Potential Issues for CHI Media Briefing

"IN CONFIDENCE"

Issue/Lead Person	Response/Action Taken Since 1998	How Impact Monitored? Eg Audit	Evidence of Change
A Medical Staff			
Why, when the police investigation into unlawful killing was begun in 1999, was there no consideration of disciplinary action against the two doctors? What was the rationale for this and is this documents? **Ian Reid/Max Millett**	Examination of the notes did not reveal any evidence to support a charge of unlawful killing. Therefore no action was taken. There was no formal documentation of that decision. + b, c, d from Max.		
What are the clinical accountability arrangements between the consultant and GP's regarding the out of hour's service on Dryad and Daedalus? **Ian Reid**	Patients on Dryad and Daedalus Ward remain the responsibility of the consultant(s) under whose care they have been admitted to these wards. GP's are responsible for providing out of hours cover. There is always a consultant on-call to whom GPs can refer if they wish advice, etc. However at all times the responsibility rests with consultants.		The same arrangements continue to apply today.
How are these arrangements monitored and supervised? **Ian Reid**	The PCT has put into place regular meetings between a senior manager, consultants and the GP practice to review/monitor the policy of out of hours care. It is planned to hold similar		

	meetings with Healthcall, the locum agency.		
What was the Medical Directors view of medical standards at the hospital in 1998/99? **Ian Reid**	In 1998/99 the medical director's view was that standards of care were good.		
Which information would have triggered a referral by the Trust to the GMC? **Ian Reid**	Evidence of a serious breach of/or concern in relation to the professional standards outlined in the GMC guidance to doctors – "Good Medical Practice" and "Maintaining Good Medical Practice".		
What action was taken by the Medical Director to investigate professional standards in the light of the allegation made in late 1998 and when the police reports were received in 2002? **Ian Reid**	In respect of the allegation in 1998 and having examined the case notes, I felt that the standards were in line with those pertaining in a community hospital and I took no further action. At the end of the CHI visit in January 2002 the investigating team intimated that they wished to review recent case records. The police reports were not received until February 2002. I felt that because of the media interest, an external independent review (as proposed by CHI) was the most appropriate way to investigate professional standards. However, it was also decided that an internal audit of prescribing should occur, although there were no		

	indications from informal inquiries of any concerns about prescribing.		
Concern over how sustainable the Elderly Med lead consultant role is on 2 sessions a week. Need to review this. **EHPCT (minor)**	Associate lead consultants now appointed for each of the 3 PCTs.		
Is more permanent medical cover needed at Gosport War Memorial Hospital both in normal hours and outside? How can the isolated staff grade at Gosport War Memorial Hospital be more effectively supported? **Ian Reid**	Ideally, yes. The only "permanent" staff in the NHS are GPs and consultants. It is unlikely that the NHS would stretch to a consultant-based service in a community hospital, given existing shortages of consultants. Staffing by GPs would have to be radically different from the current clinical assistant/hospital practitioner model – e.g. a number of GPs who are half time based in hospital and half time based in a general practice. At present, no such doctors exist. They would need to be trained and would require regular updating to maintain their skills. (This is a national problem). The current staff grade doctor is encouraged to attend educational meetings within the department of elderly medicine at Queen Alexandra Hospital. He also is supervised regularly by the consultants working in Gosport		

		and has access to them for advice.		
9	Concern over the lack of evidence of Consultant supervision of the Clinical Assistant or of any involvement of clinical assistant in the broader policy development of the trust. How was the performance of the clinical assistant supervised and reviewed? And what action was taken? **Ian Reid**	At the time, because of maternity leave and the decision not to employ a locum (because of a previous bad experience), consultant cover at Gosport was extremely stretched. There was no involvement of a clinical assistant in the broader policy development of the trust at that time. As elsewhere in the NHS in that time there was no formal review of the performance of the clinical assistants, many of whom, as in this case, were very experienced GP's. (they are not "Junior Doctors in training"). A Staff Grade doctor was appointed in August 2000 and the staff grade doctor has regular meetings with the consultant in addition to attending consultant ward rounds. The staff grade has an annual appraisal.		
10	Concern of lack of formal systems to appraise the performance of clinical assistants (national issue). What arrangements are in place now in local community hospitals? **Ian Reid**	These are being developed.		
11	What action has been taken to ensure we now have formal appraisal and supervision	All training grade doctors have an educational supervisor and there is a requirement for there to be		

