



Other Document Form

MC7

Number:

1911

Title

LETTER 12/07 EVERARDS re classification STEVEN

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No _____

Document registered / indexed as indicated

No(s) of actions raised

Statement readers instructions

Indexed as indicated

No(s) of actions raised

Examined - further action to be taken

Further action no(s)

When satisfied all action raised, Office Manager to endorse other Document Master Form.

Receiver

Code A

Statement Reader

Indexer

O/M

SIO

Indexer



Code A

Hampshire Constabulary
 Operation Rochester
 Fareham Police Station
 Quay Street
 Fareham
HAMPSHIRE PO16 0NA

Date 12 March 2007

Your ref

Our ref 4/PWJ/RRR

Code A

Dear

Code A

OPERATION ROCHESTER

I refer to our telephone conversation on the 12 March 2007 concerning the documents which you sent me regarding Jean Stevens. You will recall that this is a patient whose case was reclassified by the Key Clinical Team.

I have read the documents and I am having some difficulty in understanding the reclassification. I also wonder whether there are some missing documents.

To explain my difficulty, I have enclosed copies of the classification documents which you sent to me which I have numbered 1 - 5 respectively.

Document 1

This appears to be an extract from the initial classification. It refers to the findings of Dr Lawson who classified the case as being 2A and Dr Ferner who classified it as a 2B case. There does not appear to be any further input from the two other members of the Key Clinical Team. The final page of the document indicates a classification of 3B. As the only classifications referred to in the document are 2A and 2B, I assume that the other two members felt that this case initially should be categorised as a Class 3 and persuaded both Dr Lawson and Dr Ferner that the case was serious enough to be classified as a Class 3 case. Do you have any documents which record the classification of the other two team members and/or Mr Lohm's assessment?

Document 2

It is not clear which member or members of the Key Clinical Team wrote these assessments in support of classifications 3B and 1A respectively. It is also not clear whether these form part of the original assessment or the review which led to the reclassification. The second assessment also refers to "inappropriate and unnecessary" prescribing and yet refers to a classification 1A (optimal treatment). It would be helpful if you could indicate how document 2 fits into the classification/reclassification of the case.

Document 3

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Date 12 March 2007
Your ref
Our ref 4/PWJ/RRR
Page 2

This is a note prepared by Dr Ferner dated 27 December 2003. In the general comments section it states that there was "no evidence of mismanagement of analgesia on this record". There is no entry on the classification table. I assume that this document is connected with a review of the classification, following the receipt of the patient's medical records from the Haslar Hospital. It would be helpful if you could explain where the document fits into the classification/reclassification of the case and supply me with copies of the notes prepared by the remaining members of the Key Clinical Team and Mr Lohm.

Document 4

This is a note prepared by Code A on 2 March 2004. It refers to a reclassification of Mrs Stevens' case i.e. an original categorisation in class 3, subsequently downgraded to a 2B case following a review of the Haslar notes. I cannot find in any of the papers a reference to a 2B reclassification.

Document 5

This is a letter dated 21 July 2005 sent by the Police to Mr Stevens. It refers to the investigations carried out and the reclassification of the case. The letter confirms on the second page that having reviewed all the Haslar notes, the case was categorised at level 1. Therefore, there is a discrepancy between what is stated in the letter and the reclassification at level 2B referred to in DC Robinson's note (document 4).

I would be grateful if you could assist in clarifying the points raised above. The reason we need the information is that a relative of the deceased has asked the GMC to consider the case.

I look forward to hearing from you.

Y
Code A

Robert Ryder
For EVERSHEDES LLP

1

Summary of Clinical Team comments on category 3 cases.

BJC/46
JEAN STEVENS (73)

Dr Peter LAWSON

Code A

has a poor prognosis especially in someone who has other severe problems. However I think the use of opiates was overdone.

PL grading A2

Dr. Robin FERNER

Code A

Code A

20th May 1999

Code A

21st May 1999

Code A

22nd May 1999

Code A

Comment

Code A

ate.

Administration of medicines.

Mrs Stevens had not complained of pain yet she was written up for Code A (p32/3). There is no evidence that the nurses questioned this decision. This was not satisfactory.

Operation Rochester. Clinical Team's Assessment Form				
	<h1>Code A</h1>			
Unexplained by Illness				

Ann NAMJMITM. *1st report*

BJC/46	Stevens, Jean N313
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B3

1A

EMBRIDGE UNIT

Code A

Code A

2.

