

## PORTSMOUTH HEALTHCARE TRUST

**Strictly Confidential**

**Notes of EXECUTIVE TEAM meeting held on Thursday 7 February 2002**

**Present:**

Andy Wood, Finance Director  
Eileen Thomas, Nursing Director  
Ian Reid, Medical Director  
Max Millett, Chief Executive

**Apology:**

Peter King, Personnel Director

**In attendance:**

Fiona Cameron, Divisional General Manger (Fareham & Gosport)  
Ian Piper, Chief Executive Designate, Fareham & Gosport Primary Care Trust

**1. Gosport War Memorial Hospital - Police Investigation**

1.1 A letter (dated 5.2.02) had been received today from the police formally confirming that they have no plans to extend their investigation, unless any substantial further evidence becomes available.

1.2 The letter encloses copies of the three independent medical reports (dated July 2001, October 2001, and December 2001 respectively) commissioned by the police, and as these are critical of the practice of named staff, the Trust needs to decide what action to take as their employer. It was noted that the police have also sent the reports to the GMC and UKCC. This is the first time that the Trust has seen these reports.

1.3 *The urgent tasks for today are to decide (a) what action if any to take regarding the five named individuals; and (b) what action to take to assure the Board that **CURRENT** practice at the hospital meets recommended standards.*

1.4 So far as the named individuals are concerned the overriding consideration is whether they are safe to practice i.e. that there is no risk to patients from their continuing to work. Each was then considered in turn.

1.5 Three of those named are nurses (PB, MC, CJ), mentioned in only one report (July 2001). In considering whether or not suspension is warranted, the following factors were taken into account:

- (a) the main criticism of them is that they did not monitor/record adequately the effects of prescribed medication (paragraph 7.14 of the report refers). Their level of awareness in this field in what was a local community hospital was not uncommon at the time (1998), less aware than staff in acute hospital settings. Since then the Trust has taken a number of initiatives in reviewing policies and staff training which have raised awareness and levels of competence for all staff on the three wards at Gosport, including these named individuals.
  - (b) the police reported these three individuals to the UKCC earlier in 2001. The UKCC formally investigated it and found no further case to be answered. The subsequent reports do not mention any nurse by name and present no new evidence about these individuals to warrant suspension
  - (c) responsibility for the systems, policies, procedures and training in place back in 1998 rests with the Trust. Much has been done since then to improve the situation. The current CHI investigation is undertaking a thorough review of the overall structure within which care is provided in order to be satisfied that current arrangements are adequate to support staff practice.
  - (d) there is no indication from individual performance reviews or other sources of any concerns about the current competency of the named staff.
- It was therefore decided that there are no grounds for suspending these staff.

1.6 In considering the position of the consultant (AL) the following factors were taken into account:

- (a) the criticism in the reports is to do with her supervision of the clinical assistant, not her own clinical practice. With respect to the latter she is seen as well regarded, conscientious, thorough and hard working.
  - (b) there is a huge difference in circumstances at Gosport between 1998 and today. There is now Staff Grade cover Monday to Friday. This doctor has regular contact with the consultant (two ward rounds a week), plus access to a second consultant geriatrician who has sessions at Gosport. The consultant has undertaken annual appraisal of the Staff Grade doctor. Supervision arrangements are therefore much more robust.
  - (c) in terms of her work at Queen Alexandra hospital there have been no concerns from either medical or nursing staff about her supervision of junior medical staff.
  - (d) she has had regular appraisals with the Lead Consultant for Elderly Medicine and no concerns about her practice have been identified. On the contrary she is perceived as a highly committed and competent clinician.
- It was therefore decided that there is no evidence that patients are at any risk, and there are no grounds for suspension.

1.7 So far as the GP/Clinical Assistant (JB) is concerned it was noted that the implications of the report for her practice as a GP in primary care is a matter for the Health Authority, whereas her role as (a) a member of the Bed Fund with admitting rights to the hospital, and (b) her participation in the out of hours cover rota provided for the hospital by her GP Practice team are matters for this Trust. It was felt that the comments about her clinical practice are very serious, and indicate a prima facie risk to patients until and unless there is assurance that her current prescribing practice is in accordance with current best practice standards. It was agreed that she should cease any involvement in the hospital immediately,

until her prescribing practice can be assessed and validated. She should therefore hand over responsibility for care of the two patients she currently has on Sultan ward, admit no further patients, and withdraw from any participation in the out of hours cover rota. Ian Reid undertook to see her on Monday when she is back from leave to share the comments in the reports with her and hopefully agree with her that she withdraw on a voluntary basis until the necessary reassurances about her practice can be obtained. If she is unwilling to withdraw voluntarily then there will be no alternative but to formally suspend her. Ian to let Fiona know the position as soon as possible after the meeting so that nursing staff can be briefed appropriately.

1.8 The other key task is to assure the Board that current practice at the hospital meets current recommended best practice. Eileen and Ian are commissioning two related audits, both covering all 68 current inpatients on the three wards, as follows:

- (a) a review of medical and nursing notes by two auditors independent of the hospital of nutrition, fluid and pain management; using the DoH national benchmarks for clinical practice (2001) and Trust policies for prescribing and pain management
- (b) an audit of medical notes by a pharmacist to check that the prescribing of opiates, major tranquillisers and Hyoscine have a clear recorded rationale and meet the requirements of current policies
- (c) both audits to commence week beginning 18 February at the latest, with reports expected in early March.

## **2. CHI Investigation - Independent Audit of Sample of Recent Inpatient Episodes**

2.1 Arrangements for this are well in hand. There is however an issue relating to informing relatives of this audit. CHI would prefer to write to the relatives informing them that the notes of their deceased relatives' last admission will be audited. This view has been challenged by the Trust. CHI have now said that if the decision is taken not to inform relatives this needs to be on the clear understanding that when the CHI report is published any relatives complain about not having been informed that the Trust or the Primary Care Trust as its successor will front any approaches from relatives, media etc.

2.2 This was discussed at some length. It was eventually agreed that it is not appropriate to write to relatives on the following grounds:

- (a) writing to recently bereaved and grieving relatives on such an issue can be justified only if there are very strong grounds for doing so
- (b) given the high profile media coverage of the last year or so it is inconceivable that such letters would not be perceived by the recipients as meaning that something was wrong with the care of their loved one
- (c) inevitably at least one recipient would contact the local paper, reignite all the concerns and raise new concerns amongst relatives of other patients both past and present
- (d) the purpose of the audit is to check that systems and policies are being adhered to and not to look at individual cases
- (e) it is not normal practice within this Trust to inform relatives of audits of this type
- (f) the sample notes will be anonymised

Given that there is no legal requirement to obtain consent, it was concluded that in the particular circumstances it is not appropriate to inform relatives. Ian Reid commented that this is also the view of the acting Chief Executive of the Health Authority.

2.3 It was therefore agreed to check with the Chairs of both this Trust and the Primary Care Trust that they can support this decision, and if they do then Ian will write formally to CHI accordingly.

### **3. Clinical Governance Panel**

3.1 It was agreed to convene a special meeting of the Trust's Clinical Governance Panel to brief them on the above: 2.30pm on Thursday 21 February 2002. It was suggested that Dr Peter Old, acting Chief Executive of the Health Authority be invited to join it.

*Distribution:* Those present and apology; Anne Monk, PHCT chairman; Lucy Doherty, Chair-designate of Fareham & Gosport PCT; Dr Peter Old, DHA acting chief executive.