the following questions.

- What effect does Diamorphine have on patients.
- Are all the symptoms that are being attributed to Diamorphine in fact due to other drugs patients are receiving, or even their medical condition.
- Is it appropriate to give Diamorphine for other distressing symptoms other than pain.
- Are there more suitable regimes that we could suggest.

/...

- 3 -

To try and find the answers to these questions Mrs. Evans would invite Code A Code A to talk to staff on drugs and ask Steve King from Charles Ward Q.A. if he would be prepared to contribute to discussion.

This would take time to arrange meanwhile staff were asked to talk to Dr. Barton if they had any reason for concern on treatment prescribed as she was willing to discuss any aspect of patient treatment with staff.

I hope I have included everyones views in this summary, as we will be using it to plan training needs, please let me know if there is any point I have omitted or you feel needs amending.

IE/LP
16.7.91



PORTSMOUTH
HEALTH AUTHORITY

COMMUNITY HEALTH CARE SERVICES

PORTSMOUTH CITY DIVISIONAL HEADQUARTERS
 NORTHERN PARADE CLINIC
 DOYLE AVENUE
 PORTSMOUTH
 PO2 9NF

Portsmouth **Code A**

Our ref:

Your ref:

GMW/PSE

Please ask for.....

4 November 1991

Mrs. Anita Tubbritt

Code A

Dear Anita

Report of a Visit to Redclyffe Annexe, 31.10.91

Herewith a copy of the above named report. I have given copies of the report to:

Mrs. Susan Frost, Principal Solent School of Health Studies, QAH.

Mr. W. Hooper, General Manager (West) Gosport War Memorial Hospital.

Mrs. I. Evans, Patient Care Manager, Gosport War Memorial Hospital.

Those who were present at the meeting.

I also wish to assure you of my support and help in this matter. Please do not hesitate to contact either **Code A** or myself if you require any guidance.

Yours sincerely

Code A

Community Tutor, Continuing Education.

ENC.

2
Confidential

REPORT OF A VISIT TO REDCLIFFE ANNEXE, GOSPORT WAR MEMORIAL HOSPITAL

AT 21.30 HOURS ON THURSDAY 31 OCTOBER 1991

BY

Code A

COMMUNITY TUTOR, CONTINUING EDUCATION

Purpose of Visit

The visit was in response to a request by Staff Nurse Anita Tubbritt to discuss the issue of anomalies in the administration of drugs.

Present

Staff Nurse Sylvia Giffin

Staff Nurse Anita Tubbritt

Enrolled Nurse Beverly Turnbull

Nursing Auxiliary **Code A** (Does not normally work at Redcliffe Annexe)

2 RGN's and 1 EN wished to but were unable to attend the meeting.

Background Information

The staff present presented the Summary of the Meeting held at Redcliffe Annexe on 11 July 1991 - appendix.

Problems Identified on 31 October 1991

1. Staff Nurse Giffin reported that a female patient who was capable of stating when she had pain was prescribed Diamorphine via syringe driver when she was in no obvious pain and had not complained of pain.
2. Staff Nurse Giffin reported that a male patient admitted from St Mary's General Hospital who was recovering from pneumonia, was eating, drinking and communicating, was prescribed 40 mg Diamorphine via a syringe driver together with Hyoscine, dose unknown, over 24 hours. The patient had no obvious signs of pain but had increased bronchial secretions.
3. Staff Nurse Tubbritt reported that on one occasion a syringe driver "ran out" before the prescribed time of 24 hours albeit that the rate of delivery was set at 50 mm per 24 hours.
4. The staff are concerned that Diamorphine is being prescribed indiscriminately without alternative analgesia, night sedation or tranquillisers being considered or prescribed.
5. Nurse Tubbritt reported that a female patient of 92 years awaiting discharge had i.m. 10 mg Diamorphine at 10.40 hours on 20.9.91. and a further i.m. 10 mg Diamorphine at 13.00 hours on 20.9.91. administered for either a manual evacuation of faeces or an enema.

6. There are a number of other incidents which are causing the staff concern but for the purposes of this report are too many to mention. The staff are willing to discuss these incidents.
7. It was reported by Staff Nurse Tubbritt that:
 - a) 42 ampoules of Diamorphine 10 mg were used between 20 April 1991 - 15 October 1991.
 - b) 57 ampoules of Diamorphine 30 mg were used between 15 April 1991 - 15 October 1991 (24 of the 57 ampoules of Diamorphine 30 mg were administered to one patient, who had no obvious pain, between 9 September 1991 and the 21 September 1991).
 - c) 8 ampoules of Diamorphine 100 mg were used between 15 April 1991 - 21 September 1991 (4 of the 8 ampoules of Diamorphine 100 mg were administered to the patient identified in 7b above, between 19 September 1991 and the 21 September 1991).

