

RESTRICTED : Investigation

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cc:

Code A

**INVESTIGATION INTO SUSPICIOUS DEATHS AT THE GOSPORT WAR
MEMORIAL HOSPITAL: DEVELOPMENTS SINCE 13 SEPTEMBER 2002**

Issue

1. The purpose of this minute is to update Ministers on developments following the announcement on Friday 13 September of the investigation commissioned by CMO.
2. This is a preliminary minute and, as events are moving quickly, subsequent minutes will be submitted as appropriate.
3. On 16 September a number of nurses employed by Gosport PCT handed to managers of the Trust a dossier which appears to indicate that:
 - Nurses raised concerns as long ago as 1991 about high levels of prescribing of diamorphine for patients admitted to Gosport War Memorial Hospital (GWMH), often for patients who were not thought to be in pain. The responsible doctors at that time included Dr Jane Barton
 - Managers of the hospital appeared not to have taken action in a way which satisfied those nurses, despite pressure from the RCN. It is however unclear what action, if any, was taken and how or whether matters were resolved

Background

4. Relatives of patients who died in GWMH in 1998/9 have made allegations to the police that care received hastened their death. The initial police investigation gave rise to three expert reports, and the referral of one of the deaths to the Crown Prosecution Service (CPS). The CPS determined that there were insufficient grounds to proceed.

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5. The police reported the case to CHI and the doctor to the GMC. Relatives referred several nurses to the UKCC (subsequently the Nursing & Midwifery Council (NMC)).
6. CHI investigated and reporting in July 2002. The main conclusions were that there:
 - Was confusion around the objectives of admission to GWMH, as between palliative care or rehabilitation
 - Was inadequate supervision of, and confused contractual arrangements surrounding, GPs working as clinical assistants
 - Were now adequate systems in place sufficient to ensure the delivery of safe care
7. The relatives have continued publicly to question the adequacy of the police investigation. There has been much local press coverage. Two weeks ago the police decided to refer 4 further cases to the CPS, together with the expert reports. The relatives were informed of this.
8. Dr Barton was referred to the GMC. Its Preliminary Proceedings Committee (PPC) has referred her case to the Professional Conduct Committee. The Interim Orders Committee is at present considering whether to impose constraints upon her practice. Dr Barton is currently on sick leave following surgery last week. Her supervising consultant was also referred to the GMC by a relative, although her case was not referred to the PPC.

Current issues

9. A number of nurses originally referred to the NMC are still working in the hospital. Some of them are directly involved in the submission of the dossier.
10. Of the managers who might have been expected to investigate the allegations in 1991, one, Tony Horne, is currently Chief Executive of East Hampshire PCT. Another, Max Millett, has been made redundant and has retired in the recent round of reorganisations and mergers. The third manager, Ian Piper is now Chief Executive of the PCT which currently manages GWMH (Gosport PCT).
11. Dr Barton enjoys much local support from GP colleagues. She was formerly chair of the predecessor Primary Care Group's Professional Executive Committee and is a leading supporter of the hospital and developments there.
12. The current chair the PCT was formerly chair of the Portsmouth Healthcare Trust which managed the hospital until April this year.

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Action being taken

13. Hampshire and the Isle of Wight StHA are managing the process, working closely with officials from DHSC (South)
14. The Community Trust archive and hospital records have been secured.
15. The dossier will be handed to the police, the GMC, and the NMC. Discussions will need to take place between Department of Health and the Hampshire Constabulary on the implications for the investigation commissioned by the CMO, and potentially for the scope of any police investigation. The police and StHA will agree a communications strategy, and this will be done in consultation with the Department of Health officials.
16. External supervision of nurses is being provided to help ensure public confidence and to provide support for them at a difficult time.
17. Dr Barton will be prevented from returning to practice, at least pending completion of the police investigation.
18. The Chairs of the two PCTs (East Hampshire, and Gosport) have agreed that their respective Chief Executives should be re-deployed with immediate effect to duties outside the PCTs, at least until the nature and scope of any police or other enquiry have been determined. The legal position of Max Millett, the Chief Executive who has retired, will need to be assessed.
19. Interim management arrangements for these two PCTs will need to be put in place.
20. The Strategic Health Authority is briefing the local MP, Peter Viggers.
21. Given that there is likely to be significant media coverage of these developments, which would have the effect of causing anxiety to the relative of patients who have died in the hospital, the StHA will establish, through NHS Direct, a public helpline.

DHSC Line to take

The new StHA and the Department of Health are taking this turn of events extremely seriously and are working together in taking the necessary action, including:

- As a first priority, taking further measures to secure patient safety and public confidence, notwithstanding the favourable conclusions about current systems expressed in the recent CHI report. This will be done through the provision of external supervision and support for nurses in the hospital
- The re-deployment of staff where appropriate
- The initiation of further investigations

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- The provision of a public helpline (in conjunction with NHS Direct)

It is not appropriate at this stage, pending further investigation, to make judgements about the contents of the dossier presented by the nurses.

Adrian Pollitt

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