JR/04	Stevens, Jean N313
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3

**OPERATION ROCHESTER
CLINICAL TEAM'S SCREENING FORM**

Patient Identification

Jean Stevens

XXXXXXXXXXXX
Code A

Exhibit number

JR-04

Code A

Final Score:

Screeners Name: R E Ferner
Date Of Screening: 27th December 2003

Signature

4

RESTRICTED

DOCUMENT RECORD PRINT

Officer's Report

Number: R7CF

TO:
STN/DEPT:

REF:

FROM: DETECTIVE CONSTABLE [Code A]
STN/DEPT: OPERATION ROCHESTERREF:
TEL/EXT:

SUBJECT:

DATE: 02/03/2004

With reference to the meeting held by the clinical team on 29th February 2004 (29/02/2004) the following categories were given to the outstanding patients.

BJC/7 + JR/3/KMR/1 CARBY With the review of the requested Haslar notes no change in the original category was given.

BJC/22 + JR/1 HADLEY With the review of the requested Haslar notes, no change in the original category.

BJC/46 + JR/2 ROGERS With the review of the requested Haslar notes, no change in the original category.

BJC/76 with the review of the correct set of notes relating to John RITCHIE . The team was unable to give any opinion as the records only related to a period between 1976 - 1981 . I have spoken to the records staff at GWMH and they are reviewing their search.

BJC/39 + JR/5 RAMSEY After reviewing the correct notes for Joan RAMSEY, she was placed in the 1A category.

BJC/46 + JR/4 STEVENS After reviewing the Haslar notes the team placed Mrs STEVENS as a 2B. They noted she had been receiving an escalating dose of diamorphine whilst at Haslar. Jean STEVENS was originally categorised as a 3.

BJC/58 + JR/6 CORKE The team didn't feel that this patient fell within the remit of Operation Rochester. However they did feel that the GP management was poor/negligent. They marked this case as a 2A, when I requested a score based on the information available to them.

In relation to the additional cases supplied by the police the following applies.

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DOCUMENT RECORD PRINT

BJC/59 COX Mary : 1B

BJC/77 CLEMENTS : 2B. I enquired if the quality of these notes made them legible, I was informed they were. The hard copy supplied by WORM is of poor quality.

BJC/78 DONOGHUE : 1A. In the absence of the drugs charts but going on entries in the nursing notes the team were able to mark this patient.

BJC/79 + JR/7 SMITH Horace With reference to the requested Haslar notes, Mr SMITH was placed within the 1A category. He was initially placed as a 2 due to lack of information at the time.

BJC/80 BRENNAN : 1A noted that her daughter treated her. Her date of death is incorrect on the file.

BJC/81 BENSON : 2a

BJC/82 CRESDEE Olive : In the absence of any medical notes, nursing notes or drugs charts the team were unable to allocate any category.

BJC/83 HURNELL The team felt that there were problems with this lady's treatment but felt they were outside the remit of Rochester. They noted that the family had received an apology from the PHCT. This patient was sent to a psychiatric hospital as there were no beds at the hospice despite the family requesting she be returned to an acute ward. See O/R relating to HURNELL ref 'comments on finding'.

In relation to the records relating to Professor BAKER's report the following was concluded.

BJC/60 STANFORD Dorothy : 2B

BJC/61 WILLIS Norman : 2A

BJC/62 BURT Margaret : 2A

BJC/63 HORN Frank : 2B

BJC/64 MILLER Vera : 2A

BJC/65 ASKEW Catherina : 2B

BJC/66 HORNE Phyliss : 2B

BJC/67 LAKE Ruby : No score due to absence of drugs charts, nursing notes and Haslar notes.

BJC/68 LEEK Mable : 2B comments made about doses of opiates being made late at night, why?

BJC/69 SKEENS Euphemia : 2A

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DOCUMENT RECORD PRINT

BJC/70 MARSHALL Rhoda : 2B

BJC/71 PITTOCK Leslie : 3B Dr NAYSMITH marked this case a '3C'. It gave the team a huge amount of concern.

BJC/72 SERVICE Helena : 3B

BJC/73 BROWN Pamela : 2B concerns due to huge increase in dose of medication.

BJC/74 DUMBLETON Harry : Unable to access accurately due to lack of drugs chart. This case caused "high concern", suggested checking drug register for sequence of events relating to 07/06/1993 - 11/06/1993 where in nursing notes refers to sedated but concerns as to 'what with'.

BJC/75 HARRINGTON Wilfred : 2A

BJC/76 RITCHIE (see previous note)

BJC/77 CLEMENTS Doris : 2B medical team notes legible but WORM copy poor.

I have made enquiries with ref to Gladis RICHARD with Janice RIX at Royal Naval Institute of Medicine (02392768064). She will raise the records relating to RICHARDS and if the required authorities are in place, release the originals. If not then she will allow access to document at the institute. I await her call upon finding them. I have updated GWMH in relation to RITCHIE they are making further searches for any other files relating to John RITCHIE.

