FTPFRONTSHEET

Name	
Container	

Case Ref 037603

Name NURSES AT OAKDALUS WARD

Details New Referral

Alert Scr Paralegal

File CUPBOARD

Code A

COMPLAINT

Without benefit of medical knowledge and without access to medical records it is only having recalled past events and having reviewed various documents and also having viewed some empirical evidence, that the information we have gleaned has led my mother and I to the view that the following medical nurses and NHS Trust Hospitals have committed Gross Criminal Negligence in their duty of care and in their standards of medical performance. With only one exception, The Meadows, Psychiatric Hospital, all professionals that were mainly responsible for Mo were incompetent, negligent and were reckless in their care and treatments. Such was their recklessness and negligence their actions led to and caused his death.

Lin Morris - McMillian Nurse
Countess Mountbatten House
Botley Road
West End
Southampton
Hampshire
SO30 3JB

Vicky Redding – Staff Nurse – Daedalus Ward
Gosport War Memorial Hospital
Bury Road
Gosport
Hampshire
PO12 3PW

On 13th September 2011 Specialist Oncology Consultant Dr Baluch, Q.A Hospital, Cosham, informed Mo, my mother and I that he had Cancer and not a candidate for chemotherapy as this and other investigations could result in death, therefore a palliative situation only. Question to life expectancy the consultant informed tests results gave no indication, it could be months or years, how long was a piece of string?

My mother was the only person Mo trusted and by thinking she was still protecting him she in turn entrusted Mo, his health, well-being, care and his treatment to Dr North, Lin Morris and various other medical professionals. This trust would be the single most catastrophic decision we would make on Mo's behalf. Each decision and each action started a chain of events that would happen so quickly would be so destructive to Mo's mental and physical state, and in turn to my mothers, we would always be forced into the moment, trying to deal with the immediate effects which blinded us to all that had happened and blinded us to be able to see ahead the consequences of their decisions and actions until too late. For which Mo paid with his life and for which we will have to live with for the rest of ours.

Those professionals that were responsible for Mo's care either failed to give adequate information or any information at all about proposed treatment. Not informed of the nature, purpose or significant risks and adverse effects of treatment that was likely to present a direct or indirect danger to mental and physical health.

No regard to disclose relevant information and to give careful advice and sufficient information upon which to reach a decision whether to accept or refuse or seek alternative treatment. Refused Mo's rights to be involved in decision making, what happened to his mind and body, refused his right to decline medications and refused his right to how he lived his life.

Due to mental health history it was foreseen that drug reaction posed substantial and destructive risks which required up to date knowledge of the Cancer and proper observations, pain and risk assessments, evidence based medication and specialist knowledge, experience, management and control along with a high standard of care and special supervision throughout treatment. Instead professionals were indifferent and had a total disregard to mental health and Mo's welfare with no regard to attempt to give a standard of living adequate for his health and well-being completely ignored the fact that apart from intermitting pain that otherwise he was leading his normal life.

Without proper observations, monitoring or recording and without regular assessments controlled drugs and antipsychotic drugs were enforced without evidence in an inappropriate lethal combination which quickly led to adverse effects and mental impairment. Making the assumption that symptoms were due to Cancer professionals then carried on regardless and prescribed more drugs which only exacerbated symptoms and caused mental illness to become present which in turn both also caused poor and then non-existent nutritional and fluid intake for over three months.

By delaying to take the appropriate medical action by way of psychiatric assessment to ensure symptoms were either directly related to mental illness or directly related to the Cancer caused chronic progressive destruction of their patient both mentally and physically as to endanger life.

Judgements, decisions and actions were not based on evidence or patient need. Treatment was based on prognosis, assumptions and opinions. With no evidence base practise, effectiveness, management or control the risk of medications was far greater than the risk posed by Cancer.

This quickly became evident when medicating and overdosing for a physical condition that did not require such treatment affected their patient's ability to function resulting from drug induced mental illness and left untreated rendered him incapitated by the disorder and debilitated by such prolonged depressive episodes of psychosis as to be hospitalised three times, institutionalised and then finally detained under the Mental Health Act in order to receive urgent treatment vital to control, restore and maintain thought process preventing further destruction and to regain recovery.

Following psychiatric assessments and investigations a diagnosis of Paranoid Schizophrenia was made, which I believe, to make this diagnosis they would have to first rule out medical condition, such as Cancer, that can produce similar symptoms.

Professionals treated Mo as his life was disposable failing to protect his wellbeing, quality of life and ultimately the life he had left. Cancer did not automatically justify such dangerous drugs and it was grossly inappropriate and unjustifiable for moderate intermittent pain that was complained of. Medications showed no benefit only risk and instead of prescribing drugs to ease pain in fact drugs hasten death.

Medical Professionals enforced inappropriate and unnecessary lethal combinations of controlled drugs unlawfully without informed consent or knowledge.

It would be systematic failings by professionals and their actions and their negligence that would be so gravely careless and reckless to cause irreversible physical, psychological and neurological harm that ultimately destroyed Mo before the cancer would, all of which was preventable, treatable and reversible.

If only one of the following can be proven then the medical professional has committed criminal negligence and can be convicted of manslaughter.

1/ DID THE PROFESSIONAL SHOW OBVIOUS INDIFFERENCE TO THE RISK OF INJURY TO HIS PATIENT?

2/ WAS HE AWARE OF THE RISK BUT NONETHELESS FOR NO GOOD REASON DECIDED TO RUN THE RISK?

3/ WAS ATTEMPT TO AVOID KNOW RISK SO GROSSLY NEGLIGENT TO DESERVE PUNISHMENT?

4/ WAS THERE A DEGREE OF INATTENTION OR FAILURE TO HAVE REGARD TO RISK, GOING BEYOND MERE INADVERTENCE?

We have reported Dr North, Lin Morris and Gosport War Memorial Hospital for the crime of manslaughter of Maurice Willemse:

Gosport Police Station
South Street
Gosport
Hampshire
PO12 1ES

Crime Number: 44120342897
19th August 2012

We have made a formal complaint and sent a copy of this file to the Hampshire PCT, 3RD September 2012.

Code A

For your information:

We have made a formal complaint and sent a copy of this file to the GMC, 20th August 2012.

Dr North (G.P) – Relinquished registration 1st April 2012

We are to provide further details to the GMC once we are able to obtain the name of the Doctor that in this file is referred to as Dr X, employed by Gosport War Memorial hospital, Daedalus Ward.

Code A

Code A

Without mental illness being present

Mo could function and live normally

June 1999

35

More about how your

illness or disability affects you

About this section

Fill in this section as well as Section 2 of the claim pack, and send them back together.

Before you fill in this section of the claim pack please make sure you read the notes. They tell you about the information we need.

Because of changes in Disability Living Allowance we can now consider more kinds of help you need when we decide if you can get benefit. This section asks about physical help and the help you need from someone speaking to you. **Someone speaking to you can count as help if they**

- **tell you or encourage you to do things**
- **tell you how to do things**
- **tell you if there is danger.**

We can also consider the help you need from another person with things you do or would do if you had the help you need. These are things like social or religious activities, interests or hobbies. Even someone reading to you or helping you to communicate with other people can count as help.

We need to know about the help you need, even if you do not actually get that help. But we do not need to know about the help you need with domestic duties such as shopping and general cleaning of the home.

Please answer all the questions. The more you can tell us the easier it is for us to get a clear picture of the type of help you need.

If you are claiming for a child under 16

Use this form to tell us about all the help your child needs. We explain about claiming for children in the **Notes about Disability Living Allowance** that came with this claim pack.

RECEIVED
01 JUN 1999
29 DLA

About you

Please fill in these details again so that we can keep your papers together.
If you are filling in this form for a child or for someone else please tell us about them here. And tell us on this form how their illness or disability affects them.

Your full name MAURICE ALAN WILLEMSE

Date of birth Code A

	Letters	Numbers	Letter
National Insurance (NI) number	Code A	Code A	C

Daytime phone number Code 01905 Number 789075

36

Part 1 Help you need when you go out during the day or in the evening

Please tell us in this part about the help you need **from another person** when you go out. For example, going to visit friends, relatives or going to places like the Post Office, your doctor, or a day centre. You may need help to get there, or you may need help while you are there.

Remember – you can be helped in lots of different ways. Someone speaking to you can count as help if they

- **tell you or encourage you to do things**
- **tell you how to do things**
- **tell you if there is danger.**

Even someone reading to you or helping you to communicate with other people can count as help. For example, you may need someone to interpret your sign language for other people. Or you may only be able to make yourself understood to someone who knows you well, who needs to interpret what you are saying for other people.
You should tell us about the help you need even if you do not actually get that help.

We do not need to know about the help you need with domestic duties such as shopping and general cleaning of the home.

We want you to tell us about each of the different places you usually go to or would go to if you had the help you need. Use a separate box to tell us about each place. We have given you six sets of boxes, but you do not have to fill in every set unless you need to tell us about 6 different places. If you want to tell us about more than 6 places, use a separate sheet of paper and send it to us with this form.

Where you go or would go if you had the help you need

How many days a week?

How many times a day?

How long do you usually need help for each time?

What help do you need from another person?

DO NOT NEED HELP

Falls or stumbles

17

Do you sometimes fall or stumble, even in places you know well because of your disability or the effect of your medication?
This could be indoors or outdoors.

No [X] Go to page 6.

Yes [ ]

Why do you fall or stumble?
Some examples might be that you have dizzy spells, or your legs give way, or something else.

Tell us where you might fall or stumble.

Describe in your own words the problems you have and the help you need when you fall or stumble.
For example, you may not be able to get up by yourself, or you may injure yourself, or you may be confused, or something else.

Tell us roughly how often you fall or stumble.

Claiming under the *Special Rules*

Go straight to page 20.

You do not have to answer any more questions until that page.

Moving about indoors

Do you have problems moving about indoors?
Some examples might be
- getting out of chairs
- walking around indoors
- going up or down stairs
- using a wheelchair
- transferring from a wheelchair to something else.

Or something else.

No ☐
Yes ☒

Does someone have to tell you or encourage you to move about indoors?

No ☒
Yes ☐

Describe in your own words the problems you have and the help you need moving about indoors.

DO NOT NEED HELP TO GET ABOUT. BUT FIND GETTING UP FROM SITTING PAINFUL. OR. TRYING TO WALK VERY FAR.

Tell us about any ways your home has been adapted or about any equipment you use to help you move about indoors. Tell us if someone helps you to use the equipment.

How long on average do you need help moving about each time?

How many days a week do you need help moving about indoors?

days a week

How many times a day do you need help?

times a day

Getting out of bed in the morning and into bed at night

19

Do you have problems getting out of bed in the morning or into bed at night?
By **night** we mean when the household has closed down at the end of the day. If you want to tell us about any problems you have getting into bed or out of bed during the **day**, use the box on **page 19**.

No ☐
Yes ☒

Does someone have to tell you or encourage you to get out of bed in the morning or into bed at night?

No ☒
Yes ☐

Describe in your own words the problems you have and the help you need getting out of bed in the morning or into bed at night.

Tell us about any equipment you use to help you get out of bed in the morning or into bed at night. Tell us how the equipment helps you and how useful it is. Tell us if someone helps you to use the equipment.

How many days a week do you need help to get out of bed in the morning or into bed at night?

days a week

How long on average do you need help for each time?

Remember – if you need help filling in any part of this form, phone 0800 882 200.

When you are in bed

Do you have problems when you are in bed?
Some examples might be

- changing your sheets or nightclothes in the night
- turning over, settling, or staying in bed
- being propped up
- getting into position to sleep if you need to be in a special position
- getting your bedclothes back on the bed if they fall off.

Or something else.

No [ ] **Go to page 9.**

Yes [X]

Describe in your own words the problems you have and the help you need when you are in bed.

FIND IT DIFFICULT TO GET IN POSITION OF COMFORT IN BED

Tell us about any equipment you use to help you when you are in bed. Tell us how the equipment helps you and how useful it is. Tell us if someone helps you use the equipment.

How long on average do you need help for each time?

How many nights a week do you need help when you are in bed?

nights a week

How many times a night do you need help?

times a night

Help with your toilet needs

21

Do you have problems coping with your toilet needs?

Some examples might be

- getting to the toilet
- using the toilet
- using something like a commode, bedpan or bottle instead of the toilet
- using or changing incontinence aids
- using a catheter
- cleaning yourself.

Or something else.

No [X]

Yes [ ]

By **night** we mean when the household has closed down at the end of the day.

Does someone have to tell you, remind you or encourage you to deal with your toilet needs?

No [X]

Yes [ ]

Describe in your own words the problems you have and the help you need with your toilet needs.

During the day	During the night

How long on average do you need help each time during the day?

How long on average do you need help each time during the night?

How many days a week do you need help with your toilet needs?

days a week

How many nights a week do you need help with your toilet needs?

nights a week

How many times a day do you need help with your toilet needs?

times a day

How many times a night do you need help with your toilet needs?

times a night

Please tell us where the toilet is in the house, and about any special equipment you use to help you with your toilet needs.

For example, rails by the toilet, a commode, a bottle or something else. Tell us how useful the equipment is and if you need someone to help you to use the equipment.

Washing, bathing and looking after your appearance

22

Do you have problems washing, having a bath or shower, or looking after your appearance?
Some examples might be
- getting into or out of the bath or shower
- cleaning your teeth
- washing your hair
- shaving
- checking your appearance
- personal hygiene
- coping with periods.

Or something else.

No [X]
Yes [ ]

Does someone have to tell you, remind you or encourage you to wash or take a bath or shower?

No [X]
Yes [ ]

Describe in your own words the problems you have and the help you need washing, bathing or showering, or looking after your appearance. If you need to wash or bath or shower more than once a day, please tell us why. If you have bed baths, tell us how long they take.

Tell us about any equipment you use to help you with washing, bathing or showering, or looking after your appearance. Tell us how the equipment helps you and how useful it is. Tell us if someone helps you use the equipment.

How long on average does it take you to wash or to have a bath or shower?

How many days a week do you need help with washing, bathing or showering, or looking after your appearance?

days a week

How many times a day do you need help with washing, bathing or showering, or looking after your appearance?

times a day

Getting dressed or undressed

23

Do you have problems getting dressed or undressed?

Some examples might be you

- need someone to help you or it may take a long time
- get breathless or feel pain
- need someone to help you choose suitable clothing
- need someone to remind you to change your clothes.

Or something else.

No [X]

Yes [ ]

Does someone have to tell you, remind you or encourage you to get dressed or undressed?

No [X]

Yes [ ]

Describe in your own words the problems you have and the help you need getting dressed or undressed.

Tell us about any equipment you use to help you get dressed or undressed. Tell us how the equipment helps you and how useful it is. Tell us if someone helps you use the equipment.

