Trimedia

# 13 March 2009

### **Draft responses to BBC questions**

#### Note:

- NHS Hampshire is unable to questions that seek to apportion blame as this is beyond the scope of the inquests.
- NHS Hampshire is unable to talk about matters relating to individual members of staff.
- Questions 1 6 and question 9:
  - 1) Are you happy with the standard of care in these ten cases as a whole?
  - 2) Do you accept that some of the doses of drugs administered to some of the ten patients were inappropriate?
  - 3) Could the treatment administered to any of these patients have contributed to their deaths?
  - 4) Were patients lives being put at risk by inappropriate doses of drugs?
  - 5) Why do you think the use of intravenous diamorphine and other drugs was so prevalent during this period?
  - 6) Were patients incorrectly having end-of-life care given when they still had a chance of living?
  - 9) Was the trust adequately supervising the care of patients at the GWMH at that time?

We have been advised that we are not in a position to be able to respond to these questions as they refer to matters which will be explored during the course of the inquests. It would be wrong, therefore, to express an opinion or pass judgement in advance of the Coroner's ruling.

Question 10 – Please clarify what is meant by 'this type of prescribing'?
Prescribing of opiates generally in palliative care? - NHS Hampshire's Head of Medicines Management could respond with details of current prescribing practice across the NHS.

#### Questions: re Gosport War Memorial Hospital inquests.

7) Has the NHS itself ever thoroughly investigated the circumstances surrounding the deaths of these ten individuals? (The CHI report does not go into extensive detail about any of the individual deaths or the conduct of staff responsible for their care)

Yes, we did receive complaints and these were fully investigated. There have also been thorough investigations by the Police on three separate occasions plus investigations by the NHS Commissioner (Ombudsman), the GMC, the NMC and the Commission for Health Improvement.

No evidence of wrongdoing or criminality was established in any of these investigations.

Some complaints were made directly to the Police or Ombudsman which immediately takes the response out of our hands. We had discussions with the authorities at the time that made it clear that we should not carry out any internal investigations that might prejudice their work. In every case where a complaint had been raised directly with the Trust each case was completed prior to the subsequent Police investigation.

Complaints are taken extremely seriously and are investigated according to stringent policies via our Critical Incident or Serious Untoward Incident reporting systems.

Comment [H1]: Ombudsman complaint would have come to NHS first, so not strictly true to catagorise it as part of police investigations.

Comment [H2]: Only the police

8) If it has, has this work ever been published? Have any members of staff faced internal NHS disciplinary procedures as a result of this?

Information relating to the investigations is subject to patient confidentiality regulations and cannot therefore be published.

No criminality or wrongdoing was established in any of the three separate Police enquiries or the investigations by the NHS Commissioner (Ombudsman), the GMC, the NMC and the Commission for Health Improvement.

For data protection reasons, we are unable to provide details of an individual's employment record. Some precautionary measures were taken whilst the investigations were under way but no one was dismissed as a result of the investigations.

10) Does this type of prescribing still take place?

Please clarify what you mean by 'this type of prescribing'.

11) What does the Trust have to say to the families concerned?

We sympathise with the families for the uncertainty that has surrounded these deaths over the last ten years. We fully support the coroner's inquest as a valuable opportunity to look again at the events of the late 1990s and, hopefully, to provide closure for the families concerned.

We would like to reassure people that policies and procedures are now in place at GWMH to ensure that the care provided is of the highest standard. Staff at the hospital have received an award for their professionalism and dedication and The Healthcare Commission has assessed Hampshire PCT and Portsmouth Hospitals NHS Trust as providing 'good' and 'excellent' quality of services.

## Other Questions:

1)Please explain the financial flows/pressures relating to occupancy of beds at Daedalus, Dryad and Sultan Wards from April 1995 to April 2000. This should include details of policy changes during this period, and the impact such changes had on the way the wards were run. I'm particularly interested in any factors which could have led to an increase in demand for beds on these wards, and any financial penalties which might arise if beds were not available. I would also like to know which organisation(s) would assume financial responsibility for patients discharged from GWMH who still needed continuing care and GP support.

Richard making contact with David Pugsley for a statement / confirmation re block contracting.

2) We know that Dr Barton was only able to devote a small part of her working day to her duties as clinical assistant at the hospital. What clinical cover was in place for patients at the former Redcliffe Annex, and how did that change when the unit became part of the main hospital? I am particularly interested in the management decision to allow these wards to function with only a part-time clinical assistant. How was this justified? Please provide any documentation.

Trimedia has forwarded to Emma Topping at PHT to formulate response with lan Reid.

3) Did Dr Barton ever complain that her workload was too high? If so, please provide documentation/details.

Trimedia has forwarded to Emma Topping at PHT to formulate response with lan Reid.

4) Have any formal or informal complaints been made by NHS staff about Dr Barton? If so, by whom, and when.

Data protection regulations mean that we cannot provide details of an individual's employment record.