

**MANAGEMENT – IN CONFIDENCE**

HAMPSHIRE AND ISLE OF WIGHT  
STRATEGIC HEALTH AUTHORITY  
GOSPORT WAR MEMORIAL HOSPITAL  
**LINES TO TAKE and Q&A BRIEFING NOTE**

VERSION: 06  
DATE: 13.02.03

**KEY MESSAGES**

- We have been advised that NHS investigations into inpatient care and treatment in the past at the Gosport War Memorial Hospital should be put on hold as the police investigation continues. It is usual practice for internal investigations to be put on hold so that they do not jeopardise the police investigations.
- The police continue to investigate the inpatient care and treatment of elderly people in the past at the Gosport War Memorial Hospital. The police and the NHS continue to work closely together to ensure that a full and robust investigation takes place
- **WHEN APPROPRIATE:** All internal management investigations by the NHS have been put on hold as the police investigation continues.
- **WHEN APPROPRIATE:** Given the indefinite suspension of the NHS investigation, Ian Piper and Tony Horne will resume their normal duties as Chief Executives of the Primary Care Trusts.
- The ongoing investigation relates to inpatient treatment in the past at the Gosport War Memorial Hospital. It is worth noting that the Commission for Health Improvement (CHI), which investigated the hospital last year, found that policies and procedures are in place to ensure safe standards of care at the hospital.
- The local NHS is committed to ensuring the quality and safety of the health services we provide for local patients and communities.

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## COMMUNICATIONS ACTION PLAN

When	What	Handling	Lead
Mon 27 Jan		AO to brief DH on likely File on Four programme (see below)	AO
Wed 29 Jan	<b>PRIVATE</b>  PCT Remuneration and Terms of Service Committee decide whether to offer Chief Execs resumption of normal duties	Dependent on above	MS/LD
Fr 31 Jan	File on Four interviewing Peter Viggers MP about GWMH outside GWMH Programme due for broadcast on 11 February. File on Four have said that they will also be interviewing CHI	Liaise with PV office re arrangements (he has not approached the PCT to assess appropriateness of this) AO to liaise with CHI	AO
	File on Four have requested to interview representative from NHS	Suggest Martin Smits to discuss nursing support, and reassurances of safety in the hospital now.  If not available then may need to advise that no one available until after 6 February	
	File on Four have requested to record inside the hospital for some background noise	Suggest inappropriate as seeking to protect staff and patients from this matter, sure that should have other library footage that would be appropriate as background	

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When	What	Handling	Lead
Wed 5 Feb	Public Meeting hosted by Anne Alexander of Alexander Harris Solicitors	<p>KB to check whether police planning to attend.</p> <p>Offer verbal briefing to update on current state of play of investigations (it is fair and right to do so); note that NHS investigation put on hold</p> <p>Cascade to staff to note that the public meeting is taking place and there may be press interest following this.</p> <p>Deal with anticipated media interest – line is that police have advised that we should put on hold. We think carefully about implications. Nothing more to add until have done that.</p> <p><i>PMN: No Media Interest Was Forthcoming</i></p>	AO
Fri 7 Feb	<b>PRIVATE</b> Letter received from Hampshire Constabulary as per above	Cascaded to PCT Chairs so can use in discussion with Chief Executives	AO
Fri 7 Feb	File on Four interviewed: <ul style="list-style-type: none"> <li>• Martin Smits</li> <li>• Peter Viggers MP</li> <li>• Liz Fradd (CHI)</li> </ul>		AO
Fri 7 Feb	<b>PRIVATE</b> Chairs to discuss with PCT Chief Executives plans for resumption of duties.		LD/MS
Tues 11 Feb	<b>PUBLIC</b> GAC announce at HIOWSHA Board Meeting that Police have advised to put NHS investigations on hold and that we will be considering full implications of this advice.	<i>PMN: No Media Present and No Public With A Known Interest</i>	GAC
Tues 11 Feb	<b>PRIVATE</b> GWMH discussed at HIOWSHA Board where approach [i.e. put on hold NHS investigations; offer to Chief Execs to resume normal duties] was approved		RS