How long on average does it take you to get dressed or undressed each time?

How many days a week do you need help getting dressed or undressed?

days a week

How many times a day do you need this help?

times a day

11 Preparing a cooked main meal for yourself

Would you have problems because of your illness or disability if you prepared a cooked main meal for yourself?
We mean cooking proper meals on a traditional cooker, not using a microwave or convenience foods. Some examples might be that you cannot

- plan the meal
- peel or chop vegetables
- use taps
- use a cooker
- use cooking or kitchen tools
- cope with hot pans
- tell when food is cooked properly.

Or something else.

No [X] Go to page 13.

Yes [ ]

Describe in your own words the problems you would have and the help you would need if you prepared a cooked main meal for yourself.

How many days a week would you have these problems?

[ ] days a week

4

26

Help with medical treatment

Do you have problems coping with medical treatment?

Some examples might be

- taking tablets or medicines
- taking the right tablets or medicines at the right time
- having injections
- using an inhaler
- having physiotherapy
- having oxygen therapy
- monitoring treatment
- coping with side effects
- having help from mental health services.

Or something else.

No [X]

Yes [ ]

By **night** we mean when the household has closed down at the end of the day.

Does someone have to tell you, remind you or encourage you to take your medication?

No [X]

Yes [ ]

Describe in your own words the problems you have and the help you need with medical treatment. And tell us what would happen if you did not take your medication.

During the day

During the night

How long on average do you need help each time during the day?

How long on average do you need help each time during the night?

How many days a week do you need help with your medical treatment?

days a week

How many nights a week do you need help with your medical treatment?

nights a week

How many times a day do you need help with your medical treatment?

times a day

How many times a night do you need help with your medical treatment?

times a night

25

At mealtimes

Do you have problems at mealtimes?
For example
- cutting up food on your plate
- eating
- being fed
- drinking.

No [X]
Yes [ ]

Does someone have to tell you, remind you or encourage you to feed yourself or have a drink?

No [X]
Yes [ ]

Describe in your own words the problems you have and the help you need at mealtimes.

Tell us about any equipment you use to help you at mealtimes. Tell us how the equipment helps you and how useful it is. Tell us if someone helps you use the equipment.

How long on average do you need help for each time?

How many days a week do you need help at mealtimes?

days a week

How many times a day do you need help at mealtimes?

times a day

Dizzy spells, blackouts, fits, seizures or something like this

Do you have dizzy spells, blackouts, fits, seizures or something like this?
For example
- epilepsy
- hypoglycaemia (low blood sugar)
- loss of awareness or concentration
- altered states of consciousness or awareness.

No [X] Go to **page 17.**

Yes [ ]

By **night** we mean when the household has closed down at the end of the day.

Tell us what happens.
We need to know about things like
- what happens before you have a dizzy spell, blackout, fit or seizure
- if you get any warning of what is going to happen such as an unusual taste or smell or tingling
- if you have epilepsy, what type of fit you have
- what happens during the fit or seizure
- if you lose consciousness or if your limbs shake, or you bite your tongue or are incontinent or have a convulsion
- if you get aggressive, or injure yourself, or suffer behavioural problems
- what happens after a fit or seizure – if you need to sleep, or if you are confused, or if you might wander off.

Describe in your own words the problems you have and the help you need with dizzy spells, blackouts, fits, seizures or something like this.

During the day

During the night

How long on average do you need help each time during the day?

How long on average do you need help each time during the night?

Tell us roughly how often you have a dizzy spell, blackout, fit or seizure during the day.

times a day

Tell us roughly how often you have a dizzy spell, blackout, fit or seizure during the night.

times a night

If you keep a record or a diary of your dizzy spells, blackouts, fits or seizures, you can

Someone keeping an eye on you

27

Do you need someone to keep an eye on you?
Some examples might be that you

- get confused
- might wander off
- do not realise when there is danger
- do not realise when your condition is getting worse
- might hurt yourself or someone else
- might be destructive and cause danger to yourself or someone else.

Or something else.

No [X] Go to page 16.

Yes [ ]

By **night** we mean when the household has closed down at the end of the day.

Describe in your own words why you need someone with you.

During the day

How long on average do you need someone with you each time during the day?

How many days a week do you need someone with you?

days a week

How many times a day do you need someone with you?

times a day

Describe in your own words why you need someone to be awake to watch over you.

During the night

How long on average do you need someone to be awake during the night to watch over you?

How many nights a week do you need someone to be awake to watch over you?

nights a week

How many times a night do you need someone to be awake to watch over you?

times a night

Communicating with other people

Do you have problems communicating with other people?

For example, you

- have difficulty understanding or being understood
- have a learning disability
- have difficulty with unfamiliar people or places or situations
- have difficulty concentrating or remembering things
- have difficulty reading letters
- have difficulty filling in forms or answering or using the phone
- have difficulty speaking to someone who does not know you well
- cannot ask for help when you need it
- need to use sign language
- have difficulty hearing.

Or something else.

No [X] Go to **page 19.**

Yes [ ]

Describe in your own words the problems you have and the help you need communicating with other people.

Tell us about any equipment you use to help you communicate with other people. Tell us how the equipment helps you and how useful it is. Tell us if someone helps you use the equipment.

How long on average do you need help each time?

How many days a week do you need someone to help you communicate with other people?

days a week

How many times a day do you need someone to help you communicate with other people?

The way you feel because of your mental health

29

Do you have problems because of your mental health?

Some examples might be

- getting anxious or panicky
- feeling someone may harm you
- feeling you may harm yourself
- feeling you may get aggressive
- feeling you cannot cope with even the slightest change to your daily routine
- neglecting your personal hygiene or the way you look
- hearing voices or experiencing thoughts that disrupt your thinking and may put you at risk.

Or something else.

No [X] Go to page 18.

Yes [ ]

Describe in your own words the things you do or cannot do, or the experiences you have had, because of your mental health.

Tell us roughly how often this happens, and how long you need help for when it happens.

More about the way your illnesses or disabilities affect you

31

Describe in your own words any ways that your illnesses or disabilities affect you that you have not been able to put anywhere else on this form.

The more you can tell us about the problems you have, the easier it is for us to get a complete picture of the help you need.

You may want to tell us if your condition changes from day to day, or over a period of time or in different conditions which means that the amount of help you need varies.

Tell us about any equipment you use that you have not already told us about on this form.

We need to know about the help you need, even if you do not actually get that help. But we **do not** need to know here about the help you need with domestic duties.

20

When your problems started

If you have problems getting around, tell us when you started to have the problems you have told us about.
Tell us the exact date if you can. But if you cannot remember, you **must** tell us roughly when this was.

20 / 3 / 98.

If you have problems with personal care, tell us when you started to have the problems you have told us about.
Tell us the exact date if you can. But if you cannot remember, you **must** tell us roughly when this was.

/ /

Do you think you will have these problems for at least 6 months?
You **must** tick one of these boxes

No [ ] We will write to you about this.

Yes [X]

Declaration

Please sign this form here.
Even if you have already signed **section 1** for someone else, still sign this form here.

I declare the information I have given about the way my illnesses or disabilities affect me is correct and complete.

Warning – to knowingly give false information may result in prosecution.

Signature

Date

18 / 5. / 99.

Code A

If you are signing this form for someone else, please tell us **your** name and address.

