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INVESTIGATION AT GOSPORT WAR MEMORIAL HOSPITAL

EXECUTIVE SUMMARY

CHI has undertaken this investigation as a result of concerns expressed by the police and others around the care and treatment of frail older people provided by Portsmouth Healthcare NHS Trust at Gosport War Memorial Hospital. This follows a number of police investigations between 1998 and 2001 into the potential unlawful killing of a patient in 1998. As part of their investigations, the police commissioned expert medical opinion, which was made available to CHI, relating to a total of five patient deaths in 1998. In February 2002, the police decided not to proceed with further investigations.

Based on information gathered during their investigations, the police were sufficiently concerned about the care of older people at Gosport War Memorial Hospital to share their concerns with CHI in August 2001. CHI is grateful to the Hampshire Constabulary for sharing their concerns with CHI. This has contributed to the recommendations CHI has been able to make, both locally and nationally to improve the care of this vulnerable group of NHS patients.

CHI has conducted a detailed review of the systems in place to ensure good quality patient care. CHI does not have a statutory remit to investigate either the circumstances around any particular death or the conduct of any individual.

Key conclusions

CHI concludes that a number of factors, detailed in the report, contributed to a failure of trust systems to ensure good quality patient care:

There were insufficient local prescribing guidelines in place governing the prescription of powerful pain relieving and sedative medicines.

The lack of a rigorous, routine review of pharmacy data did not identify high levels of prescribing on wards caring for older people.

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The absence of adequate trust supervision and appraisal systems meant that poor prescribing practice was not identified.

Key findings

National and Local Context (Chapter 3)

- Throughout the timeframe covered by the CHI investigation, CHI received evidence of strong leadership, with a shared set of values at corporate and divisional level in Portsmouth Healthcare NHS Trust. The senior management team was well established and, together with the trust board, functioned as a cohesive team.
- There was lack of clarity amongst all groups of staff and stakeholders about the purpose of each of the wards caring for older people and about the aims of the care provided. This confusion had been communicated to patients and relatives, some of whom had expectations of rehabilitation which had not been fulfilled.

Arrangements for the prescription, administration, review and recording of medicines (Chapter 4)

- CHI has serious concerns regarding the quantity, combination and lack of review of medicines prescribed to older people on Dryad and Daedalus wards in 1998. This is based on the findings of police expert witnesses and pharmacy data provided for the wards. A protocol existed in 1998 for palliative care prescribing the "Wessex guidelines", this was inappropriately applied to patients admitted for rehabilitation.
- The data provided by Portsmouth Healthcare NHS Trust shows an increase in the amount of diamorphine, haloperidol and midazolam used on Daedalus ward in 1998. Though CHI is unable to determine whether these levels of prescribing contributed to the deaths of any patients, it is clear that had adequate checking mechanisms existed in the trust, this level of prescribing would have been detected and prevented.
- CHI welcomes the introduction and adherence to policies regarding the prescription, administration,

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review and recording of medicines. Although the palliative care Wessex guidelines refer to non physical symptoms of pain, the trust's policies do not include methods of non verbal pain assessment and rely on the patient articulating when they are in pain.

Quality of care and the patient experience (Chapter 5)

- Relatives speaking to CHI had some serious concerns about the care their relatives received on Deadalus and Dryad wards between 1998 and 2001. The instances of concern expressed to CHI were at their highest in 1998. Fewer concerns were expressed regarding the quality of care received on Sultan ward.
- Based on CHI's observation work and review of recent case notes, CHI has no significant concerns regarding the standard of nursing care provided to the patients of Deadalus, Dryad and Sultan ward now.

Staffing arrangements and responsibility for patient care (Chapter 6)

- Portsmouth Healthcare NHS Trust did not have any systems in place to monitor and appraise the performance of clinical assistants. There were no arrangements in place for the adequate supervision of the clinical assistant working on Daedalus and Dryad wards.
- There are now clear accountability and supervisory arrangements in place for trust doctors, nurses and allied health professional staff.

