

Operation 'ROCHESTER'

Initial Briefing

1630hrs Wednesday 12th April 2000

Support Headquarters, Netley.

CONTENTS

	Page(s)
1. Introduction	01
2. Background	02 - 09
3. Phase One Investigation	10
4. Phase Two Investigation	11
5. Proposed Lines of Enquiry	11
6. Proposed Personnel	12
7. Overtime	13
8. Other Resource Issues	13
9. Information Management	14
10. Media Matters	15
11. Family Liaison	15

Operation 'ROCHESTER'

Initial Briefing

1630hrs Wednesday 12th April 2000

Support Headquarters, Netley.

Present:

Det C/Supt AKERMAN
Det Superintendent WATTS
Superintendent STOGDON
Det C/Inspector BURT
Det Inspector SHAND

1. Introduction

The purpose of convening this meeting is to seek the authority of the Head of CID to re-designate Operation 'ROCHESTER' as a Force Major Enquiry.

It is recommended that this authority be granted on the basis that an exploratory investigation, conducted by DCI BURT, has revealed that there are substantial grounds for suspecting that Gladys Mable RICHARDS, aged Code A was unlawfully killed, by staff who were responsible for her care, at the Gosport War Memorial Hospital between the 16th August 1998 and the 22nd August 1998.

2. Background

The circumstances surrounding the death of Gladys Mable RICHARDS [Code A] and the initial involvement of the Hampshire Constabulary, are as follows.

Mrs RICHARDS died at the Gosport War Memorial Hospital, Gosport, Hampshire on Friday 21st August 1998 whilst recovering from a surgical operation carried out at the nearby Royal Hospital Haslar to address a broken neck of femur on her right side.

Following the death of their mother Mrs RICHARDS' two daughters, a Mrs Gillian MACKENZIE and a Mrs Lesley LACK, complained to the Hampshire Constabulary about the treatment which had been given to their mother whilst she was admitted to the Gosport War Memorial Hospital.

Mrs MACKENZIE telephoned Gosport Police Station on the 27th September 1998 and alleged that her mother had been unlawfully killed whilst she was an admitted patient at the Gosport War Memorial Hospital. As a result of this allegation a police investigation was carried out by officers from Gosport Police Station.

In due course a file of papers was submitted to the Crown Prosecution Service and, in March 1999, the reviewing CPS lawyer gave the opinion that, on the evidence available, he did not consider that a criminal prosecution was justified.

On learning of this decision Mrs MACKENZIE expressed her dissatisfaction with the quality of the police investigation. She has made a formal complaint against the officers involved. Superintendent STODDON has assumed responsibility for this matter which the former Investigating Officer, Superintendent LOCKWOOD, had pended whilst awaiting the outcome of a re-investigation.

A review of the police investigation was carried out by Detective Superintendent LONGMAN who felt that there was some additional investigation work which should be carried out. As a result, during August 1999, DCI BURT was appointed to re-investigate the case.

Mrs RICHARDS was a resident in two nursing homes from 1991. The most recent, the 'Glen Heathers' Nursing and Residential Home, is situated in Lee on Solent, Hampshire. These premises were chosen because Mrs LACK, one of Mrs RICHARDS' daughters, lives in nearby Gosport.

Code A

Code A she held supervisory and managerial positions and was primarily involved in the care of the elderly.

Mrs LACK states that, during 1998, her mother's state of Code A became more marked and she became less physically able. Mrs RICHARDS was inclined to wander and, according to Code A following a change in her mother's medication for the symptoms of her Code A Code A. Despite this Mrs LACK described how her mother was able to stand, walk and attend the toilet.

Mrs RICHARDS suffered a fall, at the 'Glen Heathers' Home, at approximately 1450 hours on Wednesday 29th July 1998. She was transferred to the Royal Hospital Haslar, in nearby Gosport, at approximately 2100 hours the same day. On admission Mrs RICHARDS was found to have a broken neck of femur on her right side.

In fact, the findings suggested that Mrs RICHARDS condition was consistent with her having been 'walked', after the injury had been sustained, thereby aggravating matters significantly.

Mrs LACK expressed serious concern about the delay, on the part of the nursing home staff, in recognising that her mother may have been seriously injured and in making arrangements for her transfer to hospital.

Mrs RICHARDS' daughters decided that they would not allow their mother to return to the 'Glen Heathers' Home, following treatment, because of wider concerns regarding the standard of care which she was receiving there.

A complaint, to this effect, was made to the local Social Services Department. It is understood, however, that following investigation no evidence could be found to substantiate the allegations made.