Note - This patient had previously been prescribed Oramorph 10 mg in 5 ml oral solution which was administered regularly commencing on 2 July 1991.

The staff cannot understand why the patient was prescribed Oramorph and Diamorphine.

When the staff questioned the prescription with Sister they were informed that the patient had pain. The staff recalled having asked the patient on numerous occasions if he had pain, his normal reply was no.

Conclusion

1. The staff are concerned that Diamorphine is being used indiscriminately even though they reported their concerns to their manager on 11 July 1991 (appendix).
2. The staff are concerned that non opioids, or weak opioids are not being considered prior to the use of Diamorphine.
3. The staff have had some training, arranged by the Hospital Manager, namely:
 - The syringe driver and pain control
 - Pain control
4. Staff Nurse Tubbritt wrote to Evans the producers of Diamorphine and received literature and a video - Making Pain Management More Effective.

5. Staff Tubbritt is undertaking a literature on Pain and Pain Control.

Signed:

Code A

..... Time: 23.35 hours

Date: 31 October 1991

Community Tutor, Continuing Education

General Secretary:

Code A

BSc(Econ) RGN

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

20 Cavendish Square

London W1M 0AB

Telephone Code A

Fax Code A

14th November 1991

Mrs S R Giffin,

Code AROYAL
COLLEGE OF
NURSING

Dear Sylvia,

Thank you for sending me copies of the documents appertaining to the memorandum from Mrs Evans and the report from **Code A**.

I enclose a copy of the letter that I have sent Mrs Evans which I hope addresses the issues. Unless I hear in a positive way from her I advise that the only way of resolving this whole issue is to use the grievance procedure. Before we do this can I suggest that we have a meeting with the staff concerned in order that I can assure them that they have the full support of the RCN and myself.

I realise this is traumatic for you, I have been through a similar incident myself, I cannot emphasise enough that I admire both you and all the staff concerned for standing up for your patients in the way that you are.

I will keep you informed of any response I receive, if I do not hear from Mrs Evans after about 10 days I will contact you with a view of having a meeting. I have sent Gerry Whitney a copy of my letter to Mrs Evans.

With best wishes.

Yours sincerely,

Code A

Keith Murray

Branch Convenor

Code A

WESSEX REGIONAL OFFICE

General Secretary:

Code A

BSc(Econ) RCN

Patrons:

Her Majesty the Queen
 Her Majesty Queen Elizabeth
 the Queen Mother
 Her Royal Highness
 the Princess Margaret
 Countess of Snowdon

8 Southgate Street
 Winchester SO23 9EF

Telephone: Code A

Fax: Code A

SB/FFO

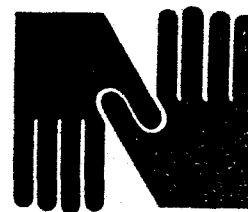
Code A

Code A

22 November 1991

Mrs I Evans
 Patient Care Manager
 Gosport War Memorial Hospital
 Bury Road
 Gosport
 Hants
 PO12 3PW

ROYAL
 COLLEGE OF
 NURSING



Dear Mrs Evans,

I refer to your memorandum to staff at Redclyffe Annexe dated 7th November 1991 and Keith Murray's letter to you dated 14th November 1991. I believe it is important that I reinforce the RCN's position as indicated to you in Mr Murray's letter.

This office was aware of the concerns that had been expressed by staff earlier this year and other discussions that had taken place with yourself as the Manager. It had been understood that the concerns raised would be addressed and the RCN had anticipated that clear guidance/policy would be promulgated as a result of the very serious professional concerns Nursing Staff were expressing.

It is now a matter of serious concern that these complaints were not acted upon in the way that had been anticipated and that Management are, some months after those discussions now seeking formal allegations. I would reinforce Mr Murray's position that this is not acceptable and the RCN is not prepared to be drawn into what could emerge as a vindictive witch hunt that would divide Nursing Staff, Medical Staff and Management. The complaints were adequately reported to Management earlier this year and you have received further evidence by way of Code A report dated 31 October 1991. We now expect a clear policy to be agreed as a matter of urgency.