Lessons learnt from complaints (Chapter 7)

- The police investigation, the review of the Health Service Commissioner, the independent review panel and the trust's own pharmacy data did not provide the trigger for the trust to undertake an review of prescribing practices. The trust should have responded earlier and faster to concerns expressed around levels of sedation which it was aware of in late 1998.
- Portsmouth Healthcare NHS Trust did effect changes in patient care over time as a result of patient complaints, including increased medical staffing levels and improved processes for communication with relatives, though this learning was not consolidated

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until 2001. CHI saw no evidence to suggest that the impact of these changes had been robustly monitored and reviewed.

Communication (Chapter 8)

- CHI found evidence of good communication within the trust, both with staff and partner organisations in the local health community.

Recommendations

It is evident from a number of local recommendations, that close and effective working relationships between the Fareham and Gosport PCT and the East Hampshire PCT will be essential in order to implement these recommendations. CHI is aware of the high level of existing interdependence which already exists between these two organisations and hopes that this will continue.

Fareham & Gosport/ East Hampshire Primary Care Trust

1. 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 to ensure that any quality of care and performance shortfalls are identified and addressed swiftly is in place.
2. Fareham and Gosport PCT and East Hampshire PCT should, in consultation with local GPs, review the admission criteria for Sutlan ward.
3. The East Hampshire PCT and Fareham and Gosport PCT and should review all local prescribing guidelines to ensure their appropriateness for the current use of the wards.
4. The Fareham and Gosport PCT should review the provision of pharmacy services to Dryad, Deдалus and Sultan wards, taking into account the change in casemix and use of these wards in recent years. Consideration should be given to including pharmacy input into regular ward rounds.
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

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caring for older people. Consideration must be given to the adequacy of IT support available to facilitate this.

6. The Fareham and Gosport PCT and East Hampshire PCT, in conjunction with the pharmacy department, must ensure that all relevant staff are trained in the prescription, administration, review and recording of medicines
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.
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.
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 compliment therapy goals.
10. The Fareham and Gosport PCT must ensure that all local continence management, nutrition and hydration practices are in line with the national standards set out in the *Essence of Care* guidelines.
11. The provision of out of hours medical cover to Deadlus, 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.
12. The PCTs responsible for the provision of care of older people should continue to work with colleagues to ensure that appropriate patients are being admitted to the Gosport War Memorial Hospital with appropriate levels of support.
13. The Fareham and Gosport PCT should ensure that arrangements are in place to ensure strong, long term nursing leadership on all wards.

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14. That Fareham and Gosport PCT and East Hampshire PCT ensure that the learning and monitoring of action arising from complaints undertaken through the Portsmouth Healthcare NHS Trust quarterly divisional performance management system is maintained under the new PCT management arrangements.
15. That both PCTs involved in the provision of care for older people, 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.
16. Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.
17. Within the framework of the new PALS, the Fareham and Gosport PCT 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.

Hampshire and Isle of Wight Strategic Health Authority

18. The findings of this investigation should be used to influence the nature of local monitoring of the national service framework for older people by the Hampshire and Isle of Wight strategic health authority.

Department of Health

19. National guidelines for employing trusts, for GPs working as clinical assistants and for GPs admitting patients to GP led wards should be developed ??.
20. GPs working with older people in community hospital settings must have an adequate knowledge base of the medical needs of older people and the particular of prescribing for older people
21. That CHI work with the Association of Chief Police Officers and Investigations and Inquiries

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Unit of the Department of Health to develop a protocol for sharing information regarding patient safety and potential systems failures within the NHS as early as possible. CHI will also work with the Association of Chief Police Officers to develop police awareness of the NHS and its management and accountability structures.

Commission for Health Improvement

22. That CHI ensures that any organisation demonstrating trends of serious concern arising from the prescription of any medicines, be referred immediately to the National Patients' Safety Agency.