Your name

Your address

Postcode

In recovery from mental illness

September 2003

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

Code A

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Code A

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Code A

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Mental Health Review

July 2007

Code A

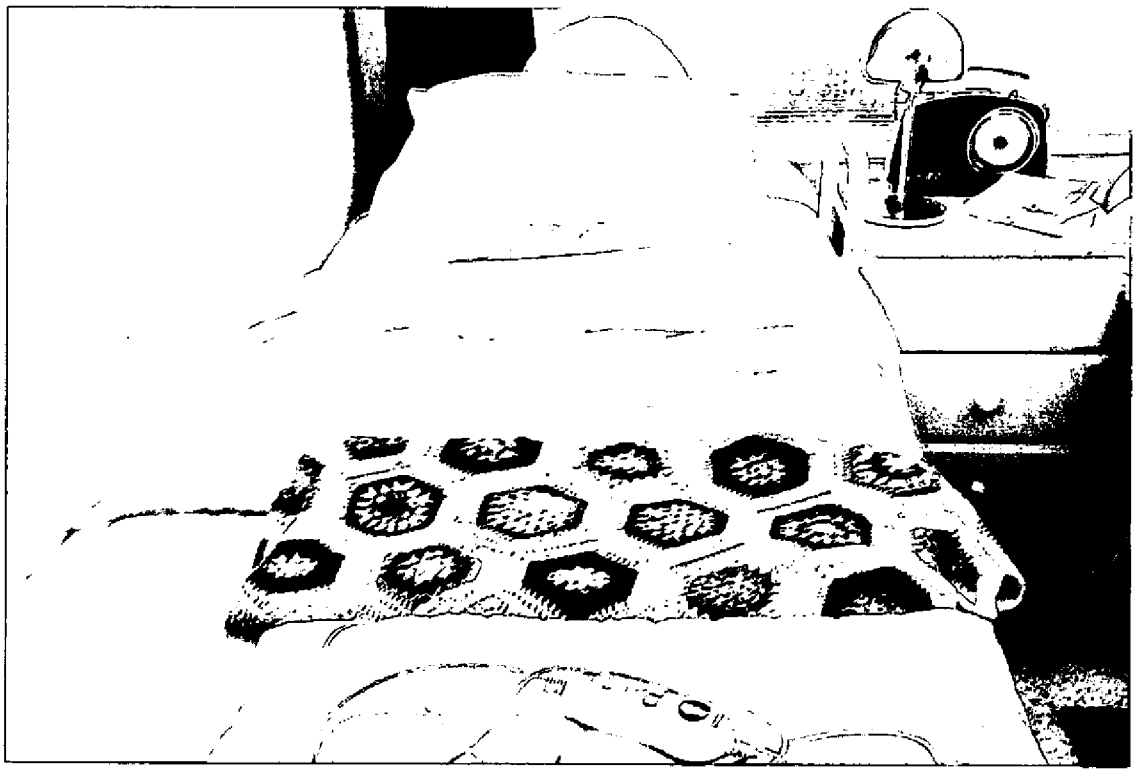
Code A

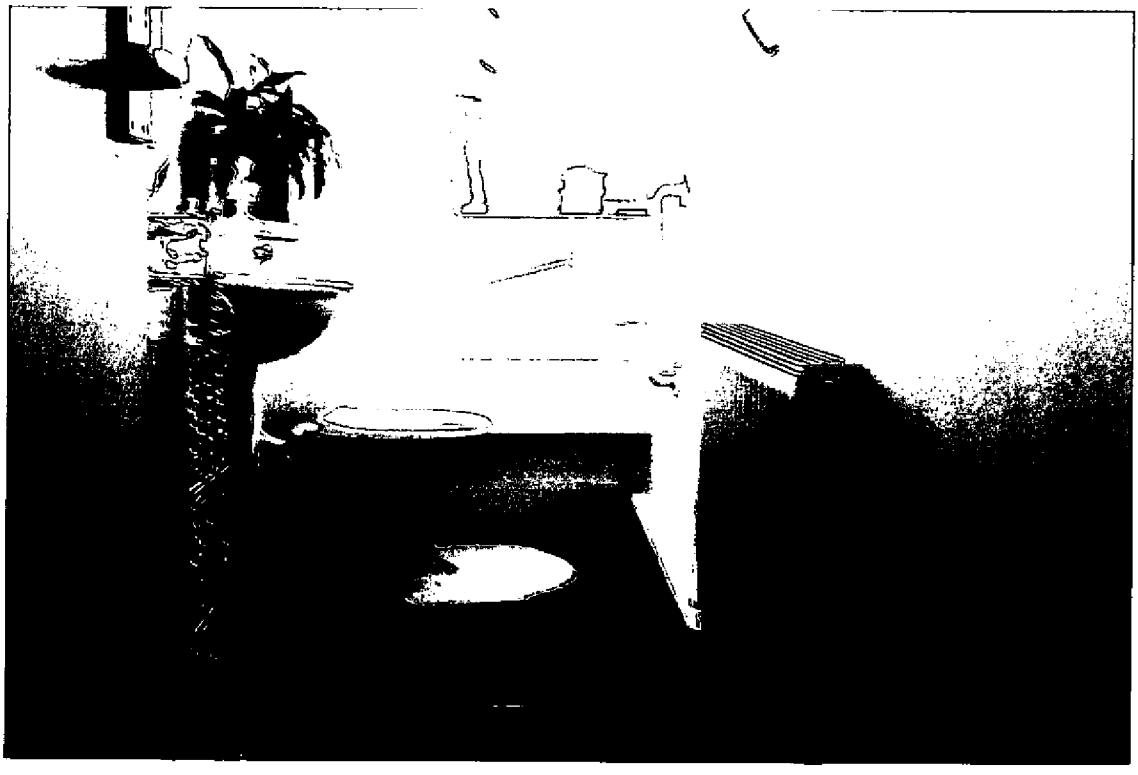
Code A

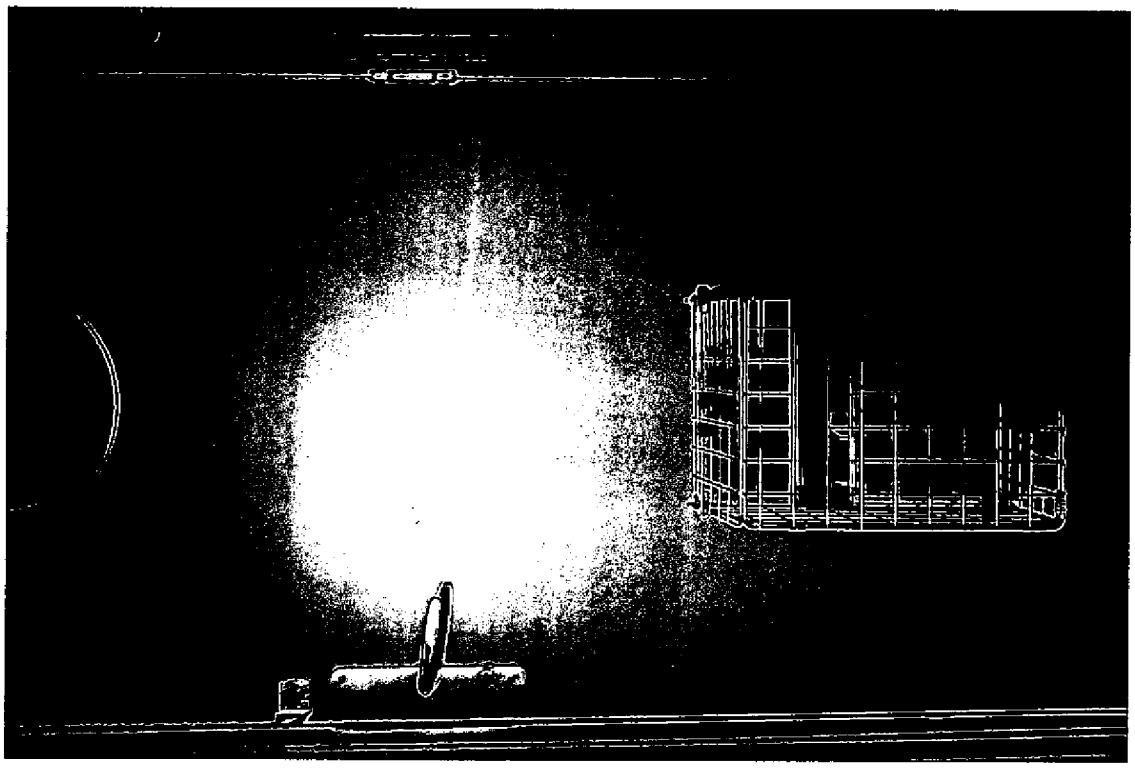
Code A

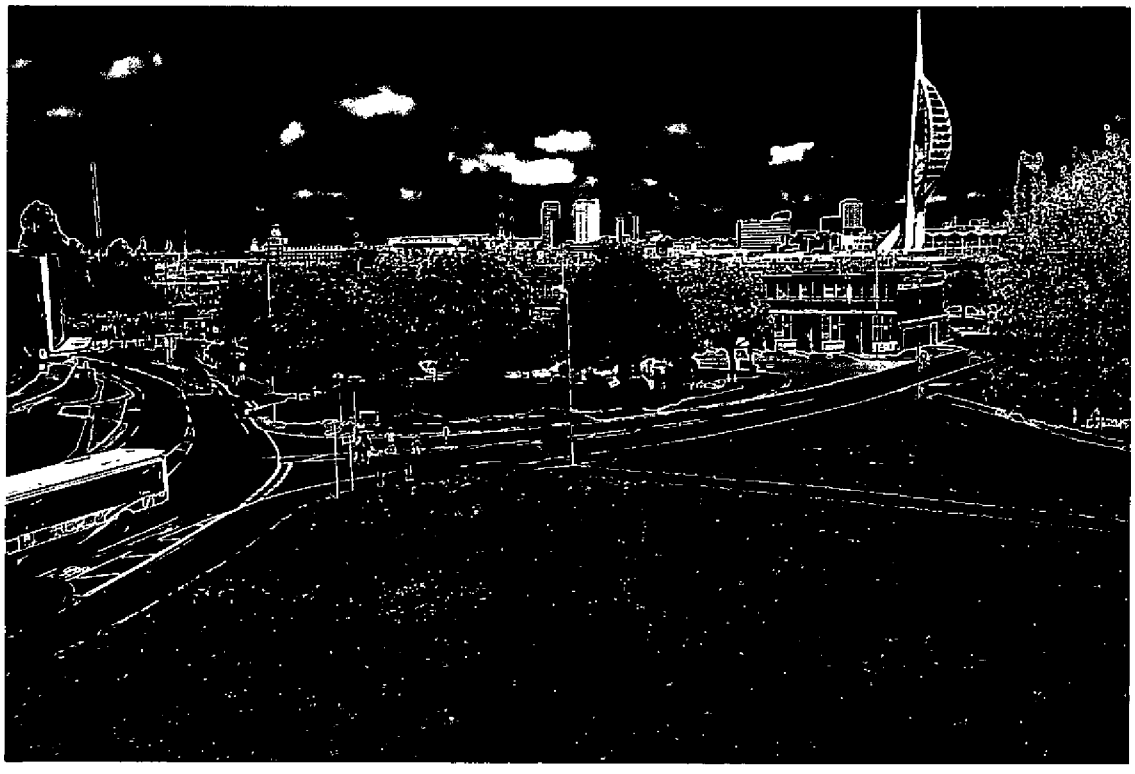
Code A

Code A









Portsmouth Hospitals NHS
NHS Trust

DR A SIVA
CONSULTANT CARDIOLOGIST

SEEN IN ADMIN

Cardiac Outpatient Department
Queen Alexandra Hospital
Cosham
Portsmouth
PO6 3LY

TEL; 023 9228 6000
EXT: 4605

Clinic: 9 May 2011
Typed: 9 May 2011

JN/TMB/Q587698

NHS No: 420 045 7199

SUMMARISED ON EMIS

Dr A M O Connor
Stoke Road Med Ctr
66-68 Stoke Road
Gosport
PO12 1PA

Dear Dr O Connor

Maurice Alan WILLEMSE 22/11/1943 Tel.
Flat 20 Hammond Ct South St PO12 1EY

This gentleman was referred to the Cardiology Clinic for investigation of chest pains which were intermittently worse on exertion. Unfortunately he did not attend the clinic today and we have not sent him a routine appointment. If you feel he still needs to be seen in the clinic I would be grateful if you could re-refer him.

With kind regards

Yours sincerely

J Nevols
Specialist Registrar

Rx in Box	Tell Pt. Alright	Notes Please
Appt.	13 MAY 2011	A/N
S/C	Other Results Awaited	Pass To...

Portsmouth Hospitals NHS
NHS Trust
Portsmouth Haematology & Oncology Centre
B Level, Queen Alexandra Hospital
Southwick Hill Road
Cosham
Portsmouth
PO6 3LY

Dr S Baluch
Consultant Clinical Oncologist

T
F
A **Code A**

Dictated: 13/09/2011
Typed: 27/09/2011

Our Ref: SB/mlc/420 045 7199/ R137318/J085719/24114316

Dr AM O'Connor
Stoke Road Med Centre
66-68 Stoke Road
Gosport
Hants
PO12 1PA

Dear Dr O'Connor

Mr Maurice Alan WILLEMSE Code A
Flat 20 Hammond Ct South St Gosport, Hants PO12 1EY

Diagnosis: Metastatic probable lung carcinoma with spinal and rib metastases August 2011
Comorbid conditions: Schizophrenia, alcohol abuse, COPD, partial para-thyroidectomy for adenoma, tubulovillous adenoma, cognitive impairment, atrial fibrillation, paroxysmal atrial fibrillation and chronic lower back pain
Treatment planned: radiotherapy to upper thoracic spine T1 – T6 with left paravertebral mass 8Gy ant/post 13/09/11

I reviewed Mr Willemse accompanied by his partner and his daughter Kelly. As you know I had requested his name to be put on our MDT list so that I can discuss him with my Respiratory and Radiology colleagues for consideration of biopsy. He had already previously been discussed in the Lymphoma MDT where the decision was because of his comorbid conditions he will not be a candidate for chemotherapy. The result of the Lung MDT was that again it will not be in his best interest to undergo investigations which could result in morbidity and possibly mortality after which he would not be a candidate for chemotherapy. The decision therefore was that he should just undergo palliative radiotherapy and he should be left at that.

Today I discussed and explained the result of our various discussions to his family and they fully understand that this is a palliative situation in which he will not be able to have systemic treatment in the form of chemotherapy. They also understand that the risks involved are significant he will not be undergoing any intervention procedure to obtain a tissue from him.

I have organised for his radiotherapy to be done today and he will be returning to my clinic for assessment of response. I have warned them that he will developed throat for which he can use soluble Paracetamol. If that does not help he obviously will have to have medication as per WHO ladder. I shall update you when I review him and he will have his bloods checked prior to his next appointment. He knows that we will not be doing any scans etc for response assessment.

Yours sincerely

Code A

Dr S Baluch MRCP PhD FRCR
Consultant Clinical Oncologist

Portsmouth Hospitals NHS
NHS Trust

Dr J Walker
Associate Specialist

MEDICINE FOR OLDER PEOPLE,
REHABILITATION AND STROKE
Dolphin Day Hospital
Gosport War Memorial Hospital
Bury Road
GOSPORT
PO12 3PW

Tel: [illegible]
Fax: [illegible] Code A

Our Ref: JW/ij/Q587698
NHS No:420 045 7199
Dict: 13/09/2011
Date typed: 16/09/2011

Dr A M O Connor
Stoke Road Med Centre
66-68 Stoke Road
Gosport
Hants
PO12 1PA

SCANNED ON EMIS

Dear Dr O Connor

Mr Maurice Alan WILLEMSE DoB: Code A
Flat 20, Hammond Court, South St, Gosport, Hants PO12 1EY
Tele: 07762524546

I am writing to let you know the results of some more of Mr Willemse investigations. His CT thorax, abdomen and pelvis has confirmed the destructive paravertebral lesion at T3 and T4 on the left side. In addition he had small volume left hilar lymphadenopathy and chronic pancreatitis. There was a small indeterminate focus in the right lobe of the liver. The radiologist felt that the paravertebral lesion could possibly represent a very peripheral primary lung neoplasm or alternatively may represent mesothelioma in the presence of asbestos-related pleural disease. No alternative primary site was identified, although the pancreatic changes were considered to be indeterminate.

Mr Willemse tumour markers showed a normal CA19-9 and AFP. His HCG was just elevated at 7 and his CEA was markedly elevated at 76.7.

As you are aware I have referred Mr Willemse to oncology for review.

Best wishes,

Yours sincerely

READ AND APPROVED BY DR JACKIE WALKER

Dr J Walker
Associate Specialist

Cc: Hospital notes

DR NORTH (G.P) and LIN MORRIS (MCMILLIAN NURSE)

Such was Dr North and Lin Morris recklessness and negligence Mo had to be hospitalised three times, institutionalised and then finally sectioned under the Mental Health Act all within three months of taking prescribed medication to get the urgent treatment he needed to reverse damage and prevent further deterioration of the mind. When Mo was aware of being detained he was not compliant telling us countless times to get him out and made countless attempts to leave. Being detained in hospitals and institutions was equally destructive for his wellbeing and recovery.

Dr North and Lin Morris took no account of past medical history, family history, personal history, past psychiatric history or of need. Unexpectedly Dr North informed that death from Cancer was imminent and then both failed to give us time to absorb this news before they pumped Mo full of drugs. Dr North and Lin Morris failed to communicate effectively and openly, to inform, advise and supply information so that we understood the illness, treatments and care and what to expect. Right in respect of information, proposed treatment and participation in decisions were consistently denied.

Throughout this ordeal there was no treatment plan, no communication, no information, no preparation, no care, no control, no prevention, no medication management and no fluid or nutritional management.

Pain relief was not informed or discussed nor was medication prescribed and introduced slowly that would adequately reflect the pain Mo was experiencing at that time with both completely ignoring the fact that apart from intermitting pain that otherwise he was leading his normal life.

Mo, my mother and I had no understanding of proposed treatment nor informed of the significance or implications of treatments, with both failing to provide information sufficient to enable to make a decision to continue treatment. When treatment quickly resulted in mental harm the right to refuse such treatment was denied.

We were never asked for consent over medications and care and nor did we give. Had we not been misled and panicked by Dr North and Lin Morris into thinking that Cancer posed an immediate threat to life such treatments would have been refused without question.

Dr North and Lin Morris did not care or seek to ensure Mo was protected as far as possible from risks. Both knowingly prescribed vast amounts of controlled drugs that posed substantial risk to sensitivity and dangerous reactions to side effects which required evidence based medications. Dr North and Lin Morris consistently failed to observe and monitor for potential drug reactions with no plans of prevention or appropriate treatment were overmedicating and overdosing for a medical condition that did not require them to.

Side effects of medications along with drug induced mental illness also caused Mo's physical state to rapidly deteriorate by way of poor and then non - existent nutritional and fluid intake for over three months. Dr North and Lin Morris consistently failed to prevent the risk and to take action to provide proper nutritional support that would allow Mo to maintain his usual diet and physical health. Their actions would result in Mo becoming quickly undernourished and his decline accelerated when hospitalised finally resulting in suffering from malnutrition. It was their lack of care and negligence that resulted in Mo slowly starving to death and without fluids exacerbating mental dysfunction.

Dr North and Lin Morris did not ensure accurate diagnosis and treatments throughout whilst prescribing controlled drugs which quickly lead to adverse effects and early warning signs of mind disturbance and with taking no account of signs, symptoms and psychosis episodes witnessed, instead just watched this man rapidly deteriorate mentally before their eyes and yet carried on regardless prescribing more drugs along with antipsychotic drugs. By not having a clear understanding of mental health nor the clinical knowledge for this practise along with their continuous decision to significantly delay the urgent treatment required to reverse psychosis left their patient to become incapacitated by the disorder. Their inability to have the expertise and control with such dangerous drugs, in order to regain control and prevent further mental harm it was immediately necessary for hospitalisation to relieve mental suffering of hallucinations and confusion. Mo required a psychiatric hospital such as The Meadows or at the very least a psychiatric ward in order to get psychiatric assessment to divert to the appropriate care and treatment to immediately ease and control symptoms and provide the course of treatment urgently needed to restore thought process and prevent future drug induced mental illness. It was only due to the fact that Mo refused to take his medication whilst detained on Sultan Ward that he began to quickly recover from drug induced psychosis.

On discharge and without the cause being identified Dr North failed to investigate further to seek proper diagnosis and to avert known risks, instead strengthened drugs. When over medicating quickly resulted again in psychosis still both Dr North and Lin Morris refused to consider the cause may well be medications. Instead of taking immediate action and seeking appropriate treatment by way of psychiatric assessment instead more controlled and antipsychotic drugs were prescribed with both adopting a wait and see attitude.

Dr North and Lin Morris seriously compromised Mo's and my mother's safety by causing and allowing mental illness to run. An example being back in 2003 whilst Mo was in psychosis crisis he attempted to push my mother out of the lounge room window, third floor. A recent example 25th November 2011, whilst Mo was in psychosis kept attempting to use an electric kettle to boil water on a gas hob.

Dr North and Lin Morris took no account mental and physical deterioration was likely due to overmedicating rather than the effects of Cancer, consistently making the assumption that effects and symptoms were due to advancing cancer and with no evidence to support this assumption and with no evidence that medication was beneficial, only evidence of harm and destruction, failed to acknowledge and attempt to take steps to remedy their inappropriate and neglectful actions even to go beyond the scope of professional competence and prescribed more controlled and antipsychotic drugs with destructive consequences that quickly led to drug induced psychosis.

Dr North and Lin Morris consistently failed to provide results from previous tests and scans when requested and failed to provide medical reasoning when specifically questioned on drug reaction and possible link between medications and loss of mental function and physical deterioration. Questions were met with vague answers or ignored or dismissed, both failed to listen, understand and consider our reasons, thoughts, feeling, concerns and fears over medications. It was poor practise on their part just to say Mo was in pain.