On Thursday 30th July 1998 Mrs RICHARDS underwent a surgical procedure at the Royal Hospital Haslar and was given a replacement hip on her right side. She remained at the Royal Hospital Haslar for a further eleven days until, on Tuesday 11th August 1998, she was transferred to Daedalus Ward at the Gosport War Memorial Hospital.

Prior to her discharge, from the Royal Hospital Haslar, Mrs RICHARDS is described, by her daughter Mrs Lack, as responding to physiotherapy, able to walk a short distance with the aid of a zimmer frame and no longer in need of Code A Her medication, for Code A had been reduced and she was able to recognise family members and make comments to them which made sense. Mrs RICHARDS was, with encouragement, eating and drinking naturally and, as a result, the drips which had facilitated the provision of nourishment, after the operation, had been removed. Mrs LACK considered it significant to note that her mother was no longer in need of pain relief and it was apparent, to her, that her mother was pain free.

The Gosport War Memorial Hospital is managed by the Portsmouth Health Care (NHS) Trust. It is a Community Hospital operated, on a day to day basis, by nursing and support staff employed by the Trust.

Clinical expertise is provided by way of visiting general practitioners and clinical assistants. Consultant cover is provided in the same way.

The Gosport War Memorial Hospital does not provide high tech acute care for patients. A relevant example of this would be the fact that, whilst fluids could be delivered to a patient subcutaneously, it would not be possible to administer fluid nutrients intravenously as this would require the continuous availability of a doctor.

Mrs RICHARDS was treated in Daedalus Ward, at the Gosport War Memorial Hospital, which provides continuing care primarily for elderly patients who are in need of special nursing attention.

On Wednesday 12th August 1998 Mrs LACK visited her mother, in Daedalus Ward, and found that she was unrousable, unable to take nourishment or be kept hydrated. Mrs LACK was told that her mother had been given 'Oramorph' for pain. Mrs Lack was further told that her mother had been calling out, showing signs of anxiousness and it was believed that she had been in pain although, according to Mrs LACK, the cause of the apparent pain had not been investigated.

Mrs LACK has expressed the view that her mother's symptoms of Code A calling out and being anxious, may have been misinterpreted for pain.

In her statement Mrs LACK states that the staff at the Gosport War Memorial Hospital may, in fact, have treated the symptoms of her mother's pain as for dementia, and vice versa, at different stages of her admission.

She believes this issue to be significant in terms of the appropriateness and the quality of treatment and care given to her mother.

The following day, at approximately 1545-1600 hours on Thursday 13th August 1998, Mrs Lack again visited her mother.

Mrs LACK states that she immediately saw that that mother appeared to be uncomfortable and in pain. She had an anxious expression, was weeping and was calling out.

Mrs LACK was subsequently told that her mother had suffered a fall earlier in the afternoon but despite asking questions about her mother's condition little appeared to be being done to discover whether she had sustained any injuries especially in the light of her recent surgery.

Later in the evening, at approximately 2130 hours, Mrs LACK received a telephone call, at home, from the Gosport War Memorial Hospital. She was told that when her mother had been put to bed she appeared to be in great pain and may have "done something". The caller added that the doctor considered that it was too late to send Mrs RICHARDS back to the Royal Hospital Haslar and, as the X-Ray Unit at the Gosport War Memorial Hospital was closed, she was to be given 'Oramorph' and x-rayed the following morning.

This made Mrs LACK extremely concerned about the care her mother was receiving at the Gosport War Memorial Hospital. She considers that it was representative of a pattern of omission and failure which, ultimately, led to her mother's death.

The following morning, Friday 14th August 1998, Mrs LACK returned to the Gosport War Memorial Hospital and was told that her fears as regards her mother having injured herself did, in fact, appear to be true and the Royal Hospital Haslar had agreed to take her back.

Mrs RICHARDS was re-admitted to the Royal Hospital Haslar during the morning of Friday 14th August 1998. It was found that her right hip had become dislocated and it was manipulated back into the socket.

Mrs LACK pointed out that it took almost 24 hours to diagnose and remedy what, she considers, were the rather obvious probable consequences of her mother's fall the day before.

On Monday 17th August 1998 it was decided that Mrs RICHARDS was fit to be returned to the Gosport war Memorial Hospital.

Mrs LACK described how her mother was pain free and able to use a commode for the toilet with weight bear for transfer. Mrs RICHARDS had begun to eat and drink naturally and the drip, which had been applied, was removed.

Mrs LACK pointed out that when her mother's condition was correctly diagnosed and treated she began to recover. Mrs RICHARDS was transferred to the Gosport War Memorial Hospital by ambulance at approximately mid-day.

