

Hampshire **NHS**
Primary Care Trust

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5.9.08

Dear Sue

Many thanks for your help
with phone calls today.

I enclose two documents that
I would have tabled today
for information.

Regards

Mary

Mary Deeks
Project Officer (GWMH)

09 SEP 2008

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Note of the Pre-Inquest Hearing on Thursday 14 August 2008

This is a note of the decisions made at the Pre-Inquest Hearing. The note is brief so that it could be provided speedily.

The Deputy Coroner, Mr Andrew Bradley, conducted the meeting. This was on the lines of the administrative matters which he had outlined in advance. There was a detailed discussion with submissions from the legal representatives and the opportunity for relatives to comment. The Coroner emphasised that this was a private and not a public hearing. He stated that he did not wish there to be any publicity at this stage.

In attendance:-

- (i) Deputy Coroner, Mr Andrew Bradley
- (ii) John White, from Blake Lapthorn
- (iii) Anita Perry, assisting John White from Blake Lapthorn
- (iv) Barrister, Harriett Jerram, instructed by Blake Lapthorn
- (v) Mr Charles Farthing
- (vi) Mr Ian Wilson
- (vii) Mr Ian Barker, solicitor from the Medical Defence Union, on behalf of Dr Barton
- (viii) Detective Sergeant [Code A] from the police
- (ix) Detective Sergeant [Code A] from the police
- (x) Mrs Packman and her daughter
- (xi) Mr and Mrs Russell
- (xii) Adele Watson, solicitor from Field Fisher Waterhouse, for the GMC

The decisions were as follows:-

1. The Inquest will proceed as one Inquest but there will be conclusions reached in respect of each and every individual death.
2. There will be a Jury.
3. The Inquest will proceed without having to wait for the outcome of the GMC Hearing.
4. The following live witnesses will attend:-
 - Dr Wilcox, expert
 - Professor Black, expert
 - Dr Barton
 - Dr Read
 - Nurse Griffin
 - Nurse Turbitt
 - Nurse Turnball
 - Sister Jones
 - Dr Logan
 - Nurse Jill Hamblyn
5. A bundle of documents from the Coroner will be circulated. At that stage it can be decided what, if any, other witnesses may be dealt with under Rule 37 i.e. evidence that is taken in writing.
6. Time estimate: It is anticipated that the Inquest will take 4 – 6 weeks. The Coroner was keen to ensure that there is no need for adjournments or rolling issues onto a subsequent hearing date, so that closure can be achieved.
7. Date of hearing: 9 March 2009, anticipated for 6 weeks.
8. Other families: Blake Lapthorn provided details to the Coroner in respect of Gillian McKenzie, Ian Williamson, Margaret Ward, Mr Stevens, Emily Yates and Lynn Sharp. It was felt best tactically not to try to force the Coroner to make a premature decision about including any other families at this stage. It

was felt that the position will become clearer when disclosure of documents is given. Also the Coroner stated that the decision in respect of the 10 deceased persons included within the Inquest was that of the Secretary of State and it was not his decision. Blake Laphorn and the barrister, Harriet Jerram, will identify the relevant Secretary of State and provide details to AvMA.

The next stage will be receipt of the disclosure bundles by the interested parties. Blake Laphorn will provide copies to the relatives of the 10 deceased who have instructed them. In relation to other families of the 10 deceased the Coroner will provide disclosure.

This means that we have a Jury Inquest, a realistic time estimate and sufficient time to prepare and address disclosure issues properly. This is an excellent outcome and a good basis on which to move forward.

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GOSPORT WAR MEMORIAL HOSPITAL

CHI ACTION PLANS

Hampshire Primary Care Trust

This document is a check-list of the recommendations made in the CHI Report dated July 2002. Organisations are asked to look at each recommendation and see whether the recommendation has been addressed. If the work is in progress rather than complete this should also be indicated. This document is prepared in contemplation of the Inquest and legal proceedings.

Dryad Ward - now an EMH ward run by PHT
Daedalus Ward - now EMH ward run by PHT
Sultant Ward - GP led beds, run by GWMH (HPCT)

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	CHI Recommendation	Complete/ In progress/ Not started	Evidence
1	The Fareham and Gosport PCT and East Hampshire PCT should work together to build on the many positive aspects of leadership developed by Portsmouth Healthcare NHS Trust in order to develop the provision of care for older people at the Gosport War Memorial Hospital. The PCTs should ensure an appropriate performance monitoring tool is in place to ensure that any quality of care and performance shortfalls are identified and addressed swiftly.	Complete	Gerontological programme delivered in conjunction with the RCN. Attended by G and F grade staff, for cascade down to their teams. Skills of nurses improved - cannulation, administration of IV drugs, and venepuncture are now universal skills.
2	The Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sultan ward.	Complete	Admission criteria revised several times. Now beds are used as step-up beds with a GP lead. There are daily ward rounds.
3	The East Hampshire PCT and Fareham and Gosport PCT should review all local prescribing guidelines to ensure their appropriateness for the current levels of dependency of the patients on the wards.	Complete	Prior to establishment of Hampshire PCT we had a shared medicines policy with PCT/PCT and PHT. This can be accessed via the link G:\Medicines Management Team\Provider pharmacy services\policy Hampshire PCT
4	The Fareham and Gosport PCT should review the provision of pharmacy services to Dryad, Daedalus and Sultan wards, taking into account the change in case mix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds.	Complete	Pharmacist was employed to work 4 days a week at GWMH - providing a full clinical pharmacy service to the wards
5	As a priority, the Fareham and Gosport PCT must ensure that a system is in place to routinely review and monitor prescribing of all medicines on wards caring for older people. This should include a review of recent diamorphine prescribing on Sultan ward. Consideration must be given to the adequacy of IT support available to facilitate this.	Complete	Pharmacist was employed to work 4 days a week at GWMH - providing a full clinical pharmacy service to the wards. As part of this work audits were carried out
6	The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff including GPs are trained in the prescription, administration, review and recording of medicines for older people.	Complete	A training programme was put in place. Programme can be found at G:\Medicines Management Team\Provider pharmacy services\reports and audits\community hospitals\medicines management roadshow
7	All patient complaints and comments, both informal and formal, should be used at ward level to improve patient care. The Fareham and Gosport PCT and East Hampshire PCT must ensure a mechanism is in place to ensure that shared learning is disseminated amongst all staff caring for older people.	Complete	All complaints are put through the same procedure, with a meeting to discuss what went wrong, and an action plan drawn up. All complaints go to the ward concerned so they can learn from it.