	systems for all training grade doctors? **Ian Reid/Lesley Humphrey**	regular meetings between the trainee and the educational supervisor where performance is appraised and a record is kept of the issues discussed and any actions agreed.		
12	What action has been taken in relation to the named consultant regarding the need to improve supervision of training grade doctors at Gosport? **Ian Reid**	There are <u>no</u> training grade Doctors in Elderly Medicine in GWMH but Consultant staff cover has been improved so as to allow regular supervision of the staff grade Doctor to take place. The named consultant has received copies of the police reports, is aware of the issues raised and the need for supervision of non-consultant career grade staff. Regular supervision meetings now occur.		
13	What are the medical accountability and Governance arrangements of GP's working for the Trust on the bed fund? Recognise this is a National issue. Need to engage PCT clinical governance panel. **Fiona**			
14	Concern re long delays sometimes for Healthcall to arrive at the hospital. What have we done? What is the process to report long waits? **Fiona**			
15	Need to review out of hours GP contacted at Gosport			

Fiona			
Has there been any improvement to the contact for Dryad and Daedalus out of hour's service with the providing practice? **Fiona**			
What action was taken regarding the doctors when the police reports were received in February 2002? **Ian Reid**	The Medical Director saw the clinical assistant and it was agreed that the clinical assistant would no longer admit/care for any patients in Gosport War Memorial Hospital until the GMC investigation had been completed at which time the position would be reviewed. The clinical assistant also agreed that her out of hours responsibilities as part of the practice providing out of hours cover to Daedalus and Dryad ward, would remain with Healthcall (a locum agency). The Director of Public Health at that time also asked the clinical assistant to refrain from prescribing opiates in general practice until the hearing by the Interim Orders Committee of the General Medical Council. At the hearing of 9th May the Interim Orders Committee decided that doctor could continue to practice without any restriction in registration. The voluntary agreement to refrain from prescribing opiates in general		

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	practice was rescinded. In respect of the consultant a discussion on the police report has occurred and the consultant is aware of the responsibilities of supervision.		
What else has changed at Gosport since 1998 in relation to the provision of medical cover? **Ian Reid**	Improved consultant cover and particularly cover for annual leave and study leave etc.		
B Prescribing			
Once the initial allegation was made in late 1998 why was an immediate review of hospital prescribing information undertaken to look for trends, issues etc not undertaken? **Ian Reid**	The trust was unaware on what basis the allegation of unlawful killing was made and examination of the records including prescribing did not ~~give cause for concern~~.		
When did the use of the broad prescribing range of 20 to 200mg of diamorphine stop at Gosport Hospital? **Ian Reid**	At some time during 1999.		
Why did it take until 2002 before a formal audit of prescribing took place? **Ian Reid**	It took a considerable time to develop the pain management policy. It was formally launched in May 2001. In June 2001 the Medical Director and Director of Public Health discussed an audit of the pain management policy and agreed that this would be most appropriately conducted by an external person or body and		

		following discussions between the Director of Public Health and the Chief Executive of the Health Authority, CHI was approached about doing this.	? The range issue	
22	Why did it take so long for a Pain Management Policy to be produced? **Ian Reid**	A new Prescribing/Pain Management protocol was developed by the Medical Director and piloted on Dryad ward in late 1999/early 2000. Unfortunately in practice it was found that this had limitations and could potentially have led to less safe prescribing. Because of this and the desire to link to the local palliative care service, involve all the local community hospitals and put nurse training programmes, etc in place, it was 2001 before the policy was formally launched.		
23	Reference to the Wessex Guidelines. We need to either remove these from the wards or be clear of how they fit with the pain policy. **Ian Reid/Fiona**	?		
24	Has the recent prescribing audit reviewed the use of Opiates, Midazolam, major tranquillisers and Hyoscine Butylbromide, or just opiates? **Ian Reid**	It was the intention to review all four but due to a misunderstanding only opiate prescribing was reviewed. It is known that the total use of Midazolam and major tranquillisers is extremely low. Nevertheless, pharmacy is going to review prescribing of the other	During the first two weeks there were no patients on opiates.	

