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Officer's Report

Number: R11H

TO:
STN/DEPT:

REF:

FROM: **Code A**
STN/DEPT: MCII WREF:
TEL/EXT:

SUBJECT:

DATE: 04/02/2003

Sir

Re. Action 253.

I have visited Mrs Dorcas Elsie GRAHAM^{N390} of **Code A**). Mrs GRAHAM has concerns regarding the death of her husband Leonard GRAHAM (b 12/10/1924^{N242}) at the Gosport War Memorial Hospital^{cat} on 14th September 2000 (14/09/2000).

His GP was Dr SIMMS^{N728} of the Portchester Health Centre^{cat} / L530 .

The circumstances are as follows.

Code A

On 4th September Mr GRAHAM was transferred to Daedalus Ward at the Gosport War Memorial Hospital. Dr LORD^{N68} was the consultant and she told Mrs GRAHAM that it was too early to perform an assessment on her husband and this would be done the following week.

During the first week at the Gosport War Memorial Hospital Mr GRAHAM's health started to improve. Although he was not incontinent he had been catheterised as the staff said that it would mean less work.

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Although Mr GRAHAM felt well enough to try and stand the staff would not allow this, he was fully coherent and able to watch TV. Mrs GRAHAM continued to visit at least twice daily in order to feed her husband.

On 13th September 2002 (13/09/2002) Mr GRAHAM appeared to have a slight cold and was very tired, at dinner time members of the family asked him to be taken out of the chair and put back into bed as there was a danger of him falling asleep and sliding out of the chair. This was not done until Mrs GRAHAM arrived that evening and found him asleep but slumped in the chair.

Around mid-day on Thursday, 14th September 2002 (14/09/2002) Mrs GRAHAM received a telephone call from a female who stated that she was her husbands physiotherapist at the hospital and enquired as to how Mrs GRAHAM would feel about her husband coming home. Mrs GRAHAM stated that there would be nothing that she would like more but pointed out that the Ward Charge nurse, **Phillip BEAD** ^{N45} had stated that it would take weeks to organise the care. This female stated that Mr GRAHAM was ready to return home and that she could arrange the full care package within a couple of days.

Mrs GRAHAM went straight to the hospital and told her husband what was happening to which he replied, "that would be great."

Mrs GRAHAM then spoke to the Charge Nurse Phillip BEAD who queried this, stating that the physiotherapist had not been on duty that day. In any case Mr. GRAHAM had developed an infection where the catheter had been inserted, this was just about to be treated so she was asked to wait in another room.

After 10 - 15 minutes Phillip BEAD came to get Mr. GRAHAM and stated that her husband had taken a bit of 'a funny turn' during the procedure but was alright now. **Dr ISON** ^{N729} was present in the room and she stated that his chest was clear and that his heart rate was ok. Mrs GRAHAM stated that her husband was conscious, able to converse but did look unwell. Apparently his face kept twitching as though he was getting spasms of pain but did not cry out. Her husband indicated that he was feeling pain from the area where they had just performed the procedure on the catheter.

Phillip BEAD insisted on making Mrs. GRAHAM a cup of tea and told her that he was just going to give her husband an injection for the pain. He also stated that it might be a good idea for her to get her daughters to the hospital.

BEAD then asked Mr GRAHAM to turn over onto his left hand side which he did unaided. BEAD then gave him an injection into the top of his leg or buttock (recorded on records as **2.5 mg of diamorphine** ^{C64}). Almost immediately Mr GRAHAM closed his eyes and within 10 minutes he was dead.

The staff on the ward stated that the death certificate would not be ready until the following Monday.

Mr. GRAHAM rang the hospital the next day and spoke to a registrar who stated that the certificate was ready. The cause of death was given as Dementia. Mrs GRAHAM queried this as death had been so sudden and unexpected so DR ISON and Dr LORD stated that a post mortem would be conducted. The primary cause of death given after the post mortem was bronchial pneumonia and secondary was

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Lewybody dementia.

Mrs GRAHAM stated that to the best of her knowledge her husband had not been prescribed any medication via a syringe driver, but believes he was sedated at night. She holds copies of all her husbands hospital medical records and the post mortem result.

I have informed her that Operation Rochester is an ongoing enquiry and she is aware and will be attending the meeting at Whiteley on 5th February 2003 (05/02/2003).

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