



H A M P S H I R E C o n s t a b u l a r y

Chief Constable Paul R. Kernaghan CBE QPM LL.B MA

CONFIDENTIAL

Our Ref. : Operation Rochester
Your Ref. :

Fareham Police Station
Quay Street
Fareham
Hampshire
PO16 0NA

Code A

Tel: 0845 045 45 45
Direct Dial: **Code A**
Fax: 023 9289 1663

Email:

15th June 2006

Dear **Code A**,

Thank you for returning your amended statement. I have redrafted it to include your alterations and additions. Could you please read through it and if you are happy with its content, sign where I have indicated and date it.

I have included a self addressed envelope for your convenience. Please don't hesitate to contact me if you have any queries or if I can be of any assistance.

I have used the template of my original letter, I hope this amended version is satisfactory, if not please alter it as you have done previously.

When I interviewed you at your home you spoke of your complaint to the health authorities, I wonder if you would mind allowing me to have a copy of your letter and their subsequent reply so that they can be placed with your statement.

Yours sincerely,

Code A

Dear **Code A** - I have
tracked down
enclose a copy of
my letter to **Code A**
but as yet cannot find
his reply. I'll keep
looking.
1



HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of : Code A

Witness Contact Details

Home Address: Code A

Home Tel No: Code A

Mobile/Pager
No:

Work
Tel No:
Email
address:

Preferred means of contact: home phone

Male Female Date and Place of Birth: Code A

Maiden name: Code A Height: Code A Ethnicity Code: Code A

Dates of witness non-availability:

Witness Care

- a) Is the Witness willing and likely to attend court? Yes No
If 'No', include reasons on form MG6. What can be done to ensure attendance?
- b) Does the witness require 'special measures' as a vulnerable or intimidated witness? Yes No
If 'Yes' submit MG2 with file
- c) Does the witness have any specific care needs? Yes No
If 'Yes' what are they? (Healthcare, childcare, transport, disability, language difficulties, visually impaired, restricted mobility or other concerns?)

Witness Consent (for witness completion)

- a) The criminal justice process and Victim Personal Statement scheme (victims only) has been explained to me: Yes No
- b) I have been given the leaflet 'Giving a witness statement to the police – what happens next?' Yes No
- c) I consent to police having access to my medical record(s) in relation to this matter: Yes No N/A
- d) I consent to my medical record in relation to this matter being disclosed to the defence: Yes No N/A
- e) I consent to the statement being disclosed for the purposes of civil proceedings e.g. childcare proceedings (if applicable): Yes No N/A
- f) The information recorded above will be disclosed to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services:

Signature of Witness:

Statement taken by (print name): Code A

Station: MCD East

Time and place statement taken: h/a

Signed : Code A

Signature witnessed by

Code A



HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of

Code A

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation:

This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything in it, which I know to be false, or do not believe to be true.

Signature: ×

Code A

Date: ×

19/6/2006

Tick if witness evidence is visually recorded (supply witness details on rear)

I am **Code A** and I live at the address which is known to the Police.

I am the daughter of the late **Code A** who was a patient at

the Gosport War Memorial Hospital, Gosport in the autumn of 1999. This statement is about what happened to her.

My mum was born in Portsmouth on **Code A** she had two brothers, **Code A**

who both lived into their eighties.

My mum married my dad **Code A** on **Code A** and they lived at

Code A

My brother **Code A** was born in **Code A** and I was born on **Code A**

Code A My mum's doctor was **Code A** from the **Code A**

My mum briefly worked at **Code A** which was an old people's home and then she worked as a cleaner at **Code A** until she was medically retired when she was about 52/53 years old.

I have been asked about my mum's general health.

Signed :

Code A

Signature witnessed by :

Code A



HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of : **Code A**

Since well before 1977, mum suffered from **Code A**

Code A

In 1994 she was diagnosed with **Code A**

Code A

My mum also suffered from **Code A** She

suffered from **Code A**

Code A

Code A

My mum was able to walk with the aid of a walking frame with wheels.

At the beginning of September 1999 my mum was admitted to St Mary's Hospital in Portsmouth,

Code A

Code A

Code A

Code A

Signed : **Code A**

Signature witnessed by : **Code A**





HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of : **Code A**

Code A

Code A

Code A

During this period she was under the care of Professor PERRY, who was her surgeon. I wish to state that I consider the treatment my mum received whilst at the Queen Alexander hospital under his care was outstanding.

My mum came home ^{for the day} for her **Code A** so she was feeling a little better. When she returned to hospital I remember that she was visited by Dr LOGAN, who I believe, is a geriatrician. He read through her notes and then said to mum, "Have you had enough of life **Code A** Do you think you want to die now?" My mum didn't reply to Dr LOGAN but I was appalled that he had asked such a question. When he had gone my mum told me that I had to let her go now as there was obviously nothing that they could do for her.

