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THE UNIVERSITY OF SHEFFIELD

Department of Forensic Pathology

Professor A R W Forrest, Professor of Forensic Toxicology

The Medico - Legal Centre
Watery Street
Sheffield S3 7ES

Tel: (0114) 273 8721
Fax: (0114) 279 8942

Email: R.Forrest@sheffield.ac.uk

Date: 5th April 2004

Our ref: ARWF/AH

Detective Inspector Nigel Niven,
Major Crime Investigation Team,
Hampshire Constabulary,
Western Major Incident Room,
Western Area Divisional Headquarters,
12-18 Hulse Road,
SOUTHAMPTON,
Hampshire
SO15 2JX

Dear Nigel,

LEONARD GRAHAM (DECEASED)

I enclose herewith a letter, with enclosures, sent to me by Leonard Graham's widow, together with my response to her. I suspect that the best thing to do is that when I get a letter like this directly, I make a helpful response along the lines I have made to Mrs Graham and I forward the letter and enclosures to the investigative side of the team to see if there is any new information that needs looking at from the investigative point of view and that we share the letter with the clinical side of the team at the next meeting.

If we do this, then I hope we will be sure that any new information that might come out by direct contact is not missed and that we deal with such information appropriately.

With best wishes.

Yours sincerely,

Code A

A.R.W. Forrest LLM, FRCP, FRCPath, CChem, FRSC
Professor of Forensic Toxicology

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Professor A R W Forrest, Professor of Forensic Toxicology

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LEONARD GRAHAM (DECEASED)

Many thanks for your letter of 18th March last which arrived here on 29th March.

I sure you will appreciate that while the investigation is going on that it would be inappropriate for me to enter into any direct dialogue with you about any particular patient. However, you can be assured that I have taken note of your concerns and I will share them both with the investigative and clinical members of the Operation Rochester Team.

Many thanks for drawing your concerns to my attention.

Yours sincerely,

Code A

A.R.W. Forrest LLM, FRCP, FRCPath, CChem, FRSC
Professor of Forensic Toxicology

Copy to:
Detective Inspector Nigel Niven



Code A

Code A

18 March 2004

Professor Robert Forest FRCPath.

Code A

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Dear Sir

OPERATION ROCHESTER – EXPERT REVIEW
Patient – Leonard Graham

I apologise for writing to you direct concerning the above matter but I am very dissatisfied by the findings of the team of experts in connection with my husband's death.

In spite of being repeatedly assured by the police that, before any decisions were made in any case, account would be taken of concerns provided by relatives This is also categorically stated in the Police Bulletin No. 3 dated 2 November 2003 following the Family Group Meeting held on 11 September 2003. However, it is now evident that the team of medical experts have reached their conclusions by only examining the medical records from Gosport War Memorial Hospital. I fail to understand how this could have happened when it was already known that there were discrepancies in many patient records.

In my husband's case the records are not an accurate account of events leading to his death. I was present and have given the facts to the police in my report taken on 4 February 2003 by a police officer who visited my house. These bear little resemblance to the hospital records.

I was contacted by telephone on the morning of my husband's death by a therapist (I believe an occupational therapist who had seen my husband) who said that she thought it would be better for him to be at home. She arranged to see me during my visit to the hospital that day, but I was told by Philip Beed, Clinical Manager, when I arrived that that was not possible as she was not on duty. I have tried, without success, to find out the name of the therapist who contacted me.

A paragraph written in the records after my husband's death is signed by Dr. R.L Ison, Locum Staff Physician, but none of the comments were made by her. Although she was present, they were made by Philip Beed, who made all the decisions.

It is stated in the records in several places that my husband's chest was clear and Dr. Ison confirmed this to me at the time he was given the injection of diamorphine. It is also stated in the Post Mortem Report that the Bronchopneumonia he had suffered whilst at Queen Alexandra Hospital showed that it was resolving itself. However, the Death Certificate shows the primary cause of death to be Bronchopneumonia and the secondary cause to be Lewy Body Dementia. I had been repeatedly assured that no chest infection was present after he was transferred to the Gosport War Memorial Hospital and it was noted on transfer that, should one occur, he should be referred back to Queen Alexandra Hospital.