Dr North and Lin Morris were reckless, ineffective and inadequate and when their actions resulted in catastrophic harm failed to act and treat in an emergency by choosing not to care.

Dr North and Lin Morris lack of care, negligence and recklessness caused unimaginable suffering to their patient and it is their actions and their decisions which resulted in Mo having to endure a slow and excruciating death.

MEDICATIONS PRESCIBED

Laxido - 1 Sachet x 2 daily increased to 6-8

Luctulose - 300ml Bottle

Oramorph - 5ml x 4 daily increased to 7.5-10ml

Pregablin 2x 50mg - 3 daily

Fluctofillian - 1 x 4 daily

Zormorph - Yellow Pills 10g & Pink Pills 30mg - Dosage?

Amitriptyline - 1 x 10mg Daily

Ibuprofen - 600mg - 3xday

Paracetamol - 1 x 500mg 4 daily

Olanzapine - 1x 2.5mg daily

Other medications prescribed?

MEDICATIONS PRESCRIBED - August 2011 – January 2012

This is not an exhaustive list of prescribed medications, only those we have been able to source from old prescriptions, left over drugs, discharge summaries and from which we had noted.

SIDE EFFECTS: Mo would consistently/periodically suffer from the following:

Confusion, hallucinations, rashes, upset stomach, constipation, legs swelling, headaches, dizziness, loss of appetite, unsteady on feet, restlessness, tiredness, dry mouth, sleeplessness, taste disturbances, weight loss, pins and needles, joint and muscle pain impaired vision, low body temperature, depression, anxiety and mood changes.

DEPIXOL - Treatment for schizophrenia - Before/During treatments

Caution needed with - Opioid Analgesics

Administered by Hewat House for the past ten years

GABAPENTIN - Anti-conversant to treat epilepsy and to treat pain caused by dysfunction or by the Nervous system.

Side effects: Mood or behaviour changes, loss of memory , hyperactive (mentally or physically), confusion, lack of co-ordination, pins and needles, loss of appetite, depression, pain and muscle weakness, headaches.

Cautions: In the elderly.

Caution needed with: Sedatives.

Prescribed 5th August – Dr Walker – Dolphin Centre, Gosport War Memorial Hospital

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DEXAMETHASOME - To suppress inflammation and allergies.

Side Effects: High blood sugar, thinning of the bones, mood changes, high blood pressure, fluid retention, Potassium loss.

Cautions: For patients suffering psychiatric disorder, thinning bones, stress and depression.

Overdose suspected: Swelling, extreme thirst, severe headaches, sleep problems and confusion.

Discontinued at The Meadows after Doctors were advised by Lin Morris - November

Prescribed 7th Sept - 8/4/2mg and one other med - Q.A Hospital

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LAXIDO ORANGE - Treatment of constipation

Side effects: Rash, swelling in ankles and abdomen

Prescribed 16th September - 1 Sachet x 2 daily - Dr Garrett (G.P)

Increased to 6-8x sachet a day - Dr North (G.P) or Lin Morris (McMillian Nurse)

LUCTULOSE - Treatment of constipation

Side Effects: Confusion, Stomach cramps and pain

Prescribed - Late September - 300ml Bottle - Dr North (G.P) or Lin Morris (McMillian Nurse)

ORAMORPH

Side Effects: Confusion, mental changes, drowsiness, upset stomach, dry mouth, headaches, mood changes and rash.

Caution: Mental illness, elderly, alcohol abuse and liver problems

Caution: MAOI, sedating drugs and antipsychotic drugs

Overdose suspected: Confusion, unusual thoughts and/or behaviour, disorientation, sleep disturbances, loss of appetite, constipation, rash, swelling of legs and cramp.

Prescribed - 22nd September? - 5ml x 4 daily - Dr North (G.P) or Lin Morris (McMillian Nurse)

Increased from 5ml - 7.5/10ml by Lin Morris - 24th October

FLUCTOXACILLAN - Penicillin antibiotic

Side Effects: Severe allergic reaction (including rash, fevers, joint pain and upset stomach)

Prescribed: 24th October - 1 x 4 daily

Dr North (G.P) or Lin Morris (McMillian Nurse)

PREGABLIN - Treat pain

Side Effects: Memory impairment, confusion, hallucinations, mood or behaviour changes, restlessness, hyperactive (mentally and physically), disorientation, disturbance in attention, loss of taste, dry mouth, mental impairment, headaches, sleep problems, dizziness, constipation , Rash, skin redness and swelling.

Cautions: In combinations, in the elderly, history of mental illness, mood changes and depression - Prescribed on repeat:

25th October - 2x 50mg - 3 daily - Dr North (G.P) or Lin Morris (McMillian Nurse)

ZOMORPH - Pain Relief

Side Effects: Headaches, Dry mouth, Dizziness, Mood changes (particularly in elderly).

Do not take: Stomach pains, liver problems, Sensitivity to morphine, severe headaches, taken MAOIs in last 14 days.

Prescribed? October - Yellow Pills 10g & Pink Pills 30mg - Dosage?

Dr North (G.P) or Lin Morris (McMillian Nurse)

AMITRIPTYLINE - To treat depression and anxiety

Side Effects: Mood or behaviour changes, confusion, mental changes, hallucinations, restlessness, dry mouth, tiredness, constipation, sleeplessness, weight change, shaking hands, skin reactions, hormone disturbances, blood changes and sweating, fits.

Caution: In the elderly and patients suffering from liver disorders, some other psychiatric conditions. GP may advise regular blood tests.

Not to be used for: Patients with severe liver disease or elevated mood.

Prescribed: 27th October 1 x 10mg Daily - Dr North (G.P)

IBUPROFEN - Treat pain.

Side Effects: Mental changes, stomach upset, difficulty breathing, headaches, dizziness.

Caution: For elderly.

Caution needed with: Aspirin and non-steroidal anti-flammatory drugs.

Not to be used for: Patients with currently active stomach ulcers

Prescribed: Early November - 600mg - 3xday - Dr North (G.P) or Lin Morris (McMillian Nurse)

PARACETAMOL - To relieve pain and fever

Side Effects: Rarely, rash.

Caution: In alcoholics and patients with liver disorder.

Prescribed: Early November - 1 x 500mg 4 daily

Dr North (G.P) or Lin Morris (McMillian Nurse)

Gosport War Memorial Hospital – SULTAN WARD - On Discharge

CO-AMILOFRUSE - Treat fluid retention due to steroids

Side Effects: Dry mouth, confusion, stomach upset, diarrhoea, constipation and imbalance in potassium.

Caution: Elderly or seriously ill (need regular blood tests)

Rare: Minor psychiatric disturbances

Prescribed: 10TH November - 5/40mg 1x a day

Gosport War Memorial Hospital – SULTAN WARD

PARCETAMOL - 500mg - 2x 4 times a day

Prescribed: 10TH November

Gosport War Memorial Hospital – SULTAN WARD

IBUPROFEN - 600mg

Side Effects: Headaches, dizziness, stomach upsets

Caution: Elderly

Not to be used: Allergy to Aspirin, NSAID

Prescribed: 10TH November

OLANZAPINE - A sedative to treat schizophrenia

Side Effects: Confusion, mental changes, trouble standing, Increase appetite, weight gain, dizziness, low blood pressure on standing, rapid heart rate, shaking hands, movement disorders.

Caution: With other sedating drugs and anti-depressants.

Prescribed: 24th November - 2.5mg - Dr North (G.P) or Lin Morris (McMillian Nurse)

Gosport War Memorial Hospital – DAEDALUS WARD - December/January

LORAZEPAM - A sedative for short term treatment of anxiety or sleeplessness.

Side Effects: Mental changes, confusion, loss of memory, stomach disorder, joint immobility, unsteadiness, incontinence.

Caution: In the elderly and patients suffering from lung disorders, kidney or liver disorders, muscle weakness, history of alcohol abuse. Avoid long term and withdrawal gradually.

Caution: Accidental falls are common in elderly patients.

Not to be used for: With other sedating drugs.

Gosport War Memorial Hospital – DAEDALUS WARD - December/January

OMEPRAZOLE - To treat ulcers, acid reflux and other acid related indigestion symptoms.

Side Effects: Confusion, hallucinations, Headaches, upset stomach, depression, muscle and joint pain, tiredness, dry mouth, taste disturbances, pins and needles, difficulty breathing and drowsiness.

Caution: With other sedating drugs.

Gosport War Memorial Hospital – DAEDALUS WARD - December/January

BUSCOPAN - For bowel spasm

Side Effects: Confusion, Stomach upset, disturbed vision, dry mouth and intolerance of light and dizziness.

Gosport War Memorial Hospital – DAEDALUS WARD - December/January

HALOPERIDOL - A sedative to treat psychiatric disorder, such as schizophrenia and severe anxiety

Side Effects: Confusion, Impaired thinking or reactions, dizziness, fainting, mental changes, dizziness, movement disorder, restlessness, shaking, dry mouth, weight change, low body temperature, depression, sensitivity to sunlight, sleeplessness.

Caution: In the elderly and patients suffering from lung disorders.

Caution: Accidental falls are common in elderly patients.

Dosages of medications - Daedalus ward - Discharge Sheet

Morphine 20mg - The Meadows stated chance Mo was sensitive to Morphine

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Amitriptyline 30mg - Discontinued by The Meadows - increased confusion

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Omeprazole 40mg

Buscopan 20mg x 6 doses in 24 hrs

Oramorph 5mg x 8 doses in 24 hrs - The Meadows stated chance Mo was sensitive to Morphine

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Lorazepam 1-2mg x4mg in 24 hrs - Accidental falls are common in elderly patients

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Haloperidol 5mg x30mg in 24hrs - Accidental falls are common in elderly patients

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Haloperidol 2.5 -5mg x18mg in 24 hrs - Accidental falls are common in elderly patients

Portsmouth Hospitals NHS
NHS Trust

MEDICINE FOR OLDER PEOPLE, REHABILITATION AND STROKE
Dolphin Day Hospital
Gosport War Memorial Hospital
Bury Road
Gosport
PO12 3PW

Tel: Code A
Fax:

Our Ref: FS/kb/Q587698
Your Ref: MW
Date: 05 August 2011

Mr Maurice Willemse

Code A

Dear Mr Willemse

You were seen this morning by Dr Walker and the following changes have been made to your medications:

1. **START** GABAPENTIN 300mg one at night. If the pain is not better after one week, contact your GP to increase the dose.

You have been referred for an MRI scan of your chest. Please let us know the date of this appointment so we can arrange transport for you.

You have also been referred to the breast clinic. They will contact you directly with an appointment.

Please attend Dolphin Day Hospital on:

1. **ATTEND** Friday 11th November 2011 at 9.00am for a review with the doctor

I understand you are able to make your own transport arrangements to attend the Day Hospital. Please arrive in plenty of time for your attendances.

Please bring **ALL** your medications with you **EVERY** time you attend the Day Hospital. They will be returned to you when you leave.

Yours sincerely

Code A
Staff Nurse

cc Dr Garratt, Stoke Road Medical Centre
Nursing Notes

Code A

Code A

HEWAT HOUSE - Mental Health Service – Gosport War Memorial Hospital

Mo had been under the Care of Hewat House for the past 10 years since my mother knew him and for some time prior.

For almost ten years Mo had had monthly Depixol injections administered at home by his appointed Care Managers, his last being Caroline Camp and it was Hewat House who were overall responsible for Mo's Mental Health.

Hewet House did not care or seek to find out about both the Cancer and medications prescribed by Dr North and Lin Morris.

Did not care or seek to ensure Mo was protected as far as possible from risks, taking no account of the diagnosis, medications prescribed, physical and psychological changes. Failed to provide psychological support, organise reviews and assessments and to ensure that all services were working together in a co-ordinated way.

Hewat House failed to help with medications prescribed by Dr North and Lin Morris and failed to observe and monitor the response thereby knowingly failing to protect Mo from medications that posed substantial risk to sensitivity and dangerous reactions to side effects. Failed to review mental and physical state and deterioration and did not take steps to ensure Mo's mental state whilst on such dangerous drugs to prevent possible drug induced mental illness.

Failed to ensure a care plan was provided and put into action when showing signs of mental illness to ensure appropriate treatment when mental health deteriorated.

Did not ensure accurate diagnosis and treatments whilst controlled drugs were prescribed. Took no account of signs, symptoms and psychosis episodes failing to support and respond to major changes and crisis.

Ignored the urgent need for hospitalisation following mental dysfunction soon after controlled drugs were enforced. Offered no support on leaving hospital when need was at its greatest and failed to carry out observations and risk and psychiatric assessments to ensure symptoms were either directly related to Mental illness or directly related to the Cancer.

Consistently failed to communicate and liaise with Dr North and Lin Morris and other professionals to plan care and treatments after drug induced psychosis led to hospitalisation.

Caroline camp did not exercise her own judgement on adverse effects and symptoms. It was she that had the specialist knowledge and skills to make a judgement and to take appropriate action to alleviate the symptoms and stop the destructive deterioration of Mo's mind and body for future health.

Both Hewat House and Caroline Camp were not prepared to prevent or intervene to stop the deterioration and the suffering when mental impairment and then mental illness appeared.

Hewat House refused and did not respond to the request of immediate medical help when Mo was in psychosis crisis when called.

Despite Dr Foster (Senior Consultant) agreeing with my mother that medications were the cause of mental decline, then, did not ensure Mo's Mental Health and recovery following admission into Daedalus Ward, Gosport War Memorial.

Hewat House was the specialist in their field and had they taken action to ensure accurate diagnosis and treatments, as their colleagues had done at The Meadows, they could have very well prevented drug induced mental illness in the first instance.

Hewat House negligently breached their duty of care as to expose Mo to harm and endanger his life.

DEPIXOL - Treatment for schizophrenia - Before/During treatments

Caution needed with - Opioid Analgesics

GOSPORT WAR MEMORIAL HOSPITAL- SULTAN WARD. 4th November 2011 – 10th November 2011

Dr North and Lin Morris admitted Mo into this ward despite having full knowledge that Hewat House and a psychiatric ward, Daedalus, was on the ground floor.

Professionals took no account of past medical history, family history, personal history, past psychiatric history and present mental dysfunction.

Several times my mother and I would find Mo sitting outside the ward or walking around on the ground floor lost and confused. When we challenged the Staff Nurse, I believe her name to be Angela Wilson, she angrily informed us that they did not have the resources to run around after Mo nor were they equipped to deal with his mental state.

Professionals on this ward were not trained in dealing with mental disordered people thereby failed to alleviate the symptoms. Improvement and stabilising from psychosis only came from Mo refusing to take drugs whilst detained.

Investigations by professionals failed to show that symptoms and cause were directly related to Cancer. Doctors were trying to find a link between Cancer and mental illness, when in fact, the link was between medications and mental illness.