Mrs LACK, and her sister Mrs MACKENZIE, arrived shortly afterwards and stated that they found their mother gripping her right thigh and complaining of being in great pain. It was apparent to Mrs LACK that her mother was lying in an awkward position on her bed. With help from the staff Mrs LACK adjusted her mother's position and she became quieter.

Mrs LACK immediately returned to the Royal Hospital Haslar and confirmed that her mother had been well upon discharge. In fact she happened to see a doctor who had treated her mother and he told her that they would be prepared to see her again if she was referred back to them.

Later in the afternoon Mrs RICHARDS was x-rayed at the Gosport War Memorial Hospital. Mrs LACK was told that, whilst there was no evidence of dislocation, "something" had apparently happened.

Although it has not been confirmed it is believed that Mrs RICHARDS may have been inappropriately 'handled', during transfer, using a blanket as opposed to a rigid stretcher.

Mrs LACK stated that she told Dr BARTON, the visiting GP responsible for her mother's care, that Haslar would be prepared to re-admit her.

According to Mrs LACK she was allegedly told, by Dr BARTON, that this would be inappropriate. Instead, Mrs Richards was given 'Oramorph' during the night and her case was to be reviewed the following morning.

The next morning, Tuesday 18th August 1998, Mrs LACK stated that she was told that her mother had developed a massive haemetoma in the vicinity of the hip operation site which was causing her severe pain.

At this point it was explained to Mrs LACK that the plan was to use a syringe driver to deliver pain relief to her mother.

Mrs LACK stated that she, once again, pointed out to Dr BARTON that the Royal Hospital Haslar had offered to re-admit her mother but, according to Mrs LACK, Dr BARTON allegedly told her that, "*It was not appropriate for a 91 year old, who had been through two operations, to go back to Haslar Hospital where she would not survive further surgery.*"

Dr BARTON allegedly added, Mrs Lack recalled, "*And the next thing will be a chest infection.*"

Mrs LACK believed that the decision to keep her mother at the Gosport War Memorial Hospital, and to introduce a syringe driver as a means of delivering morphine to keep her mother pain free, would effectively prevent steps being taken to sustain her, facilitate her recovery and would result in her death.

Mrs LACK wanted her mother to be referred back to the Royal Hospital Haslar where she had recently received treatment, on two occasions, and had begun to recover. However, she was distressed and now, in hindsight, wishes that she had challenged Dr BARTON's decision more vigorously.

Mrs LACK and her sister both strongly believe that their mother was entitled to this opportunity and, further, question whether Dr BARTON was qualified to make such a judgement.

The decision, which was apparently made on or about Tuesday 18th August 1998 by Dr BARTON, to keep Mrs RICHARDS at the Gosport War Memorial Hospital and to move to a palliative care regime, as opposed to exploring ways of treating her condition and attempting to facilitate her recovery at a nearby hospital equipped to do so, would seem to lie at the heart of this matter.

Both Mrs MACKENZIE and Mrs LACK have raised the issue of whether the decision was possibly made in order to avoid a further referral thereby concealing the fact that each time their mother returned to the Gosport War Memorial Hospital, having achieved a reasonable level of recovery at the Royal Hospital Haslar, her condition appeared to quickly deteriorate.

Mrs LACK stated that she believed that her mother's kidneys failed during Wednesday 19th August 1998. She noticed that no further urine was passed and the same catheter bag remained in place until death occurred.

Mrs RICHARDS survived until 2120 hours on Friday 21st August 1998 when she died. Death was certified by Dr BARTON who recorded the sole cause as being bronchopneumonia.

Once again, with hindsight, Mrs LACK believes that she should have challenged Dr BARTON on this issue having spent, together with her sister, the last few days of her mother's life more or less permanently at her bedside. Mrs LACK has doubts, based upon her observations, as regards the accuracy of the certified cause of death. She stated that, when registering the death of her mother, she once again believes that she should have spoken out but did not feel strong enough, emotionally, to do so.

Mrs Richards was cremated.

3. Phase One Investigation

On receipt of the enquiry DCI BURT embarked upon the first phase of the investigation which was aimed at discovering whether there was evidence to support the allegation that Mrs RICHARDS was unlawfully killed.

In doing so DCI BURT has:

- Obtained a witness statement from Gillian MACKENZIE

- Obtained a witness statement from Lesley LACK
- Obtained a witness statement from Lesley HUMPHREY who is the Quality Manager at the Portsmouth Health Care (NHS) Trust and produces the Health Record relating to Mrs RICHARDS.
- Obtained a witness statement from Ann FUNNELL who is the Medical Records Manager at the Royal Hospital Haslar and produces the Medical Record relating to Mrs RICHARDS.