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When	What	Handling	Lead
Tues 11 Feb	<b>PUBLIC</b> File on Four broadcast	Broadcast relatively unproblematic. Therefore no need to review future media arrangements.	AO
Tue 11 Feb onwards	<b>REACTIVE</b> Statement available to note that police have advised NHS to put on hold NHS investigations and that we are considering the implications of this	Reactive only	AO
Wed 12 Feb	<b>PRIVATE</b> Briefing on File on 4	AO circulated "personal view" on the File on 4 programme	AO
Wed 12 Feb	<b>PRIVATE</b> PCT Chairs to brief Exec Teams on decision to suspend Management Investigation and the Rem. Comm. decision to offer CE opportunity to return.	Strictest Confidence required, particularly to ensure that briefing does not compromise CE ability to make decision.	MS/LD
Wed 12 Feb	<b>PRIVATE</b> Discussions continue with Chief Executives to consider next steps	PCTs to comment on proposed statement and FAQs	MS/LD/SG
Thu 13 Feb	<b>PUBLIC</b> File on 4 webchat transcript becomes available on the web	AO circulated copy to key stakeholders. Nothing refers directly to GWMH	AO
Thu 13 Feb	<b>PRIVATE</b> Letter to CMO sent confirming decision taken by Rem Comms (letter copied to Director of DHSC)	Ensure GAC has final edit	RS

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When	What	Handling	Lead
Thu 13 Feb	<p><b>PRIVATE</b></p> <p>Arrangements for return, including:</p> <ul style="list-style-type: none"> <li>• Clear content of Press release with Chairs, then redeployed CE of PCTs</li> <li>• Agree timing and process of return</li> <li>• Agree timing of release</li> </ul>	<p><b>NOTE: It is recognised that this discussion may take longer than a day (inc. legal advice) and public announcement currently scheduled for 17 Feb 03 may need to be delayed accordingly.</b></p> <p>Chairs also asked to discuss with CE personal media support needs over the returning period and feedback to AO</p> <p>CEs to feed view to AO directly (023 8072 5419 or 07970 165548)</p>	<b>MS/LD</b>
Fri 14 Feb	<p><b>PRIVATE</b></p> <p>Letter from Minister to local MPs to be signed</p>	DHSC-S to await final confirmation from HIOWSHA before letter to South East Hampshire MPs is sent to Minister for signature	<b>RS/PS</b>
Fri 14 Feb	<p><b>PRIVATE</b></p> <p><i>Dependent on discussions between Chairs and CEs.....</i> Briefing to DHSC, IIU, CHI and Police.</p>	Inform DHSC to send MP letters for receipt on Monday	<b>RS</b>
Mon 17 Feb	<p><b>PUBLIC</b></p> <p><i>Dependent on discussions between Chairs and CEs .....</i> Announce that, following the advice to put the NHS internal investigation on hold and confirmation from the police that this is an appropriate course of action, the PCT Chief Executives will be resuming their normal duties [with immediate effect]</p>	<p>PCT to ensure timely cascade to PCT staff</p> <p>SHA to ensure timely cascade to media, other NHS organisations and relatives via Alexander Harris solicitors)</p> <p>No interviews offered.</p>	<p><b>SG</b></p> <p><b>AO</b></p>
Wed 19 Feb	<p><b>PUBLIC</b></p> <p>More detailed announcement to PCT staff or arrangements and timing of CE return</p>		<b>SG</b>

AO – Adrian Osborne (Comms Manager, HIOWSHA)  
 SG – Sue Galley (Comms Manager, South East Hampshire PCTs)  
 MS – Margaret Scott (Chair, East Hampshire PCT)  
 PS – Pauline Sinkins (Comms Manager, DHSC-S)  
 LD – Lucy Docherty (Chair, Fareham and Gosport PCT)  
 RS – Richard Samuel (Assistant Chief Executive, HIOWSHA)

**MANAGEMENT – IN CONFIDENCE****LINES TO TAKE****1. ABOUT PCT MANAGEMENT AND STAFF**

**Is it safe for the Chief Executives to return to work, particularly if you temporarily redeployed them to ensure that the ongoing investigation “was and was seen to be fully independent”?**

[ON REQUEST]

Local people can be reassured that we have thought very carefully about this matter and believe it is the most appropriate course of action to take.