He was not admitted to Queen Alexandra Hospital on 16 August 2000 with a chest infection as stated in the summary of the Expert Review. He contracted this whilst in hospital. Neither did he have swallowing difficulties until the pneumonia developed. I was assured by the speech therapist who saw him there that these would improve as the infection cleared. The difficulties he had with eating were because of poor coordination when feeding himself.

I am well aware of the nature of my husband's underlying disease, i.e. Parkinsons/Lewy Body and realise that he would not have recovered from this but he still enjoyed a reasonable quality of life with his family and friends before being admitted to hospital with the urinary tract infection and, indeed, on good days was still able to dance and to play table tennis which surprised the doctors.

The hospital records are inaccurate to say the least and there are many omissions. I was concerned at the time regarding the events surrounding the death of my husband and requested a Post Mortem the following day. I had no knowledge at that time of any complaints having been made concerning the care or death of other patients so I was not influenced in any way other than by my own instincts that something had gone terribly wrong. Hospital staff obviously knew at that time of concerns other families had and I find it strange that I was not informed that a Toxicology Report was not automatically carried out at Post Mortem examination but had to be specifically requested, something I should have done had I been aware of this.

Without going into further details, may I enquire why families' accounts of events were not considered when the Medical Experts carried out their investigations in spite of being promised by the Police that they would be? Unless my account of events is heard and compared with the medical records, I shall always be convinced that my husband, Leonard Graham, did not die of natural causes at that time. I believe that his death was either caused or hastened by actions of certain members of staff at the hospital.

I should like to thank you for taking the time to read this letter and I should appreciate your comments in due course.

Yours faithfully,

Code A

Enclosures: copy Summary of Expert Review
Extract Police Bulletin No. 3

Expert Review

Leonard Graham

No. BJC/20

Date of Birth: **Code A**

Mr Graham was seventy-five when he was admitted to Gosport War Memorial Hospital on 16 August 2000.

4/9/2000

Mr Graham was admitted to Queen Alexander Hospital on 16 August 2000

Code A

Operation ROCHESTER

Family Group Members Investigation Update Bulletin No. 3 dated 2nd November 2003

Family Group Meeting 11th September 2003.

The Family Group meeting took place at Netley as per our last bulletin. In the main the feedback was positive. It is possible that we will hold another similar meeting again although not in the immediate future. Any intended meeting will be mentioned in good time in later bulletins.

Investigation Team

I announced at the Family Group Meeting that Detective Constable Kate Robinson is now our Family Liaison Officer. DC Robinson will be contacting all of you in the near future in order to personally introduce herself. Additionally, she will discuss with you three particular subjects.

Clinical Team Findings – At the meeting in September, Detective Chief Superintendent Watts mentioned that consideration will be given as to the most appropriate method of informing you of the Clinical Team findings. We feel that it is vitally important to include your views in this process. I will be writing to you in due course with some suggested options for how we can best do this. In the first instance, however, **Code A** will discuss the subject with you in person. Please feel free to inform her of any early thoughts you have on how this can best be achieved.

Identified concerns - At the beginning of our investigation many of you identified to members of my team what your specific concerns were in respect of the treatment your relatives received at the Gosport War Memorial Hospital. **Code A** has been specifically asked to discuss this matter with you during her visit. So far the analysis by the Clinical Team has focused upon the information contained within the patient records. Before any decisions are made in respect of any case, account will need to be taken of the information and concerns provided by yourselves. We therefore want to ensure that we have a comprehensive and up-to-date record of your concerns. This information will then be taken into account within the decision making process.

Copy patient records - We are aware that some of you have based some of your concerns upon copies of your relatives patient records you have obtained from the hospital authorities. Not all of you have had sight of these records. We believe that you should all have this opportunity. That way, we feel, you will be able to give the fullest consideration to the above matter in respect of identifying your current concerns. To that end, we are arranging to provide you with a copy of your patient records. We fully understand that for some this process will be too distressing and that you will not want sight of your relatives patient records. Consequently, I have enclosed a reply note with this bulletin giving you a choice. I would be grateful if you could endorse this reply note as to whether or not you wish to receive a copy of your relatives patient records. Also enclosed is a Free Post envelope. Please give this