DCI BURT has also, on the recommendation of the Crime Faculty, engaged the services of a medical expert namely Professor Brian LIVESLEY who is currently the University of London's Professor in the Care of the Elderly and based at the Imperial College School of Medicine. Professor LIVESLEY is an elected member of the Academy of Experts.

DCI BURT has provided Professor LIVESLEY with copies of materials gathered thusfar in the investigation and, in his latest faxed message, he has indicated that he is:

"...being led inexorably to the conclusion that I will be supporting an allegation of manslaughter in this case and supporting other allegations including assault and actual bodily harm."

4. Phase Two Investigation

Having achieved the aim of Phase One DCI BURT believes that there is now an imperative, with justification, to proceed to Stage Two which will require the declaration of Major Crime Enquiry status to Operation 'ROCHESTER' and the allocation of appropriate resources.

ACTION

DCI BURT to seek authority of DCS to initiate a Major Crime Enquiry.

5. Proposed Lines of Enquiry

- Complete the investigation into the death of Gladys Mable RICHARDS.
- Research and investigate other cases which may involve a similar pattern of medical conduct at the Gosport War Memorial Hospital.
- Research and investigate the process of certifying deaths arising at the Gosport War Memorial Hospital and the procedures for authorising cremations.
- Research the background of the medical and nursing staff featuring in the case.
- Draw on expertise of Professor LIVESLEY when directing enquiry.
- Draw on expertise of SIO with experience in this form of enquiry.

6. Proposed Personnel

SIO
D/SIO & O/M

DCI BURT
DI SHAND (MCT - E)

Receiver/Reader

Exhibits/Disclosure

Administration

Code A

DCI BURT recommends that the core team, nominated above, embarks on a detailed planning process, as soon as other commitments will allow, during the week commencing Monday 17th April 2000. This will take 2/3 weeks to complete (Easter intervenes).

Consideration will be given to an application for additional personnel once the work carried out by DCI BURT has been absorbed into a formal major crime information system and an actioning process commenced.

ACTION

DCI BURT to seek approval, in principle, to abstract 1 Detective Sergeant and 4 Detective Constables from Division to create an Enquiry Team. Likely start date Monday 8th May 2000

In the meantime the addition roles have been identified below:

O/S Enq / AA	DS	To be appointed
Enquiry Team	DC	To be appointed
	DC	To be appointed
	DC	To be appointed
	DC	To be appointed
I/V Advisor		To be appointed
I/V Team		To be appointed
Family Liaison		To be appointed
Holmes		To be considered
Typists		To be arranged

7. Overtime

An initial allocation of 100 (police) hours is applied for. AD 100 accompanies this document.

ACTION

DCI BURT to prepare and submit an AD100 form

An allocation of 30 (support) hours has previously been granted to provide DCI BURT with administrative support during Phase One.

8. Other Resource Issues

- **Accommodation**

There is capacity at the Major Incident Complex, Fratton.

- **Professor LIVESLEY**

This case will pivot on the evidence of Professor LIVESLEY. He is a nationally, and internationally, recognised authority in his field and his expertise and experience comes at commensurate cost.

Currently a total of £2000 (2 x AD100 applications of £1000) has been granted towards his final fee. He estimates that charges for the work which he has currently carried out will amount to approximately £7000 and this may rise to a figure in the order of £10,000. It is not possible to be clear on this at present and there is also the prospect of additional charges arising if other cases are discovered although Professor LIVESLEY points out that there may be a descending scale as 'similar fact' scenarios may apply.

ACTION

DCI BURT to prepare and submit an AD100 form for an allocation of £3000 to set against Medical Expert's charges.

ACTION

DCI BURT to write to Professor LIVESLEY seeking further written indication of scale and likely extent of charges based on current allegation and possibility of additional cases.

9. Information Management

It is recommended that consideration be given to establishing an account for this enquiry on the Holmes database. This will provide for the possibility of further suspect cases being discovered when the investigation gathers pace.

ACTION

DCI BURT to seek approval from DCS for Holmes utilisation.

10. Media Matters

As this case gathers pace there is a risk of unauthorised media disclosure and early contact should be made with Media Services with a view to preparing a statement. Consideration should be given to discussing this with the Media Departments of the Portsmouth (NHS) Trust and the Royal Hospital Haslar. With regard to the former there is, of course, a possible future issue of corporate liability. Advice of DCS and Media Services Manager to be sought.

ACTION

DCI BURT to consult DCS and Mr HOROBIN regarding media issues.

11. Family Liaison

DCI BURT has established and maintained contact with Mrs RICHARDS' daughters, Mrs MACKENZIE and Mrs LACK, during the course of Phase One of the investigation. This arrangement can continue for the time being.

Code A

**DCI (SIO)
8th April 2000**