With the ward stating self - discharge released Mo still with some confusion. The confusion was such at times Mo believed he was staying in a hotel and concerned he did not have money to pay for his room.

No aftercare arrangements discussed or advice given on any possible mental or physical needs Mo may have or we should be aware of or provide on his return home.

Without identifying the caused my mother was just given a bag full of medications without explanation.

Professionals on this ward did not have clear understanding of mental health nor the clinical knowledge for this practise and were grossly negligent in discharging Mo still with some confusion and without identifying the cause of psychosis and by prescribing medications that was highly likely to cause further mental harm.

MEDICATIONS PRESCRIBED - SULTAN WARD

Co - Amilofruse - 5/40mg 1x a day

Parcetamol - 500mg - 2x 4 times a day

Ibuprofen - 600mg

MEDICATIONS PRESCRIBED - DR NORTH AND LIN MORRIS - AFTER DISCHARGE

2x Pregabalin 50mg - 3xday

Oramorph 10ml - Every 4 hours

2x Zomorph 10mg - 2xday

1x Ibuprofen 600mg - 3xday

1x Amitriptyline 10mg - Daily

2x Paracetamol 500mg - 4xday

1x Complan - Daily

1x Olanzapine 2.5mg – Daily

When Dr North's and Lin Morris actions again became uncontrollable my mother had to seek the urgent treatment required to immediately ease and relieve symptoms for future health and agreed for Mo to be institutionalised at The Meadows to get an accurate diagnosis and the appropriate treatment to stop the destructive deterioration of Mo's mind and body and to restore and maintain thought process for immediate and future health.

Code A

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DAEDELUS WARD

We were and still are horrified at the level of cruelty by the hands of the staff and their inadequate, neglectful and callous care. Nurses behaved in a manner which constituted abuse and neglect and their conduct is unworthy of medical professionals.

As staff made no introductions we are unable to provide names but would be able to identify the nurses.

The staff that my mother and I had dealings with were rude, cold, disinterested, unapproachable, uncaring, selfish, argumentative, lacked skill and care, had no respect for Mo's dignity knowingly humiliated and embarrassed him along with causing Mo unimaginable pain and suffering for every second of his time in there.

Staff nurse Vicky, I believe her surname to be Redding, was always calm and cool in her communication along with giving no explanations, reasons, no reaction, no emotion - nothing

According to papers Dr Sarah Beaney, Consultant Psychiatrist, was in charge of Mo's care whilst detained on this ward, my mother and I did not meet nor speak with her throughout Mo's admission, not once did my mother see a doctor and apart from Dr X I did not see another Doctor and we never knew there was a matron on the ward.

Not informed of prescribed medications, not informed about any mental and/or physical changes, not informed Mo was at risk from malnutrition, not informed they had started using hip protectors, not informed he was confined to a wheelchair, not informed they had started to use nappies, not informed he was bedbound, nothing, we would only find out on visits and with continual refusal by staff to answer reasonable questions we would never get a reason for why.

Staff and staff Nurse Vicky Redding were took no account of capabilities or needs and were indifferent to their sub-standard care, neglect and abuse and indifferent to the pain, discomfort and distress they caused Mo.

Never in our life did we think we would have to go into a hospital ward and having to constantly argue and angrily demand nurses to perform their duty of care. On every visit my mothers and my time was spent attending to Mo's immediate basic care, needs and comfort.

Staff denied Mo the most basic human right to food, water, warmth, clothing and medical care.

Staff did not care or have the interest to ensure Mo's mental and physical wellbeing instead subjected him to inhumane degrading and abusive treatment with a total disregard for his life.

Insufficient / non - existence food and water
Food left in room stinking, out of reach and cold
Rarely water in room or left out of reach

Ignored physical needs
Ignored physical capabilities
Ignored sleep patterns

Ignored need to use bed at intervals to straighten back out
Failed to regularly change bedding
Failed to provide / kept removing extra pillow and sheets
Bed covers were a cotton sheet or a cotton duvet cover
Blankets were thin and inadequate
Window mostly left open
Kept lights on in bedroom - consistently preventing/disturbing sleep

Insufficient / non - existent bathing
Poor / non-existent personal hygiene care
Neglect of grooming
Unkempt appearance
Positioned on toilet for washing

Failure to consistently change underwear
Consistently dressed in other patients clothing
Forced into patients clothes and socks to fit
Clothes consistently taken and lost

Food and drinks brought in taken
Toiletries taken
Glasses consistently missing then lost
Watch consistently missing then lost
Slippers consistently missing

Consistently hid walking stick and/or shorten stick to prevent use
Failed to use bed rails
Several visible serious head and body injuries from falling
Blood on bed rail and left
Forced to wear hip protectors

Left sitting/slumpt in low chairs in dining, T.V and corridor area for long periods - cold and unsupervised
Left in wheelchair in these areas for long periods - cold and unsupervised
Legs left crossed
Feet left uncovered - turning blue
Wheelchair footrest missing or both

Mostly confined to wheelchair and/or bed
Forced to wear nappies and use urine bottle
Aggressive and mishandled when placing/lifting out of chairs and bed and washing
Consistently using hoist under arms and continued to lift whilst screaming out in pain

Often dressed in string vest (not his) and nappy when in bed
Did not turn in bed
Signs of bed sores developing from prolonged immobilisation
Left in bed with sheets crumpled, no covers and left in vest and nappy - curled up freezing cold
Covered many times with dressing gown until nurse found

Emergency bell out of reach
Lack of staff supervision
Nurses mostly in staff room, door shut and locked

Code A

Code A

Code A

Code A

Code A

Southern Health NHS
NHS Foundation Trust

WRITTEN RECORD OF VERBAL COMPLAINT

Complainant: Mrs Cathy Steele

On behalf of: Mr Maurice Willemse

Address: Code A

Mobile No:

Date: 11 January 2012

Complaint Details:

Mr Willemse is currently an inpatient at Gosport War Memorial Hospital on Daedalus Ward.

The complaint has been raised because all of Mr Willemse's belongings have gone missing from the ward. As a result of his personal items going missing, Mr Willemse is being put in clothes which are too small for him (he is 6ft 5 in) and that do not belong to him-

The items which have gone missing are as follows:-

- 3 pairs of pyjamas
- 8 white t-shirts
- All of his underwear, which includes - 10 pairs of pants, 10 pairs of long socks
- 2 pairs jeans
- 3 sweatshirts
- 2 tracksuit bottoms
- New leather slippers (Clarks)
- Watch (a treasured item)
- all of his towels
- all of his toiletries

Mrs Steele has previously offered to take home all of Mr Willemse's personal items and wash them but her requests have not been listened to. Mrs Steele has further explained that staff put everyone's items in to a big cupboard, and then just pick anything out from the same cupboard for anyone to wear. The result of this is that everyone on the ward is in someone else's clothing. Most patients don't notice this because of their dementia but Mr Willemse does not have dementia.

Mrs Steele would like to know what has happened to the missing items and if there is any chance of her getting any of these items back- particularly the watch which is a treseaured item and of particular value to Mr Willemse.
Mrs Steele has also added that she does not understand how all these items have gone missing when it is essentially a locked down ward and would like an explanation.

Signed: (name)

Date:

Additional Comments:

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Signed: (name)

Date:

MEDICATION PRESCRIBED - DAEDELUS WARD

WITHOUT KNOWLEDGE professionals were pumping Mo full of morphine, antipsychotic drugs and various other controlled drugs. We were only aware and learnt of this when we saw the list of medications prescribed on the discharge sheet. Had we known we would have notified the police and demanded an immediate stop to treatment and discharge.

With no evidence base evaluations, no up to date knowledge of the Cancer and ignoring The Meadows diagnosis of Paranoid Schizophrenia and failing to act in accordance with The Meadows instructions following their findings after investigations, staff recklessly prescribed lethal combinations of controlled drugs causing such destructive harm as to never to be reversed.

ORAMORPH

Side Effects: Drowsiness, upset stomach, dry mouth, headaches, mood changes and stomach cramps Caused by spasm

Caution: In the elderly, liver problems

Caution: MAOI, sedating and antipsychotic drugs

Do not take: Had recent head injury

AMITRIPTYLINE - To treat depression and anxiety

Side Effects: Confusion in the elderly, dry mouth, tiredness, constipation, sleeplessness, weight change, shaking hands. skin reactions, hormone disturbances, blood changes, sweating, fits.

Caution: In the elderly and patients suffering from liver disorders, some other psychiatric conditions. GP may advise regular blood tests.

Not to be used for: Patients with severe liver disease or elevated mood.

LORAZEPAM - A sedative for short term treatment of anxiety or sleeplessness.

Side Effects: Confusion, loss of memory, stomach disorder, joint immobility, unsteadiness and Incontinence

Caution: In the elderly and patients suffering from lung disorders, kidney or liver disorders, Muscle weakness, history of alcohol abuse. Avoid long term and withdrawal gradually.

Caution: Accidental falls are common in elderly patients.

Not to be used for: With other sedating drugs.

OMEPRAZOLE - To treat ulcers, acid reflux and other acid related indigestion symptoms.

Side Effects: Confusion, hallucinations, Headaches, upset stomach, depression, muscle and joint pain, tiredness, dry mouth, taste disturbances, pins and needles, difficulty breathing, drowsiness.

Caution: With other sedating drugs.

BUSCOPAN - For bowel spasm

Side Effects: Confusion, Stomach upset, disturbed vision, dry mouth, intolerance of light and dizziness.

HALOPERIDOL - A sedative to treat psychiatric disorder, such as schizophrenia and severe anxiety

Side Effects: Confusion, Impaired thinking or reactions, dizziness, fainting, mental changes, movement disorder, restlessness, shaking, dry mouth, weight change, low body temperature, depression, sensitivity to sunlight, sleeplessness.

Caution: In the elderly and patients suffering from lung disorders.

Caution: Accidental falls are common in elderly patients.

Not to be for: Dementia related conditions.

DOSAGES OF MEDICATIONS - Discharge Sheet

Morphine 20mg - The Meadows stated chance Mo was sensitive to Morphine

Amitriptyline 30mg - Discontinued by The Meadows - increased confusion

Omeprazole 40mg

Buscopan 20mg x 6 doses in 24 hrs

Oramorph 5mg x 8 doses in 24 hrs - The Meadows stated chance Mo was sensitive to Morphine

Lorazepam 1-2mg x4mg in 24 hrs - Accidental falls are common in elderly patients

Haloperidol 5mg x30mg in 24hrs - Accidental falls are common in elderly patients

Haloperidol 2.5 -5mg x18mg in 24 hrs - Accidental falls are common in elderly patients

Other medications prescribed?

HEAD INJURIES - DAEDELUS WARD

Soon after admission Mo had several unexplained falls two of which caused serious visible injury and bruising to his head and body. Such was the severity of the injuries sustained this quickly resulted in disabling physical ability and to never again be able to function normally or to communicate.

Approximately two weeks after admission the first significant head injury sustained was approximately 3 inches in length and was central just above his forehead. Staff left Mo with a visible open bleeding wound.

Staff did not inform of the injury and was only noticed on visiting with refusal by Staff Nurse Vicky Redding to give an explanation.

Symptoms Mo displayed after this injury were:

Absence of speech replaced with uttering the odd incomprehensible words
Not able to comprehend what was being said to him
Lack of interaction
Loss of hearing in both ears

None of the above would be restored

Staff informed that Mo had not sustained any serious injury with Lin Morris informing that deafness and non-communication was just due to a build-up of wax in both ears.

Shortly after Mo also displayed the following symptoms:

Physical deterioration
Muscle weakness
Fatigue
Fluctuation in body temperature
Reluctance to eat
Taste disturbance

Mo would not recover from any of the above. Symptoms only to worsen.

After this incident visible dried blood was noticed on the bed rail. Staff nurse Vicky Redding refused to give an explanation for this and for the reoccurrences of falls along with her refusal to use the bed rail, stating it was a safety issue.

Approximately a week before discharge the second significant head injury sustained was just above Mo's left eye with severe bruising that appeared at the side of his head and cheek and around the ear and eye along with serious injury to the same eye. Staff left Mo with a visible open bleeding wound.

Staff did not inform of the injury and was only noticed on visiting with refusal by Staff Nurse Vicky Redding to give an explanation.

Symptoms Mo displayed after this injury were:

Absence of speech, only to make moan and groan sounds
Distant
Staring into open space and through people
No interaction
Physically weak and frail
Considerable weight loss
Considerable muscle loss
Would collapse on standing
Chronic fatigue
Fluctuation in body temperature
Refusal to eat

SUNDAY 22nd JANUARY

I refer to the following Doctor as Dr X. I had since tried to find out her name but informed by a member of staff that the Doctor I described no longer works on the ward.

In the evening I returned to see Mo, the room was dimly lit and the bed had been changed to one that was much lower in height and without a bed rail, as seen in photo. Mo appeared to be asleep, but strangely he was laid on his back, this was not his sleeping position, and the position of his body and limbs that were completely straight. On entering the room Dr X was for a few seconds rooted to the spot and looked surprised to see me.

Without introducing herself and without informing me of her intentions she started to carry an assessment on Mo. It took the question of 'what are you doing and what is wrong with Mo?' to be repeated three times and only when I demanded the answer did the Doctor respond by informing it was a check-up following a fall Mo had had a few days earlier, but that her nurses had informed her that the injury sustained was of no concern and that she had confidence in her nurses abilities to make that judgement. I asked that if she had that confidence then why was she checking Mo now and days after? No response. I did not question further due to the following actions by this Doctor that would first leave me on tenterhooks and then in shock.

Doctor did not speak to Mo

Used a pen torch and quickly glanced at both eyes - no physical reaction

Raised arms up and moved level to the side of his head - no resistance and no response

Doctor aggressively rotated both wrists - no resistance and no response

Doctor aggressively flexed and extended arms alternately- no resistance and no response

Doctor aggressively flexed and extended legs alternately - no resistance and no response

Throughout the assessment there was no speech or sounds from Mo, no resistance, not a flicker, no response at all. I stupidly assumed Mo was heavily sedated, but being in shock I did not think for the reason sedatives were being used.

The Doctor informed me that Mo was fine, but was non-responsive to explain reason for her actions and the reason for assessment and would not give me the opportunity for discussion of the situation and did not inform me that I was witnessing a medical emergency.

She would briefly allow discussion about the eye injury and deafness in both ears and informed that both would only need some drops and as Mo was being admitted into the nursing home the next day that they could do it. I insisted it was done at once. On her return she stated she would have to find some drops and would treat Mo later that evening. No drops were included to take to the home.

MONDAY 23rd JANUARY

Staff nurse Vicky Redding informed that Mo would not be transferred to the Nursing home as planned stating paperwork still to be arranged.

