

**Other Document Form**

Number

1403

Title EMAIL DI BROCCOTT TO DR LAWSON RE FINAL CASES REVIEW

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No \_\_\_\_\_

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Examined - further action to be taken

Further actions no(s)

<b>Code A</b>			
		O/M	SIO
		Indexer	

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

**Code A**

**From:** Grocott, David  
**Sent:** 17 May 2006 14:47  
**To:** 'Peter.Lawson@sth' [Code A]  
**Cc:** [Code A] Grocott, David  
**Subject:** Op Rochester review of final cases

Peter,

I hope this email finds you well. I'm trying to tie up some loose ends on the expert reports in relation to Op Rochester. In particular the last four cases, BJC 91- 94

I have copied the email that you sent to Anne last year in respect of BJC [Code A] This is Alfred LEE and Edith HILL. I have found Annes report dated 16/6/05 in which she scored both people as 2B and 2A.

I can't find a subsequent report or email from yourself that agrees with her findings. Could you please either confirm you agree with her findings or let me know that you don't ASAP.

Secondly I've just received Anne's views on the Gonella and [Code A] case, I've attached copies at the foot of this email for your perusal if you haven't seen them for a while. I'm sorry but again I can't find a copy of either your report or an email giving your gradings. I can only apologise but could I ask you to send me another copy of your findings for these two cases.

Kind Regards

Dave Grocott  
 Detective Inspector  
 Major Crime Department  
 Tel. 641-404

**Code A**

-----Original Message-----

**From:** Peter.Lawson@sth [Code A] [mailto:Peter [Code A]]  
**Sent:** 23 April 2005 11:36  
**To:** anne.naysmi [Code A]  
**Cc:** Williams, David M  
**Subject:** Last 2 Rochester cases

Dear Anne

I have gone through the cases for a second time and have now come up with a grade for both but I want to run them past you before finally submitting them.

BJC 91 (an 88 year old male).

3B

3 because I could not find a clear indication for using the sc infusion and it was a high starting dose.

B because I could not find a clear cause for his death but I felt the contents of the infusion had probably not had long enough to significantly contribute to ~~his~~ death (at least the diamorphine although I suppose the midazolam could have had an effect)

BJC 92 (an [Code A] year old [Code A])

2A

2 because the starting dose of opiate in the driver was high although I think the use of opiate was not inappropriate (unless [Code A] was unconscious when it was started) A

because [Code A] seemed to have congestive heart failure and possibly bronchopneumonia and possibly a liver deposit, so she had enough natural causes for her death.

Please let me know what you think so that we can submit an agreed grade for both

Best wishes  
Peter

Peter Lawson

[Code A]



[Code A]

Gonella, Nat  
scrf.doc (36 KB)

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

Patient Identification

Code A

Exhibit number BJC/94 JSW/1

**Code A**

General Comments

**Code A**

Final Score:

2A

**Screeners Name: Dr Anne Naysmith**

**Date Of Screening: 13.5.06**

**Signature**

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

**Patient Identification** Gonella, Nathaniel

**Exhibit number** BJC/93

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B				
Unexplained By Illness C		√		

**General Comments**

Transferred 30.7.98 for rehab following #olecranon, wired. Cognitively impaired with intermittent confusion, unsteady on his feet. Lot of doubt that he would get home – had failed OT home visit from Haslar. But reasonably OK in himself. One episode chest pain (known valvular cardiac disease and angina) on 3.8.98. Given diamorphine (why not GTN?). Then queried he might need regular morphine – why? No indication he was having a lot of chest pain – had had PRN GTN on 30.7.98 (his first night at Gosport) but not since. And Dr Barton stated he was to be kept comfortable, and she was happy for nursing staff to confirm death!

Between 3.8 and 5.8, I cannot trace that he required any analgesia at all – PRN Oramorph was written up, but not given, and PRN codydramol was written up, but not given. There are no medical notes, apart from an entry documenting catheterisation. But the nursing notes record that he was distressed by faecal incontinence and restless at times. He had received diazepam 2mg PRN since admission; one dose on 31.7, one on 1.8, one on 2.8 and one on 3.8. But on 4.8.98 he was given 3 doses, and nursing notes record it was ineffective. On 5.8.98 nursing notes record that he was agitated and confused and his general condition was deteriorating. A syringe driver was started with diamorphine 20mg, midazolam 20mg and hyoscine 400mcg. These doses are far too high for a man who was essentially opioid naïve. Even admitting that diazepam 6mg in a day had not been effective, midazolam 20mg is equivalent to about diazepam 80mg – so a huge increase! He died on 6.9.98 at 22.10hrs.

He was  and was unlikely . He might not even have lived to get to a nursing home. But I strongly suspect that, with better medical management and a less enthusiastic attitude to giving opioids to someone who was not even reported as having pain and sedatives to a man with  he would have lived longer, though I cannot say how much longer. I do not think this was good medical management.

**Final Score:**

2C

**Screeners Name:** Dr Anne Naysmith

**Date Of Screening:** 15.5.06

**Signature**