Questions and Answers

General Inquest Q&As

Q. What is the purpose of an Inquest?

A. The purpose of an inquest is for the coroner to determine how the individual met their death, the cause / nature of the death and in some circumstances investigate further the circumstance of that person's death.

Q. What is this inquest concerned with?

A. This inquest is concerned with the death of Gladys Mable RICHARDS in August 1998. She was an in-patient at Gosport Ward Memorial Hospital at the time of her death.

Q. Isn't it rare to have an inquest 10 years after the death of a person and in the absence of a body or post mortem reports?

A. Yes it is, however an inquest is an opportunity for families to get some answers about how their loved ones died.

Q. Why has an inquest into this death been called when the police investigations found no evidence of wrong doing?

A. The police investigations focused on whether there was any evidence of criminality with respect to this patient's death at Gosport War Memorial hospital. The role of an inquest is to determine how a person met their death and potentially the circumstances surrounding their death.

Q. Is this inquest related to ten others held four years ago?

A. Yes it is. In 2009, the Portsmouth Coroner, David Horsley, heard ten inquests into the deaths of patients at the Gosport War Memorial Hospital. These cases came to light after the death of Gladys Richards was investigated by the police and highlighted in the media.

Dryad and Daedalus Wards Q&As

Q. How were patients managed on Dryad and Daedalus wards at GWMH at the time?

A. At the time, a local Gosport GP was employed to work as clinical assistant to provide junior medical cover at GWMH. The GP worked under the guidance of a consultant and visited Dryad and Daedalus wards at GWMH each morning, Monday to Friday. The GP surgery provided an out of hours service with one of the partners attending the wards for specific needs when required. Each ward had a consultant round approximately once a week, a different consultant covering each ward. The consultants, all geriatricians were based at Queen Alexandra Hospital in Portsmouth.. Their clinical caseload could include a day hospital session and/or outpatient session at GWMH, and thus they were present on the GWMH site for advice at specific periods in addition to their ward rounds.

Q. What is the current caseload of patients on Dryad and Daedalus wards at GWMH and how are these managed?

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Q. What was the pain management policy at GWMH's Dryad and Daedalus wards at time?

Staff used a booklet referred to as the Wessex Guidelines (more accurately called "The palliative care handbook guidelines on clinical management") for prescribing drugs to manage pain.

Q. How was diamorphine prescribed and administered on Dryad and Daedalus wards?

A. Each ward had a controlled drug book in which would be entered details of the ward stock levels of the drug in question; the amount administered to any patient at a specific time and date, and a running total of the stock.

Before nursing staff could administer a controlled drug, the stock levels and the amount to be given would have to be checked by 2 members of staff. They would then draw it up and prepare the syringe. The syringe driver mechanism would then be set to release the amount of medication prescribed for the 24-hour period.

Q. What was the approach to end of life care and the use of diamorphine on Dryad and Daedalus wards?

A. Health services must always be subjected to public scrutiny; however issues around pain relief and end of life care are seldom clear cut. As a result both patients and their relatives can be caused unnecessary anxiety about treatment, and even worse patients can be left to die in pain when clinicians become concerned about litigation should relatives disagree with a palliative approach to care.

Some of relatives of the patients who died at GWMH are concerned that the use of some drugs and the amounts prescribed caused the death of family members who were in-patients on Dryad and Daedalus wards. Some of the complaints at the time related to the ability of staff to talk to families and it has become clear that often friends and relatives were not properly informed or aware that a palliative care approach was being taken.

As a result, they had minimal or confused understanding of the appropriate medication to be given, and their expectations as to outcome was at variance to that of the clinical team.

Q. What is meant by palliative care?

A. The term palliative care means treating symptoms (e.g. pain, nausea, vomiting etc) rather than trying to cure an illness. This approach is taken when it is recognised that a cure is not possible or may in itself pose unacceptable risks, and this could be for a number of reasons. This term is used by many people as a euphemism for end of life care, although with the introduction of the Liverpool Care Pathway and the Gold Standard for end of life care this is now less common.

Those on a palliative care approach are likely to end their life on this care pathway; however death may be months, or even years away when this approach is commenced. An elderly person may have many problems yet manage well, even living independently, but their body may be swiftly overwhelmed by a seemingly simple illness, or trauma such as a fractured hip and surgery, following a fall.

Family Concerns Over Patient Care Q&A

Q. What opportunities were there for family members to raise concerns about the care of a loved one?

A. The hospital had a complaints procedure in place, which could be accessed by family as well as patients. Complaints and concerns could also have been raised with the Primary Care Trust (PCT) which commissioned health services at the hospital (Fareham & Gosport PCT ??).

The families believe not enough opportunities were given for them to ask questions. Equally, they have expressed concerns that the type of care being administered to the patient was not properly explained to family, leading to misunderstandings after a patient's death.

Comment [RU1]: This may be assuming too much pre-inquest and is based on the findings of the previous inquests.

Q. What is the provider doing to ensure care at the hospital is better now?

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Q. What is the Fareham & Gosport Clinical Commissioning Group doing to ensure patients receive good care?

Details of KPIs in contracts… regular contract meetings… Performance management meetings & staff liaison meetings?

Q. How will the Clinical Commissioning Group ensure concerns or complaints are heard and acted upon?

A. The Fareham and Gosport Clinical Commissioning Group (CCG) is responsible for commissioning or buying/arranging healthcare for residents living in Fareham and in Gosport.

The CCG believes that it is crucially important to hear about the concerns of patients and/or their families and as a result, it has established a number of mechanisms to ensure this. The community hospital has a concerns and complaints service in place.

In addition, the CCG receives concerns or complaints from patients or family members.

Both the CCG and the service provider will investigate every concern or complaint raised and will ensure feedback is given to the complainant. In addition, where appropriate, improvements to the services will be enacted as quickly as possible.

The CCG will follow recommendation 109 of the Francis Report to ensure that methods of registering a complaint are readily accessible and easily understood and multiple comments and complaints gateways are provided to patients and families, both during treatment and after its conclusion.

Q. Following the publication of the Francis Report in early February, what is the CCG doing to ensure high standards at the Gosport War Memorial Hospital?

The CCG readily accepts its responsibilities to ensure that the events at the Mid Staffordshire NHS Foundation Trust are not repeated. It will work with NHS Commissioning Board locally to devise enhanced quality standards that will drive improvement in the health service.

Comment [RU2]: Francis recommendation. 17

Crucially the CCG will work hard to ensure excellent communication with and about patients. It will look to ensure that information about an older patient's condition, progress and care and discharge plans should be available and shared with that patient and. Where appropriate, with those close to them.

Comment [RU3]: Francis recommendation 238

In addition, it will ensure, through effective relationship management with its providers, that it receives accurate information about the performance of its providers.

The CCG fully understand that it is accountable to the public for the scope and quality of the services it commissions and is committed to ensuring patient and public involvement in its activities. It will therefore introduce regular patient and public surveys, consult with patient forums and local representative groups and establish

Comment [RU4]: Francis - 135

other regular patient engagement activities to ensure local views are incorporated into plans.