TUESDAY 24th JANUARY

Mo left slumpt in a low back chair in the T.V area, not dressed in his clothing, freezing cold, in a deep sleep and unsupervised whilst patients and staff member were in the dining room.

Staff nurse Vicky Redding informed that Mo would not be transferred to the Nursing home as planned stating paperwork still to be arranged and that he should be transferred by the end of the week. My mother and I angrily demanded he is transferred the next day.

WEDNESDAY 25th JANUARY – Transfer to nursing home.

Left waiting in T.V area for 2/3 hours for transport to arrive. No stretcher or ambulance arranged. As no other available a wheelchair was used with a footrest missing. Nurse told Mo to lift his leg up, which he had to try and do until he reached the outside of hospital, which was a considerable distance. Staff had not informed the driver my mother was also to travel did not inform the driver of Mo's physical state and that he was incapable of standing. The driver was appalled. Transport was in fact a bus and one without wheelchair access. The driver and I had to lift Mo up onto the step of the bus and put his hands on the rails to grip and whilst he did this and I supported Mo whilst the driver went inside the bus to lift and guide Mo into a seat causing Mo much pain and suffering which was further exacerbated by the drive to the home which was horrendous, the motion of the bus, every bump and braking action caused Mo much physical pain.

My mother and Mo had to wait an age on the bus for one to be found, it was getting cold and dark and Mo needed to get warm and lie down, he was in great pain, weak and very tired. It took both Raj and the driver some time to be able to get Mo into the chair as Mo had not an ounce of strength left. Daedalus Ward had not informed the home of Mo's height and again they had to wait for another room to be set up. Mo's eye had become worst as in swollen, red, kept weeping and kept getting build-up of gunk.

DATE UNKNOWN

Dr Morgan, Brune Medical Centre, Gosport, arrived along with a female colleague to observe Mo, the head injury and the injured eye. Mo became distress by his presence and I asked the Doctor to leave him.

W/C - MONDAY 30th JANUARY

Mo rapidly deteriorated physically and the eye injury was so much worst it was sickening to look at. Mo had brown eyes and yet the injured eye was a vivid green colour. Mo refused to take medications and would spit out the pills, refused to eat and would not even utter the odd word only to make moan and groan sounds. Mo was physically unrecognisable from what he was just a few days before let alone a week before. No medications or a morphine/pain relief driver was used and Mo was not shouting or screaming or showing any physical signs of pain.

SUNDAY 5th FEBRUARY
Mo was dead.

We now know drugs were the reason that caused the falls and head injuries sustained resulting in rapid physical deterioration and which also affected Mo's ability to function, communicate and the ability to move and this being the reasons for staff hiding or shortening his walking stick to prevent use, the use of hip protectors that were then replaced with use of nappies and why he was then confined to using a wheelchair and mostly confined to his bed.

We will assumed the nurses that 'apparently' informed Dr X that the head injury was of no concern will be judge by the standard of a reasonable doctor to make such a judgement and we will also assume that these nurses carried out the same neurological assessment and both the nurses and Dr X then after obtained a CT or MRI scan to determine the severity of head injury and to ensure no bleeding or swelling of the brain and it was the results that determined their judgement.

Had I not visited Mo unexpectedly on the evening of 22nd January my mother and I would not, now, have been aware of the seriousness of the head injury and that a neurological assessment had been carried out.

We now know that Mo was not heavily sedated on 22 January but was in fact in a state of deep unconsciousness.

We now know that delay in transfer to nursing home was not due to an issue with paperwork but due to the fact that following the results of that assessment by Dr SURNAME and such was the seriousness of the head injury 48 hour observations were required. Mo was dead two weeks after this assessment.

We now know that the cause of falls were multifactorial, the factors being Dr North and Lin Morris overdosing Mo on drugs allowing physical deterioration and mental illness to become present, the neglect and abuse by all the professionals that were responsible for Mo's care, being detained in hospitals and institutions, Mo suffering from malnutrition and dehydrations with the significant contributor to be the use of a combination of unnecessary and inappropriate high risk drugs by Daedalus Ward, without our knowledge, that resulted in such rapid mental and physical destruction to cause such grave head injuries to cause death.

DAEDALUS WARD - Saturday 21 January 11.17am

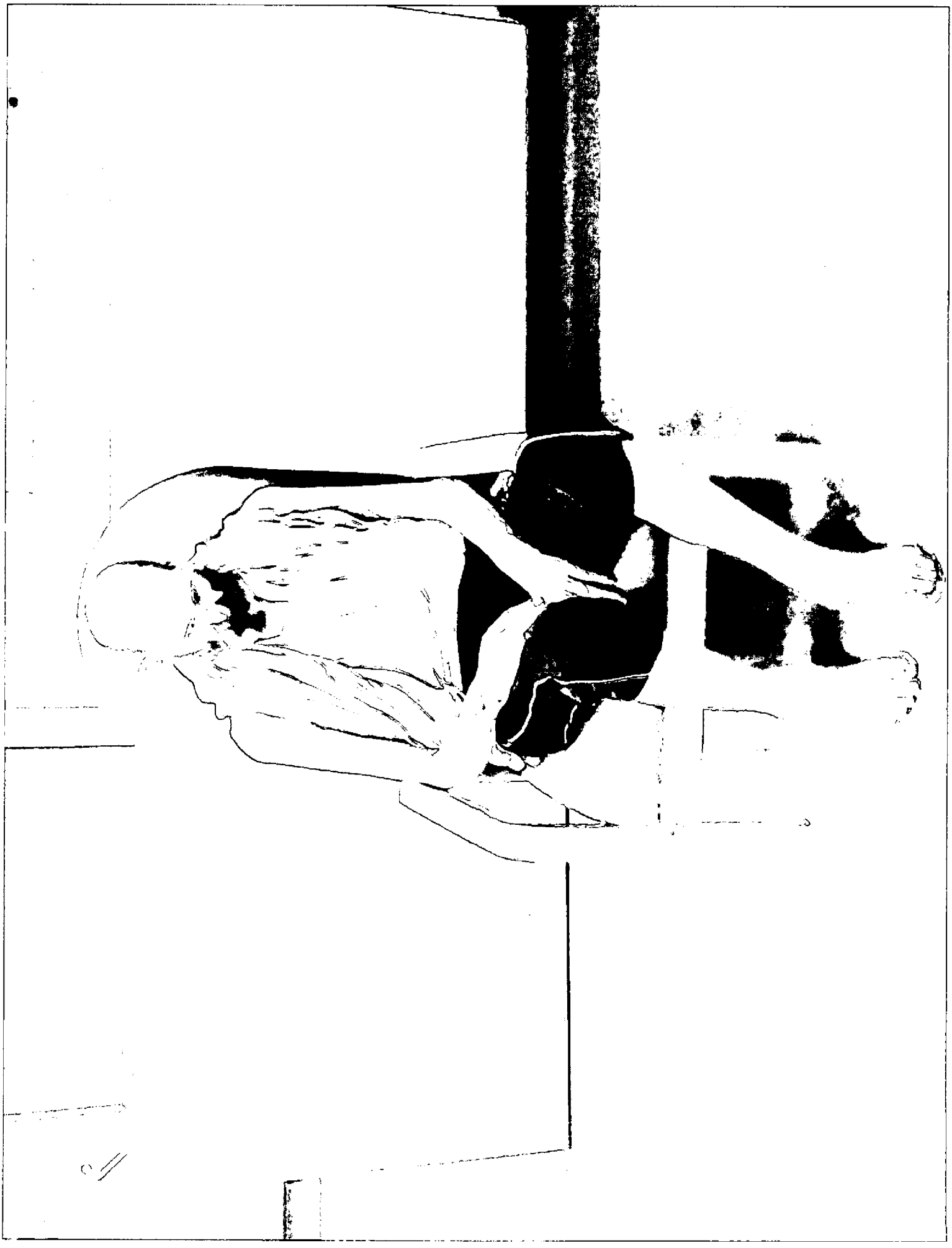
DAEDALUS WARD

Monday 23 January

15:34 PM

DAEDALUS WARD - TUESDAY 24 January

unsupervised 12.03pm



NURSING HOME - Wednesday 25 January 14.41pm

NURSING HOME · Tuesday 31 January 14.13pm

Code A

Code A

Maurice Alan WILLEMSE

Code A

Yours sincerely

Code A

Patience Ugbo
Staff Nurse

Care Plan Discussed with:		
Patient: Yes ☑ No ☐	Carer: Yes ☑ No ☐	Other: Yes ☑ No ☐ (state who): Palliative Care Team
Office hours contact: 023 9260 3295	Out of hours contact and number:	

Distribution List:	Name:	Reason if Not Distributed:
GP	✓ Dr P Garratt	
Patient		Cognitively impaired
Carer	✓ Kathy Steel	
Consultant	✓ Dr Deepa Umadi	Available on RiO
Patient Records	✓	Available on RiO
Other (state)	✓ Gemma Williams (SW)	

Dr North, Lin Morris, Sultan Ward and Daedalus Ward knowingly misled and allowed us to believe that rapid mental and physical destruction was due to Cancer.

There was no break in the destruction of Mo's mind and body caused by the prescribing of various high risk drugs by professionals that were not appropriate or justifiable for Mo's concern of intermitting pain or for his need.

It was Dr North and Lin Morris who were the initial cause of the whole sequence of events with Hewat House and Sultan Ward contributing by failing to treat in an emergency and ensure accurate diagnosis with Daedalus Ward that made the significant contribution to cause death.

Dr North, Lin Morris, Sultan Ward and Daedalus Ward would of had the foresight of consequence of their actions that was virtually certain to cause serious harm or death and yet they did little if anything to minimise the risks and to remedy their actions to attempt to prevent further harm, deciding to ignore the catastrophic consequences and carried on regardless, showing a total disregard for life.

What happened to Mo would not have happened if it were not for the use of inappropriate and unnecessary lethal combinations of controlled drugs enforced unlawfully without informed consent or knowledge along without evidence, proper assessments, observations and monitoring.

By failing to provide proper safeguards against obvious risks and to avert known risk instead Dr North, Lin Morris, Sultan Ward and Daedalus Ward were reckless, incompetent and negligent and grossly departed from acceptable practise to cause Mo unnecessary harm, suffering, injury and death, whether it was desired or not.

Code A

Code A

TIMELINE

JULY 28th 2011

Depixol Jab - Administered by Caroline Camp. Care Co-ordinator, Hewat House.

Mental Health Treatment

AUGUST 5th

Prescribed by: Dr Walker - Dolphin Day hospital, Gosport War Memorial Hospital
Gabapentin 300mg 1x nightly.

AUGUST - Date Unknown - G.P Appointment: Dr North

Intermitting pain in chest, arm and stomach - Assessment carried out. Referral to Q.A Hospital for tests and scans. Medications prescribed?

Several G.P appointments. Medications prescribed?

AUGUST 25th - Depixol Jab - Administered by Caroline Camp. Care Co-ordinator, Hewat House

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SEPTEMBER 2nd - Sleep disturbances. Awake for 2xnights

SEPTEMBER - Q.A Hospital
5th - CT Scan
7th - Bone Scan - Dexamethasone prescribed / one other med (unknown)
13th - Another scan and first and last session of radiotherapy, QA.

CANCER DIAGNOSIS - Q.A Hospital - 13th September

Specialist Oncology Consultant: Dr Baluch informed Mo had cancer. Not a candidate for chemotherapy as this and other investigations could result in mortality, therefore a palliative situation only. Question to life expectancy, the consultant informed tests results gave no indication, it could be months or years, how long was a piece of string?

SEPTEMBER 15th
G.P Appointment: Dr Garrett - Laxido prescribed. Other prescribed meds?

SEPTMEBER 22nd

Depixol Jab - Administered by Caroline Camp, Care Co-ordinator, Hewat House

G.P Appointment: Dr North - Morphine prescribed. Other prescribed meds?

SEPTMEBER 22nd - Sleep disturbances. Mo is awake all night

SEPTMEBER 26th

G.P Home visit: Dr North - Due to: fluid retention, constipation, swelling of the legs, feet, abdomen, developing rash, reduced appetite and stomach cramps.

Failed to assess each symptom and side effect and to investigate. Continued to prescribe.

Luctulose prescribed. Other prescribed meds?

OCTOBER 2nd - CANCER DIAGNOSIS UPDATE

Dr North informed my mother that Mo had bone cancer, matter of months to live and to apply for attendance allowance. She did not inform Mo at this time.

OCTOBER 10th - MCMILLIAN NURSE

McMillian nurse Lin Morris assigned by Dr North. Previously worked together.

Lin Morris did not provide an emergency or our out of hour's telephone number. More often than not she would either be off work sick or on holiday when called. Twice a replacement was sent, a male nurse named Chris, professionalism and care extended to Mo was to chit chat and look out over the view to the harbour and drink tea.

Adverse effects continued/developed: Sleep disturbances, rash on legs also ballooned very red, sore and dry along with severe headaches, dry mouth, reduced appetite, tiredness, constipation, diarrhoea, mood and routine changes, avoided socialising and going out of the home.

Dr North and Lin Morris failed to consider mental health history and to observe, monitor and assess each symptom and side effect and to investigate.

Failed to consider effects as symptoms of mental illness developing. Failed to explain likely causes other than Cancer. Continued to prescribe and enforced more controlled drugs. Vast amounts of Morphine, Oramorph and other medications soon prescribed.

Failed to have the ability and expertise to ease or relieve symptoms only to exacerbate the symptoms. No immediate action taken. Other prescribed meds during this time?

MENTAL DISTURBANCE - Between 10th & 18th

Once controlled drugs were started deterioration was steady and quickly led to mental impairment. From here on due to continual mental illness and left untreated also resulted in poor and led to non-existent intake of food and fluids which would be ignored by all that were responsible for Mo's care and left untreated resulting in Mo slowly starving up until his death.

TUESDAY 18th OCTOBER

Dosage change by Lin Morris to stabilise confusion. Voiced concerns medications the cause of confusion, Lin replies 'it's just a case of playing around until she finds the right medications and dosages for Mo'.

Failed to consider mental health history and to observe, monitor and assess each symptom and side effect and to investigate.

Failed to consider effects and symptoms were likely due to the fact that mental illness was present.

Failed to discuss causes, treatments or options. Left Mo with mental disorder. Failed to have the ability and expertise to ease or relieve symptoms only to exacerbate the symptoms. No immediate action taken. Continued to enforce controlled drugs. Confusion increases, worsening symptoms over the next few days.

THURSDAY 20th OCTOBER - Depixol Jab - Administered by Caroline Camp.
Failed to observe and assess symptoms and failed to treat. No action taken.

