



13 March 2009

Draft responses to BBC questions

Note:

- NHS Hampshire is unable to questions that seek to apportion blame as this is beyond the scope of the inquests.
- NHS Hampshire is unable to talk about matters relating to individual members of staff.
- Questions 1 - 6 and question 9:
 - 1) *Are you happy with the standard of care in these ten cases as a whole?*
 - 2) *Do you accept that some of the doses of drugs administered to some of the ten patients were inappropriate?*
 - 3) *Could the treatment administered to any of these patients have contributed to their deaths?*
 - 4) *Were patients lives being put at risk by inappropriate doses of drugs?*
 - 5) *Why do you think the use of intravenous diamorphine and other drugs was so prevalent during this period?*
 - 6) *Were patients incorrectly having end-of-life care given when they still had a chance of living?*
 - 9) *Was the trust adequately supervising the care of patients at the GWMH at that time?*

We have been advised that ~~as these are matters which will be explored during the course of the inquests, it would be inappropriate for us to comment and/or express an opinion~~

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- Question 10 – Please clarify what is meant by *'this type of prescribing'*?
Prescribing of opiates generally in palliative care? - NHS Hampshire's Head of Medicines Management could respond with details of current prescribing practice across the NHS.

Questions: re Gosport War Memorial Hospital inquests.

7) Has the NHS itself ever thoroughly investigated the circumstances surrounding the deaths of these ten individuals? (The CHI report does not go into extensive detail about any of the individual deaths or the conduct of staff responsible for their care)

Yes, we || would suggest you say that the then PCTs etc unless you are, as the current wording implies, suggesting NHS Hampshire post inception did receive complaints and these were fully investigated. There have also been thorough investigations by the Police on three separate occasions plus investigations by the NHS Commissioner (Ombudsman), the GMC, the NMC and the Commission for Health Improvement.

No evidence of wrongdoing or criminality was established in any of these investigations.

Some complaints were made directly to the Police or Ombudsman which immediately takes the response out of our hands. We had discussions with the authorities at the time that made it clear that we should not carry out any internal investigations that might prejudice their work. In every case where a complaint had been raised directly with the Trust each case was completed prior to the subsequent Police investigation.

Comment [H1]: Ombudsman complaint would have come to NHS first, so not strictly true to categorise it as part of police investigations.

Comment [H2]: Only the police

Complaints are taken extremely seriously and are investigated according to stringent policies via our Critical Incident or Serious Untoward Incident reporting systems.

8) If it has, has this work ever been published? Have any members of staff faced internal NHS disciplinary procedures as a result of this?

The investigations undertaken are confidential and subject to the principles in the Data Protection Act 1998. The CHI report has been published and available on the [] website. We are unable to respond to publication of investigations by other authorities and we would suggest you approach those authorities for a response in respect of other investigations undertaken.

As far as NHS Hampshire is aware, no criminality or wrongdoing was established in any of the three separate Police enquiries or the investigations by the NHS Commissioner (Ombudsman), the GMC, the NMC and the Commission for Health Improvement.

Deleted: Information relating to the investigations is subject to patient confidentiality regulations and cannot therefore be published. ¶

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For data protection reasons, we are unable to provide details of an individual's employment record. Whilst no one was dismissed as a result of the investigations during the course of the investigations steps were taken for re-deployment on an interim basis.

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10) Does this type of prescribing still take place?

Please clarify what you mean by 'this type of prescribing'.

11) What does the Trust have to say to the families concerned?

The PCT understands and appreciates that the families are of the view that a number of questions remain unanswered despite the various and numerous investigations that have taken place over the last ten years which is regrettable.

Deleted: We sympathise with the families for the uncertainty that has surrounded these deaths over the last ten years

NHS Hampshire fully support the coroner's inquests and view them as a valuable opportunity to look once again at the events of the late 1990s with a view, hopefully, to providing closure for the families concerned.

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NHS Hampshire would like to reassure the public that the policies and procedures now in place at GWMH ensure that the care provided is of the highest standard. Staff at the hospital have received an award for their professionalism and dedication and The Healthcare Commission has assessed Hampshire PCT and Portsmouth Hospitals NHS Trust as providing 'good' and 'excellent' quality of services.

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Other Questions:

1) Please explain the financial flows/pressures relating to occupancy of beds at Daedalus, Dryad and Sultan Wards from April 1995 to April 2000. This should include details of policy changes during this period, and the impact such changes had on the way the wards were run. I'm particularly interested in any factors which could have led to an increase in demand for beds on these wards, and any financial penalties which might arise if beds were not available. I would also like to know which organisation(s) would assume financial responsibility for patients discharged from GWMH who still needed continuing care and GP support.

Richard making contact with David Pugsley for a statement / confirmation re block contracting.

2) We know that Dr Barton was only able to devote a small part of her working day to her duties as clinical assistant at the hospital. What clinical cover was in place for patients at the former Redcliffe Annex, and how did that change when the unit became part of the main hospital? I am particularly interested in the management decision to allow these wards to function with only a part-time clinical assistant. How was this justified? Please provide any documentation.

Trimedia has forwarded to Emma Topping at PHT to formulate response with Ian Reid.

3) Did Dr Barton ever complain that her workload was too high? If so, please provide documentation/details.

Trimedia has forwarded to Emma Topping at PHT to formulate response with Ian Reid.

4) Have any formal or informal complaints been made by NHS staff about Dr Barton? If so, by whom, and when.

Data protection regulations mean that we cannot provide details of an individual's employment record.