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	CHI Recommendation	Complete/ In progress/ Not started	Evidence
8	Fareham and Gosport PCT should lead an initiative to ensure that relevant staff are appropriately trained to undertake swallowing assessments to ensure that there are no delays out of hours.	Complete	Following the CHI report three nurses were trained in swallowing assessments. Now better SALT input to ward, and no OOH admissions so no issue. Stroke ward nurses are trained for swallowing assessments, and can help. They are PHT staff.
9	Daytime activities for patients should be increased. The role of the activities coordinator should be revised and clarified, with input from patients, relatives and all therapists in order that activities complement therapy goals.	Complete	The activities co-ordinator is employed by PHT, although she covers Sultan ward as well.
10	F&G PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the <i>Essence of Care Guidelines</i> .	Complete	There are assessment tools which are applied to all patients on admission regarding both nutrition and continence. There is a continence link nurse on each ward.
11	Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.	Complete	<i>The electronic DATIX system of reporting untoward events, near misses etc has replaced a system based on paper forms. Customer care course regularly provided</i>
12	Within the framework of the new PALS, PCTs should, as a priority, consult with user groups and consider reviewing specialist advice from national support and patient groups, to determine the best way to improve communication with older patients and their relatives and carers.	Complete	PALS office is based in Basingstoke, and provides full professional support
13	The provision of out of hours medical cover to Daedalus, Dryad and Sultan wards should be reviewed. The deputising service and PCTs must work towards an out of hours contract which sets out a shared philosophy of care, waiting time standards, adequate payment and a disciplinary framework.	Complete	The services in place at the time of the investigation have changed. Dryad and Daedalus wards run by PHT. There are Registrars and F2s on those wards. Rehab and stroke services have moved to Ark Royal and Collingwood, and are managed by PHT. . Sultan ward is run by HPCT, and it is covered by an OOH service provided by GPs.
14	The Fareham and Gosport PCT and East Hampshire PCT should ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.	Complete	As above. The admission criteria are much tighter, and there is much more medical support.

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	CHI Recommendation	Complete/ In progress/ Not started	Evidence
15	Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.	Complete	Senior nursing staff have all been appointed since the publication of CHI report, who are better trained than their predecessors. Nurses attend more courses now, and a new leadership course starts Autumn 2008 for band 7/8a staff.
16	The Fareham and Gosport PCT should develop local guidance for GPs working as clinical assistants. This should address supervision and appraisal arrangements, clinical governance responsibilities and training needs.	Complete	There are no longer any clinical assistants on the wards. The GPs running Sultan ward have regular appraisals in line with national requirements.
17	Fareham and Gosport PCT and East Hampshire PCT should ensure that the learning and monitoring of actions arising from complaints undertaken through the Portsmouth Healthcare NHS Trust quarterly divisional performance management system is maintained under the new PCT management arrangements.	Complete	This procedure is integral to the handling of complaints. The action plans arising from complaints are fully auditable and are followed up.
18	Both PCTs involved in the provision of care for older people should ensure that all staff working on Dryad, Daedalus and Sultan wards who have not attended customer care and complaints training events do so. Any new training programmes should be developed with patients, relatives and staff to ensure that current concerns and the particular needs of the bereaved are addressed.	Complete	The HPCT staff training matrix is available for inspection and a customer care course is regularly provided.
19	The Fareham and Gosport PCT and East Hampshire PCT must fully embrace the clinical governance developments made and direction set by the trust.	Complete	The PCT has full clinical governance arrangements in place covering GWMH.
20	All staff must be made aware that the completion of risk and incident reports is a requirement for all staff. Training must be put in place to reinforce the need for rigorous risk management	Complete	This is done. Staff enter the risk information on DATEX database, which would provide evidence.
21	Clinical governance systems must be put in place to regularly identify and monitor trends revealed by risk reports and to ensure that appropriate action is taken.	Complete	Minutes of Clinical Governance Committee available as evidence that this happens.
22	The Fareham and Gosport PCT and East Hampshire PCT should consider a revision of their whistle blowing policies to make it clear that concerns may be raised outside of normal management channels.	Complete	F&G whistleblowing policy Nov 2003, updated 2004. HPCT whistleblowing policy HR/P&P.19/V1.00, last updated September 2007

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CHI Recommendation		Complete/ In progress/ Not started	Evidence
23	Hampshire and Isle of Wight Strategic Health Authority should use the findings of this investigation to influence the nature of local monitoring of the national service framework for older people.		
24	The Department of Health should assist in the promotion of an NHS wide understanding of the various terms used to describe levels of care for older people.		
25	The Department of health should work with the Association of Chief Police Officers and CHI to develop a protocol for sharing information regarding patient safety and potential systems failures within the NHS as early as possible.		