SATURDAY 22nd OCTOBER - Flu Jab

MONDAY 24 OCTOBER - MENTAL DISTURBANCE

On glancing at physical deterioration, unusual behaviour and mind disturbances Lin Morris took the decision to 'play around' with dosages. Voiced concerns of symptoms of mental illness and possible cause, medications. I also asked if she is qualified to administer drugs, to which she replies yes and it was quite common that patients with Cancer showed signs of confusion whether they had mental health history or not.

Fluctoxacillian prescribed?

Oramorph increased from 5ml to 7.5 - 10ml x 4 times a day or upto 6/8 if needed. Mo still reluctant to take any of the meds therefore takes Oramorph 4x a day as originally advised.

Failed to consider mental health history and to observe, monitor and assess each symptom and side effect and to investigate. Failed to consider effects as symptoms that mental illness was present. Failed to discuss causes, treatments or options. Failed to have the ability and expertise to ease or relieve symptoms only to exacerbated the symptoms. No immediate action taken.

Continued to enforce controlled drugs. Left Mo with continuing mental and physical deterioration.

WEDNESDAY 26 OCTOBER - MENTAL DISTURBANCE

Severely confused. Pacing all night, turning lights on and off. Continuously trying to walk out the front door in his pyjamas.

THURSDAY 27 OCTOBER - MENTAL DISTURBANCE & HALLUCINATIONS

Dr North observed Mo hallucinating, stating and gesturing there was a dog in the room. On observing Mo moving up from the sofa and walking around making sounds indicating he is trying to get the attention of the 'dog', Dr North comments that he doesn't look like a man in pain. My mother and I inform there are no issue of pain its symptoms of mental illness that appeared quickly after introducing controlled drugs. Dr North failed to consider our reasoning and adamant that Mo continues the drugs, as he does not want him to be in pain.

Failed to consider mental health history- and to observe, monitor and assess each symptom and side effect and to investigate.

Failed to discuss causes, treatments or options. Failed to consider effects as symptoms that mental illness was present.

Failed to have the ability and expertise to ease or relieve symptoms only to exacerbate the symptoms. No immediate action taken. Continued to enforce controlled drugs.

Failed to provide or seek appropriate treatment where treatment was immediately required

Left Mo with mental torture of hallucinations

Amitriptyline prescribed.

FRIDAY 28 OCTOBER - MENTAL DISTURBANCE & HALLUCINATIONS

Symptoms worsen. My mother Informed Lin Morris - await call back - she called G.P surgery.

G.P Home visit: Dr Connor - Voiced concerns over medications. After observations, speaking with Mo along with carrying out physical checks, medications dosages are reduced.

Lin Morris arranges two nurses to come out to assess Mo with a view of him being hospitalised. We believe they did attend but no action taken. Failed to consider mental health history and to observe, monitor and assess each symptom and side effect. Failed to provide or seek appropriate treatment where treatment was immediately required

My mother was awoken in the night as feeling very hot Mo had put the heating on full blast and was wondering around confused. She got Mo back to bed.

SATURDAY 29th OCTOBER - MENTAL DISTURBANCE

Later in the day Mo was in pain and had difficulties in walking. Takes more of the Oramorph.

SUNDAY 30th OCTOBER - MENTAL DISTURBANCE

My mother woken at 6.30am to hearing crashing coming from the kitchen, Mo was emptying the cupboards, broken glass and water was everywhere, he said he was making a flask of tea and was meeting Ray later? She tried to get Mo into lounge and he gave her a lot of verbal abuse eventually settling a little.

Later that day Mo in pain and not able to walk hardly - takes more Oramorph – My mother to call Dr North and Lin Morris Monday

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MONDAY 31st OCTOBER - G.P visit/contact?

WEDNESDAY 2nd NOVEMBER
Lin Morris due out - No sure if attended and if so what action was taken if any.

FRIDAY 4th NOVEMBER - 10th NOVEMBER - HOSPITALISED

Gosport War Memorial - Sultan Ward

Dr North and Lin Morris admitted Mo into this ward despite having full knowledge that Hewat house and a psychiatric ward were on the ground floor. Dr North would later inform he sends his patients here. This is where Dr North and Lin Morris would later then admit Mo and abandon him some seven weeks later, after their recklessness would again lead to psychosis crisis to the extent Mo had to be institutionalized and when assessed by a psychiatrist diagnosis of schizophrenia was made. Investigations by this ward failed to identify the cause and to confirm symptoms were directly related to the cancer. It was only due to the fact that Mo refused to take medications that he became clearer in his mind and started to stabilise.

After several days Mo was able to do the 'test' we used to do: Where was he? Who was we? Home address? The year? The time? Etc. with a couple of self-corrections and a couple of hints, he was able to answer. Not advised or informed of any physiological or physical needs Mo may have on his return home. My mother was just given a bag full of medications with no explanations and took Mo home still with some confusion. Most of his clothes had been lost.

MEDICATION PRECRIBED – SULTAN WARD

Co - Amilofruse - 5/40mg 1x a day
Parcetamol - 500mg - 2x 4 times a day
Ibuprofen - 600mg

Other prescribed meds?

THURSDAY 10th NOVEMBER - BACK HOME

Mo told my mother and me that he does not want to keep taking all the meds as they do nothing other than making him confused and not feeling very well.

Only 10ml Oramorph is taken. Sleeping and resting a lot along with sporadic vast intakes of food and fluids.

FRIDAY 11th NOVEMBER - G.P HomeVisit. Dr North

Dr North continued to enforce controlled drugs and strengthens medications. Mo is mostly sleeping over the next few days and not wanting to take all medications. Only Oramorph is taken.

I believe the following was continued to be prescribed:

2x Pregabalin 50mg - 3xday
Oramorph 10ml - Every 4 hours
2x Zomorph 10mg - 2xday
1x Ibuprofen 600mg - 3xday
1x Amitriptyline 10mg - Daily
2x Paracetamol 500mg - 4xday
1x Complan - Daily - Lin Morris did not provide Fresubin as said.

Concerned my mother and I try to 'assess' the type of pain Mo has, the intensity and occurrence and how often he needs to take Oramorph to relieve pain. Dosage kept at 10ml, usually 1-2x a day. Not more than 3x.

Mo is still tired and sleeping a lot but over the next few days starts to look and feel better and able to resume some normality, walks out and socialising.

TUESDAY 15th NOVEMBER

Lin Morris due out, not sure if attended this date or soon after. Informed of our 'findings' of pain assessment and Mo's request to stop such treatment. Continued to enforce controlled drugs. Few days later Mo reluctantly starts taking the other meds prescribed but only 1-2 lots out of four a day. Continues taking Oramorph.

Mo and my mother walk into town to purchase new clothing.

FRIDAY 18th NOVEMBER - Mo walks into town alone to meet with friends

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SATURDAY 19th NOVEMBER

A friend arrives and takes Mo out for a few hours. Soon after this date Mo is not feeling well again.

DATE UNKNOWN

G.P Home visit: Dr North - prescribed meds?

TUESDAY 22nd NOVEMBER - MENTAL DISTURBANCE

Depixol Jab - Administered by Caroline Camp. Failed to observe, assess symptoms and to treat. No action taken.

For Mo's birthday we all went out for dinner along with a friend he looked grey, was quiet, slightly confused at times, but moreso, distant and the look in eyes was like he was spaced out.

WEDNESDAY 23 NOVEMBER - MENTAL DISTURBANCE

Considerably confused and disorientated. My mother believes she called Lin Morris for help.

THURSDAY 24 NOVEMBER - MENTAL DISTURBANCE & HALLUCINATIONS

Lin Morris arrived my mother was so upset, crying, frustrated and angry, here was a man in continuous cycle of confusion and having to stabilising himself with no-one doing anything. Continued to enforce controlled drugs and left Mo with mental dysfunction. Restlessness and Hallucinations started - Dr North observed Mo seeing and hearing people and a dog.

Prescribed Olanzapine 2.5mg

Failed to consider mental health history and to observe, monitor and assess each symptom and side effect and to investigate.

Failed to consider effects as symptoms that mental illness was present.

Failed to discuss causes, treatments or options. Continued to enforce controlled drugs

Failed to have the ability and expertise to ease or relieve symptoms only to exacerbate the symptoms.

Failed to provide or seek appropriate treatment where treatment was immediately required.

Left Mo with torture of hallucinations

FRIDAY 25 NOVEMBER - MENTAL DISTURBANCE & HALLUCINATIONS & BIZARRE BEHAVIOUR

Restlessness and hallucinations increased severely by evening. First Mo put on my mothers tights and looked for his socks and then for the rest of the night he was continually seeing and hearing voices and a dog, hearing knocking sounds, kept trying to open the front door, trying to leave to go to work (my mother hid his boots to stop him), walking from one room to another, trying to empty out cupboards, picking up clothes and items, keep trying to boil water using an electric kettle on the gas rings. Mo kept pacing continuously to the point of exhaustion and yet still he kept pacing, he was wired. My mother was so in the midst of the situation and trying to keep Mo safe she did not have the time to call for help.

SATURDAY 26 NOVEMBER - MENTAL DISTURBANCE & HALLUCINATIONS & STRANGE BEHAVIOUR

Mo is still pacing around and going in and out of rooms and in and out of cupboards and trying to get out of the front door. My mother called Hewat House for immediate help, they refused and instructed her to call the doctor, she called Lin Morris, no answer, she called G.P surgery, and the locum instructed her to take Mo to the War Memorial Hospital. After waiting hours in the minor injuries unit the doctor called The Meadows for them to carry out a home assessment. We return home.

THE MEADOWS - PHYCRIATRIC HOSPITAL

On speaking and observing Mo it was clear to Gary that he needed immediate professional help and to assess and investigate cause advised My mother to admitted Mo as a voluntary patient. My mother packed a bag. Mo would never be home again.

Dr Sharn left to see Mo and on her return informed she would not give or prescribe any medications until he had had a brain scan, as she needed to know if Cancer had reached the brain or if the cause was due to other abnormalities. Dr Sharn arranged an ambulance and Mo was hospitalised that evening ready for the scan the next morning.

SATURDAY 26 NOVEMBER - Q.A Hospital

Late that evening the Police arrived to inform Mo had gone missing from the ward

Mo was found some hours later within hospital.

SUNDAY 27 NOVEMBER - Q.A Hospital

Police arrived to inform Mo had gone missing. Mo was found some hours later within hospital.

MONDAY 28 NOVEMBER - Q.A Hospital

On seeing Mo he was completely and utterly shattered, we left him to sleep. We asked for the results of his brain scan, they still hadn't done it. It was only on our insistence the scan was done later that day. In the evening I called for the results, it was good news the doctor confirmed the Cancer had not reached his brain and showing no other abnormalities. Mo returned to The Meadows for Dr Sharn to start investigations.

THE MEADOWS

Some days after Mo displayed the following

For the first time Mo had no idea who my mother was
Thought my mother and I were staff
Incessant rambling
He was very active and seemed surprisingly upbeat
He thought he was back in Spain working
Hearing knocking sounds and voices coming from the en-suite
Continuously investigating the sounds
Putting his ear against the wall listening
Point at the wall and would tell us what the voices were saying or to come and listen
Would ask what the voices were saying
Kept opening and shutting the wardrobe door and bedside table drawers

During this time my mother called Dr Foster, Senior Consultant, Hewat House to inform of Mo's mental state and the situation and she agreed the cause was medications that had been prescribed.

MONDAY 5th DECEMBER - Discharge

Although Mo was showing signs of stabilising my mother and I felt it was too soon and we were not prepared to allow Dr North and Lin Morris to again cause Mo mental harm and suffering. Mo needed appropriate treatment and care to stabilise and function. Therefore it was vital that Mo had Doctors who had the knowledge, skill and experience, and for those reasons my mother refused.

THURSDAY 8th DECEMBER

Mo was stabilising enough to go out for a ride in the car, he was quiet and inexpressive but was relaxed and when he did speak, although only a few words at a time, along with a few little jokes and smiles it was like hearing and seeing a little of the old Mo back. It was a good to see and feel.

The Meadows called my mother to inform they had sectioned Mo under the Mental Health Act as he kept wandering out of the ward and had no self-awareness. My mother couldn't cope with all this. She knew from previous experience that they could hold Mo for upto 28 days and since we had left Mo that day we had been mentally preparing for him to be home soon. I returned to see Mo, he was in his room and just turning the pages of several magazines not taking in anything of what he saw or aware of me or his surroundings.

FRIDAY 9 DECEMEBER
Received another call from The Meadows they had now re-graded the section to a section 2.

MONDAY 19 DECEMBER - MEETING.

My mother was not able to attend as she was on the brink physically, mentally and emotionally. Those that attended: Dr North, Lin Morris and Caroline Camp to discuss on-going care. We assumed that Mo would be under the care of The Meadows until detention was no longer required and then he would return home. On learning of the diagnosis of Paranoid Schizophrenia Dr North and Lin Morris recommended that Mo be transferred to Gosport War Memorial Hospital onto Daedalus ward, psychiatric ward. The Meadows stated on their discharge sheet that revision and continuing treatment were to be in progress on admission at this hospital.

DISCHARGE - 23rd DECEMEBER - THE MEADOWS

According to the discharge sheet following investigations by The Meadows their findings concluded some of the following:

Dexamethasone - Discontinued on the advice from Lin Morris.

Amitriptyline - Prescribed by Dr North - increased by The Meadows - discontinued - increased confusion

Olanzapine - Prescribed by Dr North - increased by The Meadows - discontinued - increased confusion.

Diagnosis: Chronic Paranoid Schizophrenia

Confusional state? cause (probably organic in nuture)

Also stated in the summary it was considered that there may be a chance that the confusion is due to sensitivity to Morphine.

WEDNESDAY 21st DECEMBER - GOSPORT WAR MEMORIAL HOSPITAL - DAEDALUS WARD.

Mo was admitted and still detained under section 2 of the Mental Health Act.

Mo was continuing to stabilise and able to answer the 'little test' we used to do: What year is it? Who am I? Who does he live with? Where does he live? What is the address? What is the time?

Dr North and Lin Morris admitted Mo into this psychiatric/dementia ward - with Lin giving reassurances of this decision, and then she and Dr North abandon Mo. Their decision would prove to be fatal.

HEAD INJURY

Approximately two weeks after admission Mo sustained first significant head injury

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FRIDAY 30th DECEMEBER

My mother took Mo out of hospital for him to meet with friends. Mo was still clear and alert in his mind and although slowly still able to walk.

