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I R Readhead LL.B
Deputy Chief Constable

Your ref:

Our ref:

11th September 2002

Mr A Bedford
Chief Executive
Portsmouth Health Care NHS Trust
Trust Central Office
St James Hospital
Lockaway Road
Portsmouth
Hampshire
PO4 8LD

Dear Mr Bedford

Re: Correspondence from Code A

Please find attached correspondence I have received from Code A This is not a matter which would be subject of any police attention and is therefore brought to your notice as appropriate.

You are probably aware that the police service has carried out a number of investigations into Gosport War Memorial Hospital and to date the Crown Prosecution Service have indicated that there is no criminal case to answer. Nonetheless I intend to refer all evidence in our possession again to the Crown Prosecution Service in addition to which will be contained the Commission for Health Improvement report and also an internal report by Chief Superintendent Dan CLACKER. I will obviously await their views as to any other action which they feel ought to take place at this time.

Yours sincerely

Code A

I R Readhead
Deputy Chief Constable

11th September 2002

Code A

Dear Code A

Re: Gosport War Memorial Hospital

Thank you for your correspondence dated the 31st September 2002, clearly these are matters that you have already raised with the Portsmouth Healthcare Trust. Incidents of this type are not a matter for the police although I will send a copy of your correspondence to the Chief Executive and Portsmouth Healthcare.

The police have investigated a number of deaths which occurred at Gosport War Memorial Hospital and I am currently sending all of that evidence, along with a copy of the Commission for Health Improvement [CHI] report to which you refer, and another internal report which is being completed concerning this matter, to the Crown Prosecution Service.

If I can be of any further assistance please do not hesitate to contact me.

Yours sincerely

Code A

I R Readhead
Deputy Chief Constable

I R Readhead LL.B.
Deputy Chief Constable
Hampshire Constabulary
Police Headquarters
West Hill
Winchester
Hants
SO22 5DB

Code A

7 August
September 31st 2002

Dear Mr Readhead

Re: Gosport War Memorial Hospital

I am writing in respect of the investigation into the care of elderly patients at the Gosport War Memorial Hospital.

In April 2000 my Husband was transferred from the Royal Hospital Haslar to the War Memorial for respite as he was suffering from osteo arthritis, which had resulted in bursitis and gout. During my visits I became increasingly bothered about the lack of care shown to my Husband. Meals were left at the foot of the bed on the over bed tray and he was in too much pain to reach it. They were then taken away and I was told that he had refused food.

On 9th May 2000 he fell into unconsciousness and an emergency Doctor was called, who after taking five hours to arrive, diagnosed a severe mid brain stroke. I queried this but was assured that this was what had happened. Consequently my Husband was transferred back to Royal Hospital Haslar, where they confirmed my husband had **not** had a stroke, but an analgesic overdose and was suffering sever dehydration, which was causing him to hallucinate badly. After a few days Haslar suggested that my Husband return to the Gosport War Memorial Hospital for rehabilitation, as they could no longer provide him with the high dependency bed he was occupying. I refused this transfer and took my husband home.

It took my husband a year to recover from this terrible experience. I have made an official complaint to the Portsmouth Health Care Trust and later attended the official investigation by the Commission for Health Improvement to voice my concerns in October/November 2001. Since receiving the CHI report in June 2002 I am dissatisfied with the lack of follow up. I am now aware of other cases similar to mine and feel lucky in knowing that my husband was able to survive his ordeal. However I believe that without further investigation, with a thorough gathering of evidence, the happenings at the Gosport War Memorial remain a public injustice.

I look forward to your reply.

Yours sincerely

Code A

Code A

Cc.
Attorney General Lord Goldsmith QC
Rt. Hon Tony Blair MP
Rt. Hon David Blunkett MP
Rt. Hon Allen Milburn MP
Ian Duncan Smith MP
Chief Constable Keraghan
Duncan Gear Police Complaint Authority
Paul Close CPS

Notes on investigation into Complaint
Code A complainant
Patient Code A

Code A concerns

1. **Transfer from Haslar to GWMH**

Our understanding is that Code A wanted her husband to remain in Haslar and during communication with her at GWMH she had indicated that she wished her husband to go to QAH. His care did not warrant either acute care at Haslar or QAH. This is different to her reason in that she could not travel to QAH.

2. **Medication**

It is standard practice to request patients' own medication is brought into hospital for checking;

- actual medication prescribed and dose
- patient compliance
- some specialist drugs are not immediately available as stock items and need to be requested from pharmacy. If the patient's own drugs are not used there is a potential delay in continuing treatment

In Code A case the following drugs were non-stock items - Baclofen/Lansoprazole/Lacidipine

Code A states that when she visited her husband was in severe pain and had not received any medication over the previous night. The prescription chart clearly indicates that on the night of the 4th April (day of admission) he received 10mg MST at 21.35 almost immediately following admission. and although he did not receive any over night he did receive co-codamol at 05.15hrs on 5th and MST 10mgs at 08.10. Co-codamol was also administered at 13/30 and 23.50 on 5th and again on the 6th when it was transferred from the prn column to regular dosage on the 7th. The MST was discontinued on 7th April as it was apparent that the dose was insufficient to control Code A pain. Diclofenac suppositories were prescribed as well as the co-codamol being given regularly in an attempt to improve the pain management. Code A Code A was also receiving muscle relaxant drugs which would also assist in pain management. There is a care plan indicated that Code A joints were painful. We are sorry if Code A did not feel we were aware of Code A pain level. Assessment of pain is always difficult and communication between nurses and patient is crucial to ensure adequate control.