I refuted this and went to see Professor PERRY. I asked him if my mother was dying **Code A** Professor PERRY told me that he hadn't found any indication that my mother had **Code A**

I was unhappy with the situation at QA Hospital as Dr. LOGAN was to become involved in mum's case so I asked for my mum to be transferred to the Gosport War Memorial Hospital (GWMH) for rehabilitation.

Signed : **Code A**

Signature witnessed by : **Code A**





HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of : **Code A**

After about three/four days mum was moved to Mulberry Ward at the GWMH. **Code A**

but within days, she was sitting out in a wheel chair, washed and dressed and laughing and joking. Her mood had lifted and she was happily knitting squares and once more taking an interest in things around her.

After a wee **Code A** and she was taken to Haslar Hospital where the problem was rectified. She returned to the GWMH but was moved to Dryad Ward.

I visited mum within hours of her being transferred and discovered that **Code A**

Code A She was in a room next to the nursing station and was happy to be in a hospital that was nearer to her home.

My mum didn't like the food in the hospital so I brought her in **Code A**

Code A I was told that I was not to bring mum in things as **Code A** I asked if mum had an infection and I also asked to see a dietician. Shortly afterwards I noticed that **Code A**

Code A I believed this indicated that she had not been drinking enough.

The next time I visited, my mum had been moved to a room furthest from the nursing station. It was opposite the linen cupboard. There were no people passing and nothing to see, in short there was no physical or mental stimulus at all. I moved mum's bed so that she could look out of the window, but this apparently contravened health and safety regulations and it was moved back. I spoke with the dietician who was happy with the food and drink I was bringing in for mum.

I took in some homeopathic cream **Code A**

Code A but this was confiscated by the nursing staff. When I asked why, I was told that they were

both drugs and should be kept in the drugs cupboard.

Signed : **Code A**

Signature witnessed by

Code A



HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of : **Code A**

When I asked about my mum's blood sugar levels and what medication she was on, I was told that that information was medical in confidence. My brother and I met frequently with the Dryad staff in an effort to have questions answered.

My mum hadn't been given any anti inflammatory drugs since she had left the QA Hospital. When she was at home she took **Code A** Without these drugs, mum became very stiff and I know she couldn't comfortably lie down on her back. She also found it difficult to keep her head up and to open her mouth in order to eat from a spoon.

The nurses used to lift my mum in a hoist which she found very painful. There were a number of doctors who saw mum, Dr RAVANJANĒE, Dr PETERS, Dr REID and Dr BARTON. It was Dr BARTON who decided to put mum on oramorph. I was consulted about that, she explained that it was to keep mum's pain at bay and that it would enhance mum's mood and accelerate the healing of her wound. I saw my mum being given oramorph in a teaspoon.

She didn't like it, she suffered from hallucinations, she thought that she could see her late brother in the corner of her room.

During her lucid periods she would say to me, "What is this bloody stuff I'm on?" On one occasion when Sister HAMBLIN brought her the oramorph mum refused to take it. Sister HAMBLIN threw the spoon with the medicine into the sink in mum's room.

My mum was frightened and very unhappy so my family decided to bring her to live with us again.

I met with Dr REID and Sister HAMBLIN and told them of our intention.

Signed :

Code A

Signature witnessed by :

Code A



HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of

Code A

I spoke with the Practice Manager at my surgery at Gudgeheath Lane and he told me that the practice would support me and mum. I found out about all of the necessary equipment that I would need.

Sister HAMBLIN informed me that my mum would need 24 hour care, seven days a week. She told me that the equipment I needed was not available. I got the impression that she was very angry. In fact the equipment needed was available and was delivered to my home in time for mums discharge from hospital.

My mum was later assessed by the practice nurses and on Tuesday 22nd December 1999 my mum came to live with my family in our home.

She was much brighter in herself although she still had problems with her eating and she was left very weak from the operation. She began doing leg exercises and would sit out in a chair but she never walked again. She suffered from a pressure sore and oedema and after a brief trial of using diamorphine via a syringe driver she reverted to having co-proximal and co-dydromal for pain relief.

My mum died peacefully at home on 10th September 2000.

The cause of death given on her death certificate is bronchial pneumonia with diabetes as a complication. She is buried at Anns Hill Cemetery, Gosport.

I felt that whilst my mother was in Dryad Ward in the Gosport War Memorial Hospital there was no communication and no proper explanation of what treatment my mum received, it was like coming up against a brick wall. Every question that my brother and I asked was met with either 'medical in confidence' or 'not known'. I felt that the family were deliberately excluded from any aspect of mum's care and convalescence. Bringing her home was the best thing we could have done for our mother.