MONDAY 16th JANUARY - DISCHARGE MEETING

Lin Morris and John Allen did not attend. Those stated on the discharge summary my mother and I had never spoken with nor had we seen these professionals before. No introductions from these professionals on entering the room. The meeting was delayed for some time due to another professional who then did not attend. Once the meeting was underway it was not structured, organised, no information given on Mo's physical or mental changes/health, voluntarily or when requested. Staff nurse did not know who was responsible for Mo under palliative care. My mother and I kept looking at each other in disbelief and anger and I then asked 'when can we get Mo out of here'. Gemma Williams stepped in and made explanations and reasons for referral to a nursing home, that she would arrange a good home and call my mother in a few days to let us know arrangements. This arrangement, Lin Morris had informed us in the beginning she would do, but left it to Adult services. We left.

WOODCOTE LODGE NURSING HOME

My mother and I visited the home prior to Mo's admission. The staff seemed competent and caring and the environment was like home from home.

THURSDAY 19TH JANUARY - Approximately – HEAD INJURY

Mo sustained second significant head injury

SUNDAY 22ND JANUARY - Neurological assessment carried out by Doctor X

MONDAY 23RD JANUARY - DISCHARGED DELAYED –

Transfer delayed – Staff Nurse Vicky Redding informed paperwork was still being arranged

TUESDAY 24th JANUARY - DISCHARGED DELAYED

Transfer delayed – Staff Nurse Vicky Redding informed paperwork was still being arranged and Mo would be transferred by end of the week. We demanded Mo was not detained a second longer and for Mo to be transferred the next day

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WEDNESDAY 25th JANUARY - TRANSFER TO NURSING HOME - DISCHARGE

Left waiting in T.V area for 2/3 hours for transport to arrive. No stretcher or ambulance arranged. As no other available a wheelchair was used with a footrest missing. Nurse told Mo to lift his leg up, which he had to try and do until he reached the outside of hospital, which was a considerable distance. Staff had not informed the driver my mother was also to travel did not inform the driver of Mo's physical state and that he was incapable of standing. The driver was appalled. Transport was in fact a bus and one without wheelchair access. The driver and I had to lift Mo up onto the step of the bus and put his hands on the rails to grip and whilst he did this and I supported Mo whilst the driver went inside the bus to lift and guide Mo into a seat causing Mo much pain and suffering which was further exacerbated by the drive to the home which was horrendous, the motion of the bus, every bump and braking action caused Mo much physical pain.

WOODCOTE LODGE – NURSING HOME

On arrival to the nursing home the Manager Raj, thankfully was outside, the ward had not informed the home that Mo was being admitted let alone that he needed a wheelchair.

My mother and Mo had to wait an age on the bus for one to be found, it was getting cold and dark and Mo needed to get warm and lie down, he was in great pain, weak and very tired. It took both Raj and the driver some time to be able to get Mo into the chair as Mo had not an ounce of strength left. Daedalus Ward had not informed the home of Mo's height and again they had to wait for another room to be set up. Mo liked the environment and quickly became considerably happier, he then started to refuse to take his medications and relaxed and started to eat and drink a little.

DATE UNKNOWN

Dr Morgan, Brune Medical Centre, Gosport, arrived along with a female colleague to observe Mo, the head injury and the injured eye. Mo became distress by his presence and I asked the Doctor to leave him.

W/C - MONDAY 30th JANUARY

Mo rapidly deteriorated physically and the eye injury was so much worst it was sickening to look at. Mo had brown eyes and yet the injured eye was a vivid green colour. Mo refused to take medications and would spit out the pills, refused to eat and would not even utter the odd word only to make moan and groan sounds. Mo was physically unrecognisable from what he was just a few Days before let alone a week before. No medications or a morphine/pain relief driver was used and Mo was not shouting or screaming or showing any physical signs of pain.

SUNDAY 5th FEBRUARY - Mo died

TEXT MESSAGES - Sent Messages discovered on my mother's mobile phone

20th August 2011 - TEL;CELL; HOME; VOICE:(Code A

Mo back home he waited...he.s not well so won.t be there all day..

2nd September 2011 - TEL;CELL; HOME; VOICE:(Code A

Forget today been up with mo 2 nights on the trot..i.ll text over the w.end

---

6th September 2011 - TEL;CELL; HOME; VOICE Code A

Mo.s got cancer...we go tomm for scan to see how far round the body its gone..x

---

15th September - TEL;CELL; HOME; VOICE: Code A

Got doctors at 9.

23rd September - TEL;CELL; HOME; VOICE:(Code A

Its o.k. Mate I can cope..l.v got a macmillon nurse coming to see me..

23rd September - TEL;CELL; HOME; VOICE:(Code A

Won.t make today..your the 2nd one l.v let down this wk..been up again with mo alnight..he.s on morephine now..

26th September 2011 - TEL;CELL; HOME; VOICE Code A

Got doctor coming mo.s feet have swolen up...l.v had him washing his feet=20and triming his nails..l.v cut his socks so there fit...

2nd October 2011 - TEL;CELL; HOME; VOICE: Code A

Just to let you know mo has cancer of the bones...matter of months (he do'esnt know this) doctor wants him to apply for attendance all the form is like a book hope s.one at hewat can do this...

18th October 2011 - TEL;CELL; HOME; VOICE Code A

Sorry mate...waiting for nurse to come..be intouch..

26th October 2011 - TEL;CELL; HOME; VOICE:(Code A

Give her my best..a lot going on here...mentley strained...

28th October 2011 - TEL;CELL; HOME; VOICE: Code A

Got lyn ringing back..

28th October 2011 - TEL;CELL; HOME; VOICE: Code A

Got 2 nurses coming shortly to have him assessed.. he may end up at the war memorial..x

---

29th October 2011 - TEL;CELL; HOME; VOICE:0 Code A

We won.t be going on monday..mo.s in to much pain and got a job to walk..l.ll be intouch with the surgury on monday morning and get a doctor out..and ring lyn!

11th November 2011 - TEL;CELL; HOME; VOICE: Code A

Mo still asleep in bed..waiting to go out never mind...

11th November 2011 - TEL;CELL; HOME; VOICE: Code A

No good really but he.s still smiling..doctor strengthen his drugs..l.m waiting for him to wake up to get him ready to take him down to see the boys while I nip of and shop...

15th November 2011 - TEL;CELL; HOME; VOICE Code A

Mo.s nurse popping in sometime today..then he wants to go out and buy new trousers and shirt ect.. so o.k with you l.ll c.u tomm lunch timish..x

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18th November 2011 - TEL;CELL; HOME; VOICE:07762524546

We.v just heard mo.s mate les has died..also his mate newby is coming tomm lunchtime to see him and then there going out..

18th November 2011 - TEL;CELL; HOME; VOICE:07762524546

Just heard les has died 2 days ago..nobodys seen him all wk..mo.s a bit upset he.s gone to w.spoons to find out more.x

---

25th November 2011 - TEL;CELL; HOME; VOICE: Code A

Mo woke up...making a bit of a noise I go in there and he.s sitting on the edge of the bed with a pair of my stockings on and jacket said he.s looking for his socks!

26th November 2011 - TEL;CELL; HOME; VOICE:0 Code A

He.s been up all night..good job you did.nt stay.

26th November 2011 - TEL;CELL; HOME; VOICE: Code A

Rung mac nurse no joy there..rung hewat house told me to ring doctor there not open yet..good job you did.nt stay last night..

27th November 2011 - TEL;CELL; HOME; VOICE: Code A

Just got a call from meadows..mo walked out last night police got him back he.s sleeping at the moment not done scan yet so I.ll ring later on as plan..x

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5th December 2011 - TEL;CELL; HOME; VOICE Code A

I can.t understand why they were asking me to go up there and get him?

30th Decemeber 2011 - TEL;CELL; HOME; VOICE: Code A

Took mo to w.spoons yesterday to see his mates in a taxi..(roger and ron were in tears when they saw him) did.nt stay to long he was in a lot of pain. I think it.ll be the last time I.ll take him out..

5th February 2012 - TEL;CELL; HOME; VOICE: Code A

I can.t see any point in seeing you on tues 7 feb..so I.m cancelling!

Dr Morgan, Brune Medical Centre Gosport. Dr North's personal surgery

Dr Morgan is the same Doctor who had visited Mo the week before at the nursing home to observe Mo and the head and eye injury and who recorded the death of Metastic Carmonia primary cause unknown.

My mother and I called Dr Morgan to question the recording of primary unknown to which he responded that he could not be sure but the likely cause of death to be Cancer. After some thought I left a message for Dr Morgan to say that my mother and I were not content in not knowing the actual cause.

Subsequently we had three or four telephone conversations with Dr Morgan, which we can only say to have been strange.

Finally Dr Morgan explained his recording by stating that it was common to record primary cause unknown without benefit of an autopsy and that unless we agreed to this procedure then he could not be absolutely certain of the cause but it was his professional opinion that it was Cancer that was the cause of death.

Had he of stated this on the initial call then, at the time, we would have understood and accepted this. After my mother and I had discussed the option of an autopsy we decided we could not actually live with the thought of this and declined, which we now regret.

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List of Registered Medical Practitioners

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Results
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Doctor History

Doctor History

Results of search on: 17 Aug 2012 at 15:16:02. The details shown are valid at the date and time of the search only.

GMC Reference Number	**2241265**
Given Names	**Derek**
Surname	**North**
Gender	**Man**
Primary Medical Qualification	**MB ChB 1975 University of Sheffield**

Registration and licensing history since 20 October 2005

From	To	Status
01 Apr 2012		Not Registered - Having relinquished registration
16 Nov 2009	01 Apr 2012	Registered with a licence to practise
20 Oct 2005 (explain this)	16 Nov 2009	Registered

Browsealoud Print View

Code A

Daily Echo

Gosport War Memorial Hospital know as "end of the line"

3:45pm Monday 20th April 2009

GOSPORT War Memorial **Hospital** became known as the "end of the line" and as "death ward" as families saw their loved ones checked in apparently on the road to recovery only to die a few days later.

But despite a series of police investigations and NHS probes, none of the staff on Dryad and Daedalus wards at the **hospital**, then run by the now non-existent Portsmouth Healthcare NHS Trust, have been disciplined or charged with a criminal offence.

The month-long inquest held by Portsmouth and South East Hampshire Deputy Coroner Andrew Bradley heard one bereaved relative after another speak of their shock at the rapid deterioration of their loved ones after they entered the GWMH.

They believed their elderly relatives were given excessive doses of painkillers such as diamorphine which unnecessarily hastened their deaths.

Robert Wilson, 74, was admitted to Dryad ward in October 1998 after he suffered a broken arm.

Code A

His son Iain Wilson told the inquest his father had made a good recovery at the Queen Alexandra **Hospital** in Portsmouth from the fall that broke his arm.

But when he was transferred to GWMH, his condition deteriorated severely and he died four days later.

Mr Wilson said: "I went to give him a cuddle and he spoke his last words to me: 'Help me son, they are killing me.'

"I said 'No they are not Dad, they are trying to do the best for you' and I left him there.

"When I went in the following day, he was in a coma."

Mr Wilson said staff would not explain why his father was being given diamorphine.

Mr Wilson said: "I think it is because of the drugs that his condition changed."

Professor Richard Baker, of the University of Leicester's department of health and science, examined the case and said that Mr Wilson might have left the **hospital** alive if he had not been put on diamorphine.

The cause of death given at the time was heart and liver failure.

In a statement read to the hearing, Prof Baker said: "The initiation of the diamorphine was inappropriate and the starting dose too high.

"Mr Wilson might have left the **hospital** alive if he had not been started on diamorphine."

Brian Cunningham, 79, was admitted to Dryad ward in September 1998 with serious bed sores and was given diamorphine when he became agitated. He died five days later.

His step-son Charles Farthing told the inquest the ward was known as "death ward" and that he believed his step-father had been "intentionally executed".

Professor David Black, an independent specialist in elderly care, said the dose increases in the last two days of Mr Cunningham's life were "excessive".

He told the inquest: "There is no justification given for these in the notes.

"It is not clear if this was a medical or nursing decision."

Mr Cunningham died on 26 September, 1998. The cause of death on his death certificate was pneumonia.

The inquest has also heard that two other patients were apparently treated for the wrong medical problem while at the **hospital**.

Geoffrey Packman, 66, was being treated in September 1999 for a heart condition but staff failed to spot that he was also suffering from internal bleeding.

Professor Andrew Wilcock, an expert in palliative care, told the inquest he was also given "excessive amounts" of diamorphine and he died nine days after arriving on Dryad ward. The cause of death on his death certificate was a heart attack.

Elsie Lavender, 83, was admitted to Daedalus ward after suffering a stroke in 1996 but she had actually broken her neck, the inquest heard.

Prof Black told the hearing her paralysis appeared to have been caused by the injury rather than a stroke.

The hearing was told that she became weaker and weaker and died the day after being given an increased dose of diamorphine.

Her son, Alan Lavender, said that he had asked Dr Jane Barton when his mother would be able to return home as they had to make arrangements concerning her cat.

He said that Dr Barton had replied: "You can get rid of the cat. Do you know your mother has come here to die?"

Mr Lavender said: "I was shocked at the way this was said to me. I did not know that to be the case. I thought she had gone into the **hospital** for rehabilitation.

"I couldn't believe the cold way the news had been broken to me, as if it was pre-determined. I was shocked."

However Dr Barton, who was the main doctor in charge of the two wards, said that many relatives had "unrealistic expectations" for the health of their loved ones as they arrived at GWMH.

She said that patients were often sent from other hospitals with the word "rehabilitation" on their medical notes when in reality they were terminal cases.

Dr Barton, who was the only member of staff to be investigated in relation to the deaths at the **hospital** but who never faced any charges, also said that increasing numbers of seriously-ill patients were being sent to GWMH.

She said that this was because of a bed-blocking crisis at other hospitals in the area.

The inquest heard that Dr Barton was a GP who worked part-time at GWMH for about 90 minutes a day on weekdays only, looking after 40 patients.

She said that the pressure caused by the greater number of patients with serious conditions led to her medical notes becoming "sparse".

The inquest heard that she also introduced a system of pre-emptive prescribing which allowed nurses to increase the amount of painkillers such as diamorphine without the need of a doctor being present.

She said that she raised the issue of increased workload with the Trust but there was no-one else to help her and she eventually quit in April 2000.

She told her bosses that the growing number of seriously-ill patients being admitted would "lead to further serious and damaging complaints about the service given in my wards".

Nurse Lynne Barrett told the inquest that most of the patients who came to the **hospital** were terminal cases and were "patients that nobody wanted".

Comments(1)

ActionT4 says...
2:09am Fri 24 Apr 09

For the nurse who perjured herself at the inquest - all I can ask is why? I resigned a temp job at a local hospital after being asked to type back dated and amended documents, to get well paid managers and quacks off the hook with various legal charges and complaints - I always refused. Surely someone in their admin. department helped to forge documents in this case too? If you knowingly forge documents, its 7 years in jail - but I guess they don't have a concience?

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