

20/4/11 - 9/4/13

RICHARDS

# tooks

Portsmouth Coroner

In the matter of the  
death of

**Gladys Mabel Richards**

①

I/S: Blake Laphorn

20/4/11 - 9/4/13



James Mehigan

**Tooks Chambers**

**Chambers of Michael Mansfield QC  
& Patrick Roche**

81 Farringdon Street

London

EC4A 4BL

**Code A**

DX: 68 Chancery Lane

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Grady Richardson - Deceased. (D)

Cathy Luck - D's daughter - ex-Nurse.  
-AKA Richards or O'Brien

GM McKenzie - D's Daughter.

Mr Beed - nursing manager.

Gladys RICHARDS

DOB - 13 APRIL 07

DOD - 21 AUG 98

Cause of death - pneumonia

Suffered from - dementia

Correspondence - Tab 4

GMR - 19/2/19

- letter to Inquests 7/8/3/9.
- Circs differs to other Inqs. → no jury
- Did Dr Bates examine my mother on arrival

Con 20/4/11

- Finding - advised

- History

- advised - relevant at least. Dangerous (criminality)

- is body charred? - water? (Mar 23/10/18)

Is there any is body?

- cover up - statements in Hansard?

- source - TC/COS - description body in paragraph - case of death is primary, but what is lesson given for managing illness?

PIR - Disclosure - Prot Barry report at request

- 2009 expert report. - Prot Ford.

- Another. Liversy

- DI Brocote - Email release all case notes after police investigation  
- Prot Bluck's report - to Commissioner for us.

Nurses -

Dr RJ Reed - background as to general health.

- dementia
- prospects if nothing happened.

Progressive dementia could ↓ bodily self regulation → alternative competing cause.

HP - ~~what~~

- why not over medication.

If dementia is stable - why didn't collapse so

- Important point - pretext of pump is a <sup>tra</sup> haematoma.

do they mean a cerebral haemorrhage

- GM thinks it is in the Ho.

but there could then be no blood/haem.

wouldn't a haematoma be visible.

Is the tra just a presumptive diagnosis?

why no brain scan.

just a point about older staff telling people whatever is

pneumonia - as they died.

- a reflection of dying expect rather than cause.

Date of Inquest - Before end of July?

Could be better

- GM treatment for neurological work. in summer.

T = 3 days.

**Code A**

Qs for GMR & JLV

Probes will - allegations against sister - risks established?

Why did GