

Caroline Harrington - Risk Litigation Manager

From: Bhogal Kiran [Code A]
Sent: 28 October 2003 09:31
To: 'Caroline Harrington - Risk & Litigation Manager (E-mail)'
Cc: Roche David
Subject: Critical Incident - AH

Caroline

Just a quick note to confirm that David Roche will be meeting up with you at 3.00 pm today in preparation for the police interview at 3.30 pm.

Kind regards

Kiran

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Caroline Harrington - Risk Litigation Manager

From: Bhogal Kiran [Code A]
Sent: 27 October 2003 15:43
To: 'Caroline Harrington - Risk & Litigation Manager'
Subject: Critical Incident - AH

Caroline

I write further to our discussions this morning and confirm that either David or I will be attending Gosport War Memorial Hospital tomorrow at 3 pm to meet with Dr Davis prior to the police interview which is to take place at 3.30 pm.

I understand that statements are being obtained from those involved and that the Critical Incident Review Team intend to meet on Wednesday morning. I have received a copy of the Risk Event Form although this is a little difficult to read - if you have any additional information (any statements etc) by lunch time tomorrow would you please let me have a copy?

In the meantime I set out below some pointers which I hope assist in your management of this incident (although I am sure that you will have these in hand in any event):

- * nominate someone to be the central contact for the collation and retention of information
- * ensure that all the original medical records are preserved and centrally held
- * identify all relevant staff and obtain statements from them detailing their full names, position within the hospital, experience and involvement
- * notify your press office of the potential publicity in the event that the family go public and/or there is an inadvertent leak - have press statements prepared just in case
- * identify who has spoken to the family and what information has been given to them (are all the meetings recorded and can you say you know what has been said to them - has an apology been given?) - additionally are they being kept informed of what is going on in terms of investigation of the incident?
- * in terms of the staff involved - what steps have the hospital taken in relation to them? Are they being offered support, are they still working or have they been asked not to attend work until such time as the investigation has been undertaken?
- * has a clinician considered the clinical care and the records to assess the causal link if any between the death and the incident? Need to be clear that it is the incident that has directly led to the death. Also are the records clear in terms of instructions and could a better record have made a difference? (I see that the risk event form states that the actual PRN dose was written up on a previous page)
- * has the coroner been informed of the death?
- * have the critical incident review team been given clear reference terms?

I am conscious that one of the members of staff does not have defence union cover and we will need to consider carefully how he is managed - before I can advise further I will however need to know more of what happened and why. Some of this information will be available tomorrow.

I see also from the Risk Event Form that there is a note that: 'member of staff only been on this ward for 3 weeks' - do we know what kind of induction she was given when she first joined this particular ward and whether her competencies were assessed at that time? Also the risk event form suggests that it was only after the drug was given subcutaneously that the notes were checked - is this correct?

I hope this assists in getting investigations on track - if you need to discuss any part of this note or indeed need to contact me please do not hesitate to contact me on my mobile [Code A] or my direct line [Code A]
 [Code A]

Kind regards

Kiran

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