

GOSPORT INVESTIGATION Q&A

1. **Q:** How many patients died as a result of the use of diamorphine?

A: There is no evidence that any patients died from the wrongful administration of medicine at the trust. CHI's investigation was not directed to finding answers to such questions. We wanted to find out whether there had been a failure in trust systems in delivering patient care of an appropriate standard.

2. **Q:** CHI criticises the trust for failing to take appropriate action when they should have done so, for ignoring the signs that older people may have been harmed by wrongful administration of medicines. Was the trust covering up wrongdoing?

A: In our view, the trust should have instigated an in-depth investigation in response to the complaints from patient families and the start of the police investigation. However, we did not find any evidence that the trust, in not taking such action, was concealing wrongdoing by any of its staff.

3. **Q:** Is the inappropriate administration of diamorphine to older people, as happened in this case, a national problem and, if so, what should be done about it?

A: CHI did not set out to do a national study so we are unable to comment on whether this is a widespread practice. However, the prescription of diamorphine to older people is a common and clinically appropriate practice for older people experiencing severe pain at the end of life.

4. **Q:** CHI praises the trust's approach to clinical governance. How can it do so when obvious problems in treatment of older patients were neither recorded nor reported to senior management, that even though there was a whistleblowing policy, at the time of the incidents, staff felt reluctant to report concerns. Why was this the case?

5. **Q:** Were the nurses and doctors involved in the incidents scapegoated?

6. **Q:** Why haven't bereaved families been shown the critical expert reports referred to in the CHI report?

7. What was the point of investing so much time and money in an investigation into this case when you effectively end up finding that nothing really went wrong and steps have been taken now to ensure that patient care is good? Why did CHI bother investigating when the case had been dropped by the police, the GMC and the UKCC?

A: CHI investigated after careful screening of this case and only when satisfied that it met our criteria. Serious concerns had been raised by a number of bodies about the care of older people, there was an indication that systems at the trust had failed and there were potentially useful lessons for the NHS as a whole in investigating this case. CHI does not only investigate where things have gone badly wrong. In some cases, we will find that the evidence doesn't support adverse allegations and also that major improvements have been made.

8. Is it safe to employ GPs in hospitals? Doesn't this investigation demonstrate the risks of doing so?
9. Wasn't the real culprit in this case the consultant who was in charge of the older people's wards at PWM? Wasn't it her responsibility to put a stop to the indiscriminate prescribing of narcotic medicines:?