	agents.		
25 Can we explain the reasons for changing prescribing on Diamorphine over time, contained in the CHI report and why there are variations between wards? **Ian Reid**	The change in prescribing pattern probably reflects case mix. (In 1998 and 1999 an increasing number of sick frail elderly people were transferred to Gosport War Memorial Hospital to try to relieve pressure on beds in the Royal Hospital Haslar and Queen Alexandra Hospital). Case mix differences again probably account for the differing prescribing patterns between the wards.		
26 Remote relationship between PHT Pharmacy service and community hospitals and increasing workload. What have we done to improve this? Need to review a pharmacy service. **Fiona**			
27 Need for greater IT access at Gosport War Memorial Hospital to allow for clinical specific records. What have we done and what more is needed? **Fiona**			
28 The possibility of using the intranet for Compendium of Drug Therapy Guidelines. Is there now IT access to the Internet and intranet at Gosport War Memorial Hospital? **Fiona**			
PCT's need systems to alert the			

29	Trust Board of unusual or excessive patterns of prescribing. Can we link this into PCT prescribing advisor role? How to access and report the information? **Fiona**	A meeting is in the process of being arranged to ensure		
30	Has anything else been done to improve prescribing practise at Gosport Hospital? **Ian Reid**	~~The~~ pharmacy makes available data on the total amount of opiates, midazolam and other major tranquillisers supplied, on a regular basis.		meeting date
	C Complaints			
31	Why was no formal internal management review, undertaken between 1998-2002 when the three complaints and knowledge of a policy investigation has been received? **Max**			
32	Why did the allegation of unlawful killing not prompt action by the Trust eg suspension of staff whilst an investigation was undertaken? **Max**			
33	Concern re lack of connection between several similar complaints. Have we established an independent look at complaints at Board level/Clinical Governance Panel to look for connections/themes? **Fiona/Lucy**			
	Have we taken action to make			

34	complaints leaflets more readily available on wards? **Fiona**			
35	Concern over the rigour of the first complaint internal investigations. What have we done to ensure investigations are rigorous and independent? **Fiona**			
36	Not all staff had attended complaints handling training. What have we done to improve this and how many have now been trained? **Fiona**			
37	How to we use the information gained from complaints? **Fiona**			
	D Police Investigation and the Board			
38.	Once the Chief Executive became aware of the police investigation why were the Trust Board not informed? **Max**	MM D1 a, b, c.		
39	Why did the allegation of unlawful killing not prompt action by the Trust eg suspension of staff whilst an investigation was undertaken? **Max**	see 19 + 31		
40	The Board were not formally informed that the police were investigating an allegation of unlawful killing. Need to ensure			

	complaints policy is reviewed to ensure that internal investigations should not cease when a police investigation begins. **Fiona**			
41	Was there an agreed action plan in place during 1999, 2000, 2001, which the Board was monitoring to reassure themselves, that progress was being made? **Max**	MM D4 a+b.		
	E Nursing Issues			
42	Was there consideration of disciplinary action against any nurses following the allegation of unlawful killing in late 1998 and if there was what was the rationale for taking no action and is this documented? **Eileen/Max**			
43	What was the view of the nursing director of the standards of nursing care at the hospital in 1998/99? **Eileen**			
44	What action has been taken to review other deaths at Gosport Hospital in 1998/99? **Fiona**			
45	Which information would have triggered a referral of the nurses by the Trust to the UKCC? **Eileen**			
46	What action was taken by the			

