Southampton University Hospitals NHS Trust

NOT SENT TO Code A
Code A

Southampton General Hospital
Tremona Road
Southampton SO16 6YD
Code A

Ref: GFT/SMP

Code A

16 September 1999

Mr M Millett
Chief Executive
Portsmouth Healthcare NHS Trust
St James Hospital
Portsmouth
PO4 8LD

Dear Mr Millett

Further to your recent request for my comments about the complaint concerning Code A care, made by her son Code A I am please to enclose a letter addressing the specific comments about which you have asked my opinion. There were several other comments I wished to make which were not pertinent to the issues you had specifically raised on behalf of Code A These comments, contained herein, are meant to be helpful and of course you are completely free to ignore them but I simply felt they may be of use.

Firstly, of course, the issue of the notes themselves which having been sent for microfilming are extremely difficult to get through. It is interesting however that the microfilming process does not seem to have captured the fluid charts which is I think unusual and may be an issue worth noting. I am not sure whether this is policy or simply that they were not sent to me, in which case I apologise.

Secondly I wanted to make a comment about the nursing care plans. They were sent to me apparently quite separated and it is very difficult to work out which progress chart actually applies to which problems care plan. Whilst I recognise that in the way of things in the notes this would not normally be problem since things would be filed together, notes do become disentangled and I am sure it could cause a problem and I wonder if they should be numbered. I also think that the careplans are a little limited and whilst there is an issue about the encouragement of fluids with regard to the care plan specifically orientated towards her urinary incontinence, I believe that once it became obvious that fluid intake was poor, a specific care plan might well have been started at that time outlining possible manoeuvres for encouraging fluids. I also think that the absence of a night care plan with the nurses simply signing in the progress sheet each morning is not really helpful in terms of recording care on a 24 hour basis.

The third issue about which I would like to express some concern really relates to Dr Lord's comments in her reply to the original complaint. She apparently was providing consultant cover on two wards due to maternity leave, which permitted only one ward round every fortnight. Given the difficult nature of a rehabilition unit, it seems to me inconceivable that a fortnightly ward round by a consultant is adequate consultant cover and I would strongly recommend that attention is paid to the provision of maternity leave cover. I do not think that had Dr Lord been able to be present more frequently on the ward it would necessarily have altered the outcome in this particular case, but I feel sure that it would have relieved a lot of anxiety all round.

The fourth comment really relates to the dosage of Morphine. Whilst recognising that in some of the peripheral units the medical staff providing daily cover are often from outside the hospital, I feel that writing Morphine up for a subcutaneous pump with doses ranging from between 20 and 200 mgs a day is poor practice and could indeed lead to a serious problem. As it happens the nurses stuck to using 20 mgs a day of Morphine in the subcutaneous pump and then increased it up to 40mg but they could of course have increased it up to 200 mgs given the way the chart is written. I think it unlikely that the jump from 20 to 40 mgs made any real contribution to Code A management, but I think it is still a large jump and steps need to be taken to consider limiting the flexibility of dosage regime.

I hope that you will accept these comments are meant to be helpful. I fully recognise that I am not a professional nurse and therefore slightly stepping outside my boundaries by commenting on nursing issues, however as Clinical Director I frequently have to consider how we might make our notes better in order to handle specific issues.

Please let me know if I can give you any more information.

With best wishes

Yours sincerely

Code A

Dr G Turner
Consultant in Geriatric Medicine

C → I. Reid
B. Robinson
A. Lord

1/10/99

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