# Gosport Investigation - concerns raised by nurses

## Background

It has been reported to CHI that nurses at the Gosport War Memorial Hospital have presented a dossier (unseen by CHI) to the Chief Executive of the Fareham and Gosport PCT detailing concerns regarding prescribing dating back to 1991. This information has been passed to the DoH. CHI understands that that this dossier includes correspondence from the RCN to trust management. Local and regional RCN representatives spoke to CHI as statutory stakeholders, these concerns were not raised with CHI.

### Opportunity to raise concerns

CHI interviewed 67 staff (including ex-staff), 26 were nurses. Opportunities were given to current staff and ex employees via trust and local media to raise concerns to CHI via telephone, letter and meetings. These channels of communication were open for 6 months.

#### CHI interviews

The CHI investigation team were provided with a template for questioning nurses, which included the following issues; raising concerns, challenging inappropriate behaviour of colleagues and pain management.

Staff interviewed were given the opportunity to raise any other issues with the CHI team at the conclusion of each interview. Early evaluation feedback from staff (anonymised) post publication does not indicate any concerns that issues raised by staff in interviews were not covered in the report.

CHI was told in detail by one nurse (1) that she raised concerns to ward manager regarding levels of prescribing & that these were dismissed. A second nurse repeated concerns to a lesser extent.

CHI was given by nurse 1 a copy of (undated) meeting notes of a meeting between her and a trust investigation officer regarding her claim of harassment. These notes do not cover issues of prescribing and relate to general poor working relationships. The Clinical Assistant (GP) was present at this meeting.

## First report draft

An early draft of the CHI report included a short paragraph stating that concerns had been expressed by nurses to the ward sister regarding prescribing. This

statement was removed by the IM in later drafts as only two nurses raised this as an issue.

However, evidence was triangulated from other sources;

### Triangulation of evidence regarding prescribing

CHIs evidence base for this came from a combination of sources

- police expert witness reports
- stakeholders
- trust pharmacy data (tabulated in report)
- trust complaints

This led to the following in the final report;

## Final report

Conclusions

3 of the 4 key conclusions refer to prescribing

- insufficient local prescribing guidelines
- lack of rigorous review of pharmacy data
- absence of adequate supervision ad appraisal meant poor prescribing was not identified.

### Recommendations

Those specific to prescribing are around:

- review of all local prescribing guidelines
  - training, including for GPs, in prescribing, administration, review and recording of medicines for older people.
  - routine review of pharmacy data
  - review of the provision of pharmacy data

One recommendation around raising concerns:
- ensure whistleblowing policy allows concerns to be raised outside of management chain.

#### Conclusions

CHI had sufficient evidence from a number of sources to make the findings and recommendations in the report which addressed the TOR which included concerns around prescribing. Additional information from nurses would not have altered the report findings or recommendations. However, the paragraph removed from an earlier draft stating that nurses had raised concerns internally could have remained in the final report should additional evidence have been received from nurses.

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