Max Millett — See below

MM/YJHM — See below

12 February 1996

Mrs. Ivy Smith, Gosport War Memorial Hospital

I have had a telephone call from a Code A, son of Mrs. Connor, wanting to talk over our letter to Code A of 8th February, 1996. He (a ? former policeman), his wife and sister (both nurses) have been discussing the letter. The main points covered in the conversation were:

1. The two nurses are both horrified at the failure in practice.

2. They were afraid that because no disciplinary action had been taken, the incident was not being taken seriously enough. He interpreted the phrase "simple human error" as implying this. I explained again that the incident had, in fact, been dealt with seriously and formally:

   - With the nurse suspended from administering drugs pending retraining.
   - Formal counselling of all three nurses, which would be recorded on their files.
   - Review of the hospital's drug administration policy in the light of the incident.

   I also stressed again how responsibly the nurses had acted upon finding the error, and how devastated they were/are.

3. He queried whether the Trust was supportive of an inquest. I explained that in tragic situations like this we support any independent scrutiny that helps the relatives to feel confident that the incident has been properly investigated and clearly explained.

4. I would stress that Code A was entirely reasonable and pleasant. He is not seeking any kind of witch hunt or publicity.

5. During the conversation it struck me that it might help the family members who are nurses (i.e. his wife and sister) to talk directly with one or other of you. I offered this to him: either that I could ask one of you to ring his wife or sister, or that on the day of the inquest (when it is fixed) I could arrange for one of you to meet with them. We left it that Code A would discuss it further with his wife and sister and let me know if he/ they wished to take this up.

Code A

To: Isobel Evans
Barbara Robinson

Copy to: Bill Hooper
Pam Grosvenor