



C.51 1/99

Identification Ref. No.

59/GWMH/1

Court Exhibit No.

R - v -

Description

LETTERS AND MINUTES OF MEETINGS REGARDING REDCLIFFE ANNEXE RETAINED BY SILVIA GIFFIN

Time/Date Seized/Produced

1005 12/12/02

Where Seized/Produced

26 ARUNDEL RD GOSPORT

Seized/Produced by

SILVIA GIFFIN

Signed

Code A

Incident/Crime No.

X146

Major Incident Item No.

Laboratory Ref:

FROM: Keith Murray

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

General Secretary:
Christine Hancock
BSc(Econ) RGN

ADDRESS:

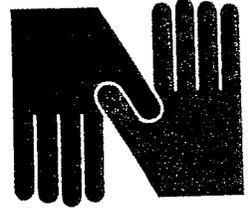
Code A

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

Keith Murray

Branch Convenor

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,

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

MRS. S. R. GIFFIN
26, ARUNDEL ROAD
GOSPORT
HANTS
5-3-91

Dear Mrs. Evans,

Thank you 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. (MR. MURRAY)

Yours truly,

Code A

FORM: Keith Murray

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:
Christine Hancock
BSc(Econ) RGN

4th March 1991

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



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,

Keith Murray

Branch Convenor

cc Mrs S R Giffin

FORM: Keith Murray

ADDRESS:

Code A

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

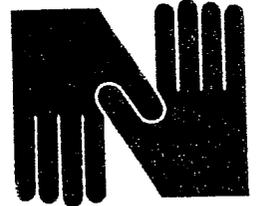
General Secretary:
Christine Hancock
BSc(Econ) RGN

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

Keith Murray

Branch Convenor

FROM:

Keith Murray

Patrons:

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

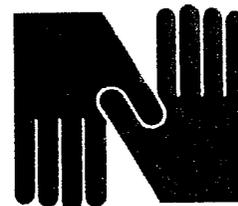
General Secretary:
Christine Hancock
BSc(Econ) RGN

ADDRESS:

Code A

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

Keith Murray

Branch Convenor

Enc

FROM: Keith Murray

ADDRESS:

Code A

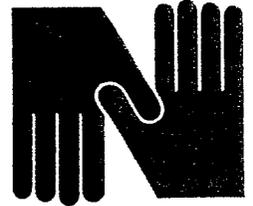
Patrons:
Her Majesty the Queen
Her Majesty Queen Elizabeth
the Queen Mother
Her Royal Highness
the Princess Margaret
Countess of Snowdon

General Secretary:
Christine Hancock
BSc(Econ) RGN

30th April 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 write following our meeting on Friday 26th April 1991. 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,

Keith Murray

Branch Convenor

Enc.

NEWS FROM YOUR STEWARDS

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 Redclyffe 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 Cosham 327139 between 6.30pm and 8pm on most evenings.

Keith Murray

RCN Convenor

ROYAL
COLLEGE OF
NURSING



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	
<u>Present:-</u>	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.
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 Kevin Short 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 & SOUTH EAST HAMPSHIRE HEALTH AUTHORITY

COMMUNITY HEALTH CARE SERVICES

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

Portsmouth (0705) 662378

Our ref:

Your ref:

Please ask for.....

GMW/PSE

4 November 1991

Mrs. Sylvia Giffin

Code A

Dear Sylvia

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 Sue Frost or myself if you require any guidance.

Yours sincerely

Code A

Gerardine M. Whitney
Community Tutor, Continuing Education.

ENC.

ConfidentialREPORT OF A VISIT TO REDCLIFFE ANNEXE, GOSPORT WAR MEMORIAL HOSPITALAT 21.30 HOURS ON THURSDAY 31 OCTOBER 1991BYGERARDINE M WHITNEY, COMMUNITY TUTOR, CONTINUING EDUCATIONPurpose 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 Agnes Howard (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
G M Whireney **Code A** Date: 31 October 1991
Community Tutor, Continuing Education