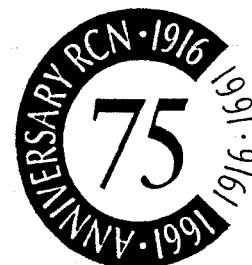
If it is not possible for Management to achieve this, the RCN will need to seek further instructions from its membership to pursue this matter through the grievance procedure on the basis that Management have failed to manage this situation properly.

Yours sincerely

Code A

RCN Officer - Wessex

C.C: Keith Murray



Headquarters:
 20 Cavendish Square
 London W1M 0AB

Telephone: Code A

Fax: Code A

General Secretary:
Code A
BSc(Econ) RGN

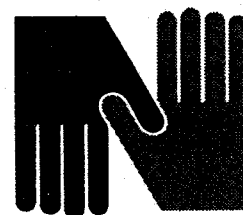
Patrons:
Her Majesty the Queen
Her Majesty Queen Elizabeth
the Queen Mother
Her Royal Highness
the Princess Margaret
Countess of Snowdon

20 Cavendish Square
London W1M 0AB
Telephone: Code A
Fax: Code A

2nd December 1991

Mr C West,
District General Manager,
District Offices,
St. Mary's Hospital,
Milton,
Portsmouth,
Hants. PO3 6AD

ROYAL
COLLEGE OF
NURSING



Dear Chris,

I am seeking your advice on how best to resolve a problem which was brought to my attention in April 1991 but apparently has been present for the last 2 years.

I was contacted by a staff nurse who is currently employed on night duty in Redclyffe Annexe, her concern was that patients within Redclyffe were being prescribed Diamorphine who she felt did not always require it, the outcome being that the patient died. The drug was always being administered via 'syringe drivers'. It is fair to say that this member of staff was speaking on behalf of a group of her colleagues.

On my advice the staff nurse wrote to Isobel Evans, Patient Care Manager putting forward her requirements under the UKCC Code of Professional Conduct. Following this I had a meeting with Isobel Evans Patient Care Manager on the 26th April 1991, the outcome of this was that a 'policy' would be produced to specifically address the prescribing and administration of controlled drugs within Redclyffe. In addition a meeting would be held with the staff and Isobel where they could voice their concerns, this meeting took place on the 11th July 1991 and the minutes circulated, as these give a clear outline of the concerns of the staff I have enclosed a copy for your perusal.

Following the aforesaid meeting two study days on 'Pain Control' were arranged, as you will see from the minutes relating to the meeting of the 11th July 1991 some of the concerns voiced by the staff were that diamorphine was being prescribed for patients who were not in pain. These study days did temporarily alleviate the worries of the staff.

Regrettably the concerns of the staff have once again returned, one of the staff nurses who is currently on an ENB course was talking about this subject to Code A, Community Tutor, Continuing Education.

Code A visited Redclyffe on the 31st October 1991 and subsequently wrote a report. Copies of her report were circulated to Isobel, Bill Hooper and Sue Frost, as I feel it is pertinent I have obtained permission to enclose a copy.

Code A



After receiving this report Isobel responded by sending a 'memo' (copy enclosed) to the trained staff at Redclyffe. As the 'concerns' had now apparently become "allegations" I wrote to Isobel voicing my concern on this point, also that she had to date not produced the policy to which we had agreed in April 1991. I also informed her that it was my view that unless I heard to the contrary a grievance would have to be lodged. To date Isobel has not responded.

I feel the staff have acted professionally and with remarkable restraint considering that it is fair to say that since highlighting their concerns there has been a certain amount of ostracization. After talking to the staff and thinking it through I now feel that a grievance may not completely resolve this issue. I have been told that it is only a small group of night staff who are 'making waves', this could be true as a majority of the day staff have left over the period of 2 years that this situation has been present, whether this was a reason for their leaving I am unsure.

I have various concerns, for the patients and subsequently their relatives, the staff in that they are working in this environment but also that this could be leaked to the media. While none of the staff or myself have any desire whatsoever to use this means there is serious concern from both myself and the staff that someone could actually leak this and I hope you know my feelings about the media and using it as a means of resolving problems. On this basis alone I hope you agree with me in that we have to address this issue urgently.

As I stated at the beginning I am seeking your advice on what I think you will now feel is a difficult problem. I must stress that none of the staff have shown any malice in what they have said and that their only concern is for the patient.

Your comments/advice would be greatly appreciated.