Signed :

Code A

Signature witnessed by

Code A





HAMPSHIRE CONSTABULARY

RESTRICTED – For Police and Prosecution Only

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

URN //

Statement of : **Code A**

My experiences of the treatment of my mother whilst she was on Dryad ward were so ghastly that even after five years , I still get very upset.

Code A

Signed : **Code A**

Signature witnessed by : **Code A**



Code A

2 June 2000

Dear Code A

Would you please take this document as a formal complaint about the treatment that was metered out to my mother Code A whilst she was a patient at the Gosport War Memorial Hospital last November/December? My complaint is directed towards Dryad Ward and no other. The week she spent in Mulberry Ward was splendid, the care here was second to none and I am most grateful for their excellent efforts on Mum's behalf. Every day Mum was washed, dressed and taken into the main ward where she enjoyed the inter-activity and banter enjoyed by most members of a ward when that patient is so obviously on the road to recovery after a very long journey. She had two, much longed for baths and had her hair washed and set. The contrast therefore was so much greater when she was transferred to the floor below.

For ease and clarity I have taken the liberty of merely listing the problems, which we as a family encountered, my brother Code A is also in agreement to the sending of this letter: -

1. In opposition to advice given by every other medical person we had encountered, (Mum having been in Queen Alexander Hospital since the beginning of September), it was decided by Dryad Ward to confine Mum to bed the reason stated was that this was the best way to begin the healing process of the pressure sores that she had developed. In fairness a proper mattress was provided but that was all. Why does this ward offer different pressure sore advice to every other, outside, (including the District Nurses) medical practitioner who without exception says confining the patient to bed is the last thing a pressure sore needs to heal it?
2. Pain Relief. Mother was indeed in a great deal of pain and discomfort with both her back and her legs; she has suffered from Osteo-Arthritis for many years. At the first of many meetings with the medical team, it was mentioned that Oral Morphine might be the best form of pain control. In truth my initial horror at the suggestion of the administration of any form of this strong medication was only assuaged by Dr Barton who advised me that Morphine was not only an excellent pain reliever but; enhanced healing, stimulated the appetite and was a most efficient mood enhancer. Whilst subsequent medical folk have agreed with the pain killing effect, they have without exception shown great surprise at any mention of this drug being either a healer or an appetite stimulant. Having regard to the suggestion of their being any mood enhancing, they have suggested the opposite in that it is a drug that will by its very nature, make the patient very drowsy. Would you please try to explain this difference in advice?
3. As stated in 1 above, Mum's pain was great and following another meeting this time with Dr Reid, my brother and the ever present, note taking, Sister Hamlin, it was decided to proceed with the prescribing of Oral-Morphine. The anti-inflammatory drugs Mum had been having were withdrawn. Day after day, night after night found Mum sitting bolt upright in

bed, to say that she looked very uncomfortable would be an under statement to top all others. Obviously the staff was reluctant to move Mum, because of her suffering. Why then did it take a week and a day for the Morphine to arrive onto the ward and the administration begin?

4. My brother and I have always been encouraged by all other Hospital Wards to offer as much mental help by way of visits and support, and practical help, by way of assisting with dressings, eating and washing. Imagine then our total shock when we encountered the regime practiced by Dryad Ward. As next of kin we did not expect to be asked to leave the room every time a dressing was changed or Mum was washed. Arguably the Ward may say that it was not a mans place to be there at these times but my brother and I have personally and intimately cared for Mum over a long period of time and especially since the loss of Dad over three years ago. The Ward was aware of this. My brother and I were removed from the room at all times and the last straw was when, following the most stressful and acrimonious period, Dr Reid came to Mum's room on the evening we were scheduled for yet another meeting to discuss our feelings of frustration and helplessness regarding Mum's treatment, my brother and I were asked to leave the room and the door was actually closed with us left outside feeling humiliated and staggered at the total lack common courtesy shown by this senior practitioner. He was accompanied as always by another member of staff, Sister Hamblin on this occasion, because never in the weeks Mum was in this ward did staff ever attend alone, always in twos, which gave the impression, rightly or wrongly that there was a need for a chaperone or another member of staff as witness at all times. I can only speak for myself on this occasion when I say that I have never before encountered such total insensitivity towards and disregard for, feelings and consider this action to be the height of rudeness and bad manners and especially so, coming from professional people such as these. One would never have thought we were Mum's next of kin.

Why were we so totally excluded from any input regarding our Mother's well being it was as though our love and regard for Mum was not even part of the equation? Surely this Dickens - ion approach to hospitalisation is shocking in the light of todays political correctness.

5. I was sitting with Mum one evening when I asked one of the senior nurses who was at that time attending to the drugs trolley, what medication mum was on and yet again on this ward I felt thoroughly rejected when I was given the answer that this information could not be given, as it would contravene the patient's charter. The drugs record file was quite literally slammed shut. I asked what Mum's blood sugars were, same answer, I asked what levels of insulin Mum was on and yet again this information was not forthcoming. I had taken in for Mum some Kamillosan (a herbal lip salve) for her dry lips and some Bonjella to help the discomfiture of a gum ulcer. When I looked for these two items in Mum's drawer, they had been taken away; I was told by the same senior nurse that all medication was to be kept in the drugs cupboard. The items were returned on request and I was told that they were not to be used and that I should take them home.