In coming to this decision the Strategic Health Authority and local PCTs have also sought advice from the police. They have confirmed that they have no objections to the Chief Executives resuming their normal duties.

However, the NHS and the police are clear that certain safeguards should be in place so that we can continue to assure ourselves and local people that all investigations are, and are seen to be, fully independent.

It has therefore been agreed that the Chief Executives will not discuss the case with anyone involved in the investigation. They will also not involve themselves in the PCT’s management of or response to the investigation.

We will continue to keep this situation under review.

[ALSO]

At this time it is not possible to predict when the police investigation will end. We therefore believe that the most appropriate course of action is for the Chief Executives to resume their normal duties.

**The two PCT Chief Executives were redeployed – why?**

At the time, the local NHS agreed that temporary redeployment of the Chief Executives was the most appropriate course of action.

This was so that we could assure ourselves and assure local people that all investigations are, and are seen to be, fully independent.

However, we committed ourselves at the time to continue to take the most appropriate course of action based on all available information.

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Since we cannot predict when the police investigation will end we believe that it is appropriate course of action is for the Chief Executives to resume their normal duties.

As mentioned earlier, the decision to redeploy was taken so that we could assure ourselves and local people that all investigations were, and were seen to be, fully independent. Safeguards have been agreed, in discussion with the police, to ensure that this remains the case after the Chief Executives resume their normal duties.

Safeguards: for example, that the Chief Executives do not discuss the case with anyone involved in the investigation and that they do not involve themselves in the PCT's management of or response to the investigation -

### **How were they being redeployed?**

The Chief Executives have been undertaking senior-level project work elsewhere in the NHS.

### **What interim management arrangements were in place?**

Alan Pickering was in the position of Acting Chief Executive at Fareham and Gosport PCT.

In East Hampshire PCT, Paula Turvey had the position of Acting Chief Executive.

### **Why haven't you suspended Dr Barton or any of the other medical staff being investigated by the various medical authorities?**

We have taken and continue to take all appropriate action based on the information available to us to ensure the quality and safety of local NHS services.

For example, a senior nurse from outside the area has been working at the hospital to provide additional overview and support.

It is worth noting that the General Medical Council is the professional body responsible for general medical practitioners. It has powers to place restrictions on medical practitioners, such as suspension, if they believed there were grounds to do so.

### **Was Dr Barton involved in the hospital in 1991?**

Dr Barton was involved in the hospital in 1991.

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**Was Ian Piper/Tony Horne involved in the hospital in 1991?**

[CONFIRM]

**What is the status of the GMC investigation / NMC investigation?**

[IF ASKED] I am afraid that we are unable to comment on behalf of the GMC/NMC [NOTE: seek agreed line that can be used at a local level]

[STAFF] We understand that the proceedings of the professional bodies have also been put on hold as the police investigation continues. It should be noted that these bodies have powers to place restrictions on medical practitioners, such as suspension, if they believed there were grounds to do so.

## **2. ABOUT “ADDITIONAL INFORMATION”**

**What was the “additional information” that raised “concerns” that led you to temporarily redeploy the Chief Executives?**

It includes internal documents from 1991 that highlight concerns about drug prescribing practices at the Gosport War Memorial Hospital.

**Who gave you this information?**

I'm afraid I am unable to reveal the source.

The information was passed to the various professional bodies, to the police and to the Chief Medical Officer and we would not wish to do or say anything that prejudiced ongoing inquiries.

**Can we see it?**

The information has been passed to the various professional bodies, to the police and to the Chief Medical Officer.

**We understand the “additional information” goes back a number of years so is the CMO’s inquiry now being extended?**

The clinical audit commissioned by the Chief Medical Officer has been extended.



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[IF ASKED]: Refer to Department of Health to comment

[FOR STAFF]: [AO has asked for a line to take with staff from DH]

### 3. SCALE OF THE ISSUE

**Hitherto this issue has essentially involved around ten patients who died in or after 1998. Doesn't this new evidence dramatically extend the period of time in which malpractice may have taken place?**

The police are currently looking into about 60 different cases as part of their investigations. Many of these people came forward in response to our advertised helpline in September last year.

The NHS and the police remain committed to ensuring that all appropriate action is taken and that the various ongoing investigations are thorough and independent.

