

MEETING WITH [Code A] (and [Code A]?, Patch Manager), SOUTH EAST REGIONAL OFFICE

- * [Code A] explained that she started as patch manager in October 2001 and is not very familiar yet with the issues surrounding Gosport WM
- * SERO was not in touch with police re second inquiry
- * Regional office role is one of 'watching from a distance'
- * Any of the work done by SERO on this case would have been done by Regional Director of Public Health Mike Gill in liaison with his opposite number at Portsmouth health authority (Peter Auld) with support from Roy Greenwood (nursing director SERO)
- * SERO were first alerted by health authority through their comms. Department
- * Tracked down special untoward incident report about Gosport on SERO database
- * SERO database doesn't go back far enough to show historic trend of SUIs at Gosport
- * Problem with accountability of Dr Barton 'never tackled head on'; nor were problems of recruiting and retaining medical staff for elderly wards at GWM; 'might have been a bit lax with performance management of consultants there'
- * Much confusion around responsibility for care of elderly in Gosport as it is divided between Portsmouth health authority and Portsmouth Hospitals trusts
- * SERO attends regular elderly care meetings in Portsmouth attended by PCG reps, HA
- * Caroline McKinley is SERO's policy lead for older people and related NSF
- * [Code A] referred to 'regional operational board paper' on GWM from 5 November which he will try to track down and send to CHI
- * SERO performance manager's role would be to instigate and facilitate meetings between key actors in area; doesn't take a proactive role in serious incidents like this
- * [Code A] said that Dr Barton is said to have a good reputation locally in palliative care
- * How would SERO know that GWM is safe for patients? 1) look at numbers of SUIs and discern trends over time; 2) pick up concerns through local intelligence, primarily through meetings between health authority and region at managerial and professional level; 3) look at clinical governance reports - 'best we can do is to know that the processes are good'; civil servant in charge of complaints said that SERO hadn't been monitoring numbers of complaints from GWM
- * SERO will send controls assurance and drugs handling protocols
- * How would region learn from complaints? "We don't!"
- * There hasn't been convenor training in area for last two years; lay chairs are trained but that's a trust responsibility