3. **Deterioration in Condition**

Code A condition deteriorated on Sunday 9th April and observation of his condition is recorded. Unfortunately the time of entry is not. The observations recorded did not indicate the Code A was in a particularly poor condition Pulse 62, temp 35 HP 100/60. blood glucose level 7.4mmols He was unrousable and continued

to be therefore Healthcall were contacted at 13.00hr and the duty GP attended the ward at 15.00hrs. Dr Williams examined Code A requested an ECG which was done and contacted Haslar. The family were informed that the likely diagnosis was a stroke this was also the first impression of Haslar. Code A was rousable at 15.45hrs and was able to respond to verbal stimuli and swallow water. Code A was transferred to Haslar and remained there until transfer back on 12th April. In relation to the comment that Code A was suffering analgesic coma his MST had stopped5th April several days before the unrousable episode. Total dose to stopping was 20mgs.

4. Dehydration - drinks available

We are sorry if Code A felt that nobody was available to assist Code A with his drinks and that he could not reach them due to pain. The practice on the ward is to place drinks on bed tables so that all patients are able to reach regardless of whether they are in bed or in an armchair. There however is a concern that Code A was reluctant to take fluids and although assistance was offered it is not possible to enforce this if the patient refuses.

5. Rhuematology Referral

Code A was referred for a rheumatology opinion due to his swollen joints. Dr Sheban was contacted on the 13th and asked to visit the ward, unfortunately this did not happen and a further request was made on the 14th April. The appointment was scheduled for the following week. However, on the 17th April Dr Sheban saw Code A Code A as he had an out patients clinic at GWMH. This action prevented Mr Ripley being transferred to the Outpatients clinic at QAH. This was preferable for Code A as he was already in discomfort and the additional travel would not have been acceptable. Although it is always difficult to accept what appears delay in treatment or seeking additional advice this time period is not excessive in the normal waiting period.
However, we can appreciate the distress caused particularly when one's loved one is unwell.

6. **Concerns re continued pain**

Code A care plan indicates that until the day of discharge he was making steady progress with his mobilisation programme and that the pain was much better controlled. On the 16th April Code A is recorded as stating that the pain is now controlled. again no complaints were recorded on the 18th and 20th. In relation to non-referral Code A has a chronic problem that is managed by his GP. Neither the rheumatologist or the GP on Sultan ward indicated in the medical notes that they wished for a follow-up. We can only suggest that if Code A has concerns regarding her husband's health at present she should contact her GP for advice and support.

7. **Lack of Qualified Staff**

Code A indicates that one of her concerns was that there are few nurses at GWMH and it is a convalescence hospital and not for illness. The staff are saddened by this

comment as Sultan ward particularly cares for a large number of post-acute patients who are transferred to the care of their GP following a fairly short acute phase of illness in the acute hospital setting. The nursing team does consist of two qualified general nurses on each shift who are very skilled and able to make decisions. This is the generally acceptable number of qualified staff across the Trust. The team felt they had tried to support Code A during her husabnd's illness and are sorry if there care did not reach the level expected.

Medical cover is from the general practitioners who manage the bed stock. They are available each day and contacted by telephone for advice and will visit as and when required The majority visit the ward each day when they have patients on the ward. Pharmacy is also available but a pharmacist does not visit each day. However a delivery service for medication is made daily. There are differences in this service to that experienced at Haslar but these areas are different and whilst we have some concerns we are unable to alter at present the way in which the ward is set-up.

There is some concern that Code A is angry re the potential closure of Haslar and some of her anger is projected at the Health Authority.

Action Plan

- Improve documentation in nursing notes
- improve communication with patients and relatives particularly in clarifying their expectations and limitations that cannot be met.
- Participate in Trust's development of policy and protcol for pain management

I am happy to meet with Mrs Ripley to discuss her concerns if she should wish.

Jan

I do so very angry. I have no argument with Haslar - the finest hospital in the world. I have no real problem with the War Memorial who did their best with a very few qualified nurses, no Doctor and no pharmacy. The auxilliary nurses are kindness itself and the food is good but this is not the sort of hospital Gosport needs. It's fine for convalescence but not for real illnesses.

I am angry with the Portsmouth Health Authority. who, by their own admission at a recent "Haslar" meeting are 'lay people with no medical experience — IT SHOWS!' How can Haslar close and leave us all in the hands of a pretty respite home or the QA which has no beds anyway!!

Don't the people of North Hampshire who did not support the South Hampshire fight to save Haslar realize that if all of us in the South are going to be taking up all the beds in QA the North Hampshire residents' waiting list will grow and grow and waiting times will increase.

Code A

bf 3/4

Code A

Alan Pickering - DVD records.

load DVD + print.

(*) Complaints file. - Ann to check paperwork.

(*) FC to check re. protocols/glines.
- write to request clarification of incident 23/4/03.

Collect printed Med. recs from IT on Weds 9th 10.30am - Phil Kenney

Code A