	Nursing Director to investigate professional nursing standards following the allegation in 1998 and the receipt of the police reports in 2002? **Eileen**			
47	A need identified to review the activity co-ordinator role. **Fiona**			
48	What were the results of the recent audit of record keeping, pain management, nutrition and fluids records and what further action is needed? **Fiona**			
49	What action has been taken regarding improving nursing supervision? **Fiona**			
50	What further action is planned to improve the quality of nursing records? **Fiona**			
51	Are the passage of time, the existence of changed policies, the training of staff and the current performance of individual's sufficient reasons for deciding not to pursue disciplinary action in the face of serious concerns? **Eileen/Fiona**			
52	Concern re the lack of documentation regarding nutrition and a complacency, as locally written protocols had not been			

	produced throughout the service. Are local protocols now in place at Gosport War Memorial Hospital? **Fiona**			
53	Concern at lack of recorded nurse training re syringe drivers and drug competencies on Dryad, Daedalus and Sultan. Has access to and recording of training improved? How many nurses have now been trained? **Fiona**			
54	Need to sustain the improvement in nurse leadership in the hospital, especially Dryad Ward. **Fiona**			
55	Concern at lack of regular ward meetings on Dryad. Are there regular nurse meetings on Dryad now? **Fiona**			
56	Concern regarding swallowing assessments out of hours. Nurses need to be trained. **Fiona**			
	F Multi Disciplinary Team Working			
57	Meetings are less well developed on Dryad and Sultan. What have we done to improve this? **Fiona**			
58	Need to ensure hospital pharmacist participate in multi			

disciplinary team meetings and have access to medical/nursing notes. **Fiona**			
G Communications			
59 Lack of clarity with regard to what types of care are available for the elderly (what does slow stream rehab mean etc) and what are the likely outcomes. This leads to differing expectations, which are not helpful. Need for common definitions for PHT, Gosport War Memorial Hospital, GP's, Patients and families. **Fiona**			
60 Who has responsibility for implementing the "User Involvement in Service Development Framework"? **Fiona**			
61 How is the PCT implementing PALS and ensuring users and carers are involved? **Lucy**			
62 How can we ensure that findings of patient surveys are shared across the PCT? **Fiona**			
63 Difficulty in managing transferred patients from PHT where a "more rosier picture than could be justified" had been painted. What action have we taken with PHT			

	and Elderly Medicine? **Fiona**			
	H Admission Criteria			
64	Patients with higher dependency are now being admitted to Sultan. We need to review the criteria. **Fiona**			
65	Confusion over what types of care are available for elderly people and what the anticipated outcome are also see communications with family rehabilitation means slow stream etc need common definitions. **Fiona**			
66	How to react to the more complex case mix? Need for a review of nursing and medical staff. **Ian Reid/Fiona**	?		
	I Communications with Relatives			
67	Managing expectations. What was the outcome of the review of the Daedalus multi disciplinary team review of patient outcomes against referral letter goals and ward clinical policy? **Fiona**			
68	What have we done to improve communication with relatives especially with regard to bereavement? **Fiona**			

J Organisational Arrangements			
69 Do we need to formally link Gosport Hospital Elderly Medicine Services with East Hants PCT and/or link all Elderly Medicine Services with PHT? **Ian Piper/Tony Horne**			
K Transfer Arrangements			
70 Problems with transfers from Haslar. What have we done re improving arrangements? **Fiona**			
L Patients Own Clothes			
71 What have we done to ensure patients are able to wear their own clothes? **Fiona**			
M Clinical Governance			
72 Understanding of risk management is patchy. What can we do to improve this? **Fiona**			
73 What have we done to strengthen gathering the views of users? **Fiona**			
74 How are we linking with East Hants PCT's Clinical Governance arrangements? **Fiona**			
75 What have we done to close the loop i.e. to ensure that practice is			

	changed and improved following audit and other types of investigations? **Fiona**			
76	CHI less confident that medical staff used the risk reporting system. What can we do to improve this? **Ian Reid**	Training events for medical staff. will be put in place.		
77	CHI less confident re awareness of the whistle blowing policy. How can we increase awareness? **Fiona/Jane Parvin**			
78	Need to ensure we sustain the Divisional Performance Review process to ensure a regular focus on Quality issues/develop Clinical Governance Section. **Fiona**			
	Summary			
79	We need to pull together a list of all actions taken at Gosport War Memorial Hospital since 1998 to the present day in relation to medical staffing, prescribing, nursing, communications etc. **Fiona/Lesley/Ian Reid**			