Yours sincerely,

Code A

Branch Convenor

Code A

14

PORTSMOUTH AND SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

MEMORANDUM

FROM: Mrs. I. Evans
Patient Care Manager
Gosport War Memorial Hospital

to: All trained Staff at Redclyffe
copy to: Night Sisters
Mr. W. Hooper
Dr. Logan
Dr. Barton

Your Ref.

My Ref. IE/LP

5th December 1991

Due to the lack of response to my memo of the 7th November Dr. Logan will be unable to comment on specific cases, however, we have arranged a meeting for all members of staff at Redclyffe who have concerns on the prescribing of Diamorphine on Tuesday 17th December at 2 p.m. to discuss the subject in general terms.

It is not our intention to make this meeting in any way threatening to staff, our aim is purely to allay any concerns staff may have so I hope everyone will take the opportunity to attend and help resolve this issue.

Code A

I. Evans

General Secretary:
Code A
BSc(Econ) RCN

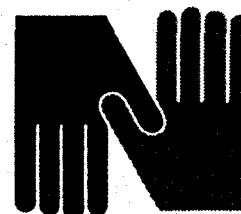
Patrons:
Her Majesty the Queen
Her Majesty Queen Elizabeth
the Queen Mother
Her Royal Highness
the Princess Margaret
Countess of Snowdon

20 Cavendish Square
London W1M 0AB
Telephone Code A
Fax Code A

10th December 1991

Mrs I Evans,
Patient Care Manager,
Gosport War Memorial Hospital,
Bury Road,
Gosport,
Hants.,
PO12 3PW

ROYAL
COLLEGE OF
NURSING



Dear Mrs Evans,

I am receipt of a copy of the letter dated 5th December 1991 you have sent to Code A RCN Officer.

As far as I am aware it is not the use of syringe drivers that is the cause of concern and I refer you to the minutes of the meeting that you produced after your meeting of the 11th July 1991 with the staff.

I further note that you are holding a further meeting with the staff "to once again re-address this problem". As you are fully aware of the issues which are causing the concerns from the staff the purpose of this meeting has to be doubtful. I refer you to the agreement following our meeting on the 26th April 1991 which was that a policy would be drawn up to address the issue of the concerns voiced by the staff. This has failed to materialise.

I would reaffirm the position as stated in my letter 14th November 1991 and reiterated by Mr Barnes in his letter dated 22nd November 1991 the serious concern in the lack of a positive response to what is considered a perfectly reasonable request from staff who have acted both professionally and with remarkable restraint. Furthermore that some seven months have passed since this issue was first drawn to your attention. Unless I receive a response in that a policy will be drawn up which clearly addresses all the concerns is received from the staff following your meeting I will be raising a grievance on behalf of the staff.

Yours sincerely,

Keith Murray

Branch Convenor

Code A

Code A

RCN Officer - Wessex



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Notes of a Meeting held on Tuesday 17th December 1991 at Redclyffe Annexe for staff who had concerns related to the use of Diamorphine within the unit.

PRESENT

Mrs. Evans, Patient Care Manager *
Dr. Logan, Consultant, Geriatrician
Dr. Barton, Clinical Assistant
Sister Hamblin
S.N. Donne
S.N. Barrett
S.N. Giffin ✓
S.N. Tubbritt
E.N. Wigfall
E.N. Turnbull

All trained staff were invited to the meeting if they were concerned with this issue, no apologies were received.

Mrs. Evans opened the meeting by thanking everyone for coming and highlighting the following:-

1. A staff meeting was held on 11th July 1991 to establish all staff's concerns re: the use of Diamorphine for terminal patients at Redclyffe Annexe.
2. A second meeting was held on 20th August where Steve King, Nurse Manager, Elderly Services Q.A.H. and Dr. Logan spoke to the staff on drug control of symptoms. The aim of this meeting was to allay staff's fears by explaining the reasons for prescribing. As no one challenged any statements at this meeting or raised any queries, it was assumed the problem had been resolved and no further action was planned.

A recent report from a meeting held with Code A Community Tutor, indicated some staff still had concerns, so a further meeting was planned for 17th December 1991.

3. Staff were invited to give details of cases they had been concerned over but no information was received; it was therefore decided to talk to staff on the general issue of symptom control and all trained staff would be invited to attend.
4. This issue had put a great deal of stress on everyone particularly the medical staff, it has the potential of being detrimental to patient care and relative's peace of mind and could undermine the good work being done in the unit if allowed to get out of hand. Everyone was therefore urged to take part in discussions and help reach an agreement on how to proceed in future.
5. Staff were asked to bear in mind that the subject was both sensitive and emotive and to make their comments as objective as possible.