Why this totally unsympathetic and dictatorial approach? We were encouraged by all other local Hospitals as I have said before, to have total input and interest in our Mother's treatment and improvement. Again why the total reverse system at Gosport?

6. Having regard now to Mum's food and liquid intake. Mum is a diabetic and has been at great efforts over these past few years to ensure that blood sugar levels were kept to within an acceptable level this you will agree is done by monitoring the food intake level. We are therefore quite familiar with what is and is not correct. There were no food or drink charts

kept despite our advising the ward that Mother's appetite was poor. In an effort to tempt Mum to eat more I took in diabetic milk puddings, low sugar drinks, various fruits and was told that under no circumstances was I to take in any "titbits", their word not mine. I asked that a Dietician could be called to advise us, told her all the things that I had been bringing in and asked why was it now the wrong thing to give diabetics to eat. Of course she was totally shocked at the suggestion the these foods were not appropriate and gave me another copy of the booklet to leave on the ward, a copy of which we have at home and have always worked too. Dr Ravenjanni had obviously I suggest assumed that it was these foods that had caused the blood sugars to rise, if that was the case, for that must have been the reason to stop home prepared food. I brought in other savoury diabetic foods because the hospital food did not look appetising, though I realise that mass catering is difficult. Because as previously stated as a family we were not made aware of Mum's progress I can draw the conclusion that, as Mum was catheterised a U.T.I may have caused the blood sugar levels to rise. We were never given a reason for the food from home restriction!

7. Whilst I am touching on the subject of the catheter, I will mention the two occasions when I noticed the very dark colour of the urine therein. I twice drew this to the attention of the nurse and the comment was made that, here I quote that nurse "Well she's not drinking very much" my response was to ask why the staff were not actively encouraging Mum to drink more. A shrug of the shoulders was the reply I received. Why was the liquid intake not monitored to avoid possible kidney problems? Q.A had monitored both food and drink throughout continually.

To conclude this very lengthy and I most truly hope, not too rambling letter of complaint I must add that the few weeks that Mum was in Dryad Ward saw her total decline. Having watched Queen Alexander pull out all the stops to provide everything that Mum could need be it daily physiotherapy, lots of chat and encouragement from all the staff (even though this was a very busy surgical ward, there was always a moment for Mum) they re-kindled the spark of hope in Mum, we had to watch, through the total lack of both mental a physical stimulation, the extinguishing once again, of that spark. Apart from being washed and nightdress changed at least three times a day, (I know this is a fact because I took them home to wash each day) and the administration of the medication, the social input and effort on Mum's behalf seemed minimal. When my brother first met Dr Reid at the beginning of this awful period in all our lives, Dr Reid expressed grave doubts as to his ability to re-habilitate Mum and with that idea in mind I honestly believe that no effort was made to even try.

On the 21st December last year and with the help of Dr Reid, I had Mum brought home to live with us. She remains a poorly lady and indeed progress has been slow but with the help of Fareham District Nurses who attend every other day, a wonderful, supportive and understanding G.P and the total family support she has always enjoyed we look forward to even better days to come.

I believe that both Dr Barton and Dr Reid assumed that Mum had cancer and with only scant evidence from one out of three biopsy tests assumed that Mum was terminally ill. They to my knowledge made no attempt at further diagnostic tests and at the initial meeting with me and in the presence of the note taking Sister Hamlin, Dr Barton suggested that, in her words, " We had had Mum for a further five or six years following a mastectomy what more did we want". To say that I was shocked would be another under statement; I seem to

remember being reduced to tears at that stage as I had arranged Mum's transfer to Gosport to improve her health not to watch her die.

I believe that Dryad Ward practices a regime that is totally out of date and needs serious modernisation. To exclude a family that has so obviously put lots of time and effort into the well being of their beloved parent seems somewhat arrogant to say the least. The frustration that we all felt during this most stressful time cannot begin to be explained and it is with little surprise that tempers were frayed on more than one occasion. To be told repeatedly that, (even about the simplest of tasks) "We don't do things like that on this ward", can only lead to conflict and that was what we experienced every day of Mum's hospitalisation.

I have been in contact with C.A.B and Age Concern who have both urged me to write this letter to you. I have written this within the timescale laid down and I write in the hope that drawing attention to our problems even at this late stage may help other families who feel that the system has let them down. I have not as has been suggested to me sent a copy of this to the local M.P. I would wish to hear from your office in the first instance.

I am, yours most sincerely,

Code A

Code A