**Doesn't it dramatically increase the number of patients whose cases will need to be investigated?**

The police are currently looking into about 60 different cases as part of their investigations. Several of these people came forward in response to our advertised helpline in September last year.

The NHS and the police remain committed to ensuring that all appropriate action is taken and that the various ongoing investigations are thorough and independent.

**How many elderly patients died in the GOSPORT WAR MEMORIAL HOSPITAL between (say) 1990 and 2000?**

We do not have the exact figure to hand but in a hospital of this type and size it would not be unusual for one or two elderly inpatients a week to die in the hospital.

**The NHS may have presided over the killing of up to 1000 people. What message do you have for their families?**

There is absolutely nothing to support such a wild suggestion. As the new strategic health authority for Hampshire and the Isle of Wight we are committed to ensuring that all the appropriate action will be taken in relation to these matters and that we will do. We are confident that the police are doing all they can to look into these matters.

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### 4. POLICE INVESTIGATIONS

#### **How long will the police investigation last?**

The police investigation continues, and it would not be appropriate to pre-judge how long that will take.

[ON DEMAND]: All other enquiries referred to the police

[LINE FOR STAFF]: As the process continues the police may decide to refer to the Crown Prosecution Service. They may then request additional information in order to present a case. This is appropriate to ensure that public safety is safeguarded.

#### **What happens after the police investigation?**

The police investigation continues, and it would not be appropriate to pre-judge the outcome.

[ON DEMAND]: All other enquiries about the police investigation referred to the police

[LINE FOR STAFF]: However, once the investigation is concluded the NHS will consider what, if any, action or further investigation is required.

### 5. PATIENT SAFETY

#### **Is it safe for elderly people to go to GOSPORT WAR MEMORIAL HOSPITAL?**

Yes.

The independent Commission for Health Improvement conducted a thorough investigation at the Gosport War Memorial Hospital and published its report last summer.

It concluded “the trust now has adequate policies and guidelines in place which are being adhered to governing the prescription and administration of pain relieving medicines to older patients.”

#### **Is this just Gosport or could it be endemic throughout Hampshire?**

These issues relate solely to the Gosport War Memorial Hospital and there is no reason to believe the matter is wider than that.

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It is important to note that whilst the CHI investigation had some serious concerns about services in the past it concluded that policies and procedures are now in place to ensure safe standards of care at the hospital.

However, to further reassure local people an experienced senior nurse from outside the area, working alongside the PCTs, has been overseeing and reviewing patient care at Gosport War Memorial Hospital.

## 6. CHI

### **What is your view on the CHI report?**

It is an extremely useful report. It provided useful lessons both for the local NHS and for NHS organisations across the country.

An action plan has been developed to address the findings of CHI's report.

### **Should CHI be asked to come back and investigate as the goalposts have changed since their original investigation?**

It is worth noting that we have been advised that NHS investigations should be put on hold as the police investigation continues.

## 7. NHS ACTION

### **Once again the NHS mounts an investigation and then stops [PHCT halted an internal investigation in the past]? Is this not rampant mismanagement / an example of how the NHS corporate memory is lost through government reorganisation?**

The temporary redeployment of the Chief Executives was the appropriate course of action to take at the time.

We have taken and continue to take all appropriate action based on the information at the time.

Since that decision it has become clear that the NHS investigation must be put on hold whilst the police investigation continues. Patients, relatives and carers can be reassured that a full and robust police investigation continues into inpatient treatment in the past at Gosport War Memorial Hospital.

### **When will you resume your investigation?**

We are committed to ensuring the quality and safety of local NHS services and we will continue to discuss these issues with the police. At the present time it

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would not be appropriate to consider resuming the internal investigation until the police investigation has been completed.

### **What has changed since September?**

We have taken and continue to take all appropriate action based on the information at the time.

Since September we have been looking carefully at what the NHS should be doing in addition to the other strands of investigation and audit (such as the police investigation and the clinical audit by Professor Richard Baker commissioned by the Chief Medical Officer).

We are now able to confirm that there is no additional investigation that the local NHS can proceed with in the context of the ongoing police investigation. This has been confirmed by the police.

In light of this, and confirmation from the police of the appropriateness of this course of action, it has been agreed that the Chief Executives of the PCTs will resume their normal duties.