The medical team pointed out that some records relating to BJC/70 + BJC/72 had been mixed up between both sets on the DVD/CD.

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HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MCIPD
Chief Constable

Fareham Police Station
Quay Street
Fareham
Hampshire
P016 ONA

Mr Stevens

Code A

21st July 2005

Dear Mr Stevens,

The purpose of this letter is to set out, in order, the investigation relating to your late wife's treatment at the Gosport War Memorial hospital (GWMH) prior to her death in May 1999.

Can I remind you of the sequence of events.

Operation Rochester was commenced in 2002 in order to investigate concerns raised by a number of families regarding the circumstances of relatives whilst patients at the GWMH. You reported your concerns to us on 16th September 2002.

As you may remember, on the 6th Jan 2003 the Police obtained the medical records relating to Mrs Stevens, from the Gosport War Memorial Hospital. These records were copied and distributed to a team of medical experts who specialised in the following fields, Toxicology (the study and effect of chemicals upon the body), Palliative (the care of the terminally ill), Geriatrics (Care of the elderly), General Medicine and Nursing.

Having studied the content of the medical records, the experts came to the joint conclusion that the care that your wife received gave them cause for grave concern. Their review paid particular attention to the medication that she was both prescribed and administered. Accordingly your wife's case was categorised as a level 3 (most serious).

The medical experts identified that there appeared to be a lack of initial detailed medical information and thus could not identify why she received the care that she did. As a direct result, the police investigation was centred on discovering further medical records that related to your wife's initial admission. These records were subsequently found at the Royal Naval Hospital Haslar.

The records were seized on the 16th October 2003, copied and re-distributed to the medical experts. The medical team performed a further detailed review of these notes. They reported their findings at a conference held last February.

Their conclusions were amended in the light of the Haslar records. They noted that your wife had been admitted to Haslar Hospital on 26th April 1999 having suffered a

Code A

Mrs Stevens was transferred to the Gosport War memorial hospital on the 20th May 1999. She subsequently died two days later.

The medical experts all agreed that the treatment Mrs Stevens received had been the correct and appropriate treatment from the day of her admission to Haslar. Her treatment and the subsequent care plans were fully in line with what they would expect in light of her continuing illness.

Mrs Stevens had been prescribed and administered appropriate levels of analgesics (pain relief) to alleviate her pain and potential discomfort from the date of her admission. This care continued whilst she was a patient at GWMH.

In reviewing the medical records in their entirety, the experts are now of the opinion that the care and treatment of your wife was fully in accordance with standard medical practice. Accordingly they were able re-categorised your wife's case as level 1. These means that they had no cause for concern regarding the treatment provided by any healthcare professional and that your wife died of natural causes.

These findings have subsequently been ratified by an independent medical legal expert to ensure that all possible enquiries have been concluded.

Enquires of this nature are complex and detailed and inevitably take time. As new evidence emerges it can change significantly the way we need to we view each case. I know from my previous visit to you and from what Kate Robinson has reported to me, how distressing this matter has been for you and your family.

I would therefore like to take this opportunity to thank you for the patience, support and dignity you have displayed during our investigation.

Yours sincerely

Code A

Nigel Niven
Deputy SIO

ADDITIONAL REPORT BY:- IRENE WATERS RGN, RHV, LL.M., M.N. M.Sc.Public Health
 SPECIALIST FIELD:- NURSING CARE
 REPORT ON THE NURSING CARE AT GOSPORT WAR MEMORIAL HOSPITAL
 ADDITIONAL 25 CASES AND REVIEW OF ADDITIONAL NOTES FOR 6 CASES.
 INSTRUCTED BY:- HAMPSHIRE POLICE

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The following cases have already been reviewed and additional records have been found. The next section is a comment on the additional records and if they caused the reviewer to revise the original opinion. The paragraph numbers are from the original report where the notes were reviewed.

6.25. JR02/BJC22 Harry Hadley

Nothing further to add.

6.47. JR02/BJC44 Elizabeth Rogers

Nothing further to add.

6.09. JR03/BJC07 Stanley Carby

Nothing further to add.

6.49. JR04/BJC46 Jean Stevens

Haslar notes useful. Regular Diamorphine at Haslar. Changed from 3B to 2B.

6.61. JR06/BJC58 James Corke

Nothing further to add.

6.42. JR05/BJC39 Joan Ramsey.

7.00 Expert's statement of truth

I confirm that insofar as the facts stated in my report are within my own knowledge I have made clear which they are and I believe them to be true, and the opinions I have expressed represent my true and complete professional opinion.

Signature _____ Date _____

Irene Waters. LL.M., MSc. Public Health, Master of Nursing, RHV, RGN.