

**RESTRICTED - INVESTIGATION****Code A**

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**Gosport war memorial hospital**

1. This note follows our conversation last night and confirms my understanding of the gamut of investigatory activity. It raises the issue of how DH should handle requests for information about the Baker enquiry.
2. There are essentially three discrete streams, and there will need to be a fourth. The first is the police investigation, the second is the GMC process, as applied to Dr. Barton, and the third is the audit commissioned by the CMO from Professor Baker.
3. I gather that at yesterday's meeting involving IIU, SOL and the StHA, there were some concerns that the terms of reference drawn up for the third of these should be considered by lawyers. I gather that CMO is aware of these concerns.
4. In these circumstances it seems appropriate for the StHA to establish its own disciplinary process-based investigation, focussing specifically on the adequacy of the organisation's response to the expression of concerns about the quality of patient care since 1991. They should not need to make any public announcement about this fourth stream of investigatory activity, though will obviously want to communicate their intentions to those likely to be involved in such a process. This will include the two PCT CE.s currently compulsorily redeployed.
5. If asked by relatives or other members of the public what was happening, the line for the StHA (and the rest of the local NHS) to take will be that it is not appropriate to comment on any of the streams until they are complete. If asked to share the terms of reference of the audit commissioned by the CMO, they should refer the request to DH.
6. We will need to agree how such requests are to be handled. I am proposing to suggest that they should be routed in the first instance to IIU. Does this seem sensible?

MWG

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