/...

- 3 -

Following general discussion and answering of staff questions Dr. Logan stated he would be willing to speak to any member of staff who still had concerns over prescribed treatment, after speaking to Dr. Barton or Sister Hamblin. Comments raised during discussion were:-

- (a) All staff had a great respect for Dr. Barton and did not question her professional judgement.
- (b) The night staff present did not feel that their opinions of patients condition were considered before prescribing of Diamorphine.
- (c) That patients were not always comfortable during the day even if they had slept during the night.
- (d) There appeared to be a lack of communication causing some of the problem.
- (e) Some staff feared that it was becoming routine to prescribe diamorphine to patients that were dying regardless of their symptoms.

All staff agreed that if they had concerns in future related to the prescribing of drugs they would approach Dr. Barton or Sister Hamblin in the first instance for explanation, following which if they were still concerned they could speak to Dr. Logan.

Mrs. Evans stated she would also be happy for staff to talk to her if they had any problems they wanted advice on.

With no further points raised, Dr. Barton, Dr. Logan, Sister Hamblin and S.N. Barrett left the meeting to commence Ward rounds.

Mrs. Evans spoke to the remaining nursing staff.

Staff were asked if they felt there was any need for a policy relating to nursing practice on this issue. No one present felt this was appropriate. Mrs. Evans stated she was concerned over the manner in which these concerns had been raised as it had made people feel very threatened and defensive and stressed the need to present concerns in the agreed manner in future. She agreed with staff that there did seem to be a communication problem within the unit, particularly between day and night staff which had possibly been made worse by recent events. Mrs. Evans had already met with both the Day and Night Sisters in an attempt to identify problem and she advised staff to go ahead with planned staff meetings and offered to present staff's views from both Day and Night staff if they felt this would be useful. Mrs. Evans spoke to Sister Hamblin and S.N. Barrett the following morning to ask them to organise day staffs views and ask them to make every effort to ensure patients assessments were both objective and clearly recorded in nursing records.

Mrs. Evans would arrange a further meeting with both Night Sisters and Sister Hamblin following the staff meeting to ensure problems have been resolved with information handover from Day to Night Staff and vice versa.

General Secretary:

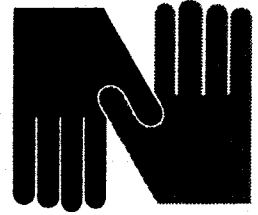
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Patrons:

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the Princess Margaret
Countess of Snowdon20 Cavendish Square
London W1M 0ABTelephone Code A
Fax Code A

2nd December 1991

Mrs Sylvia Giffin,

Code AROYAL
COLLEGE OF
NURSING

Dear Sylvia,

Thank you for giving me the opportunity to speak to you over what I know is a very emotive and difficult subject. Also for your hospitality.

As agreed at our meeting I have written to Chris West, District General Manager and enclosed a personal copy, I will keep you informed of any information as I receive it. I have spoken to Gerrie and also sent her a copy.

I would like to take the opportunity to reinforce the fact that you have the support of the RCN in this subject and if I can be of any more help please don't hesitate in contacting me.

With best wishes.

Regards,

Code A**Code A**

Branch Convenor

Code A

enc.



General Secretary:
Code A
BSc(Econ) RGN

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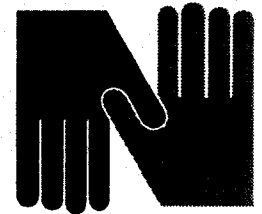
20 Cavendish Square
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10th December 1991

Mrs S Giffin,

Code A

ROYAL
COLLEGE OF
NURSING



Dear Sylvia,

I enclose a copy of the letter I have sent Mrs Evans.

I think I have made it quite clear that unless you receive confirmation at your meeting that a policy will be drawn up which addresses all the concerns that you first brought to Mrs Evans attention back in July then a grievance will be lodged. If I hear from Chris West in the meantime I will naturally let you know immediately.

I hope my letter brings a positive response, the important thing at your meeting to remember is that you are the ones acting professionally and correctly, try to be assertive and don't be fobbed off. I will be thinking of you.

With best wishes.

Yours sincerely,

Code A

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General Secretary:
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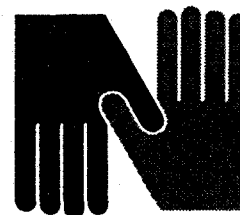
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Yours sincerely,

Code A

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cc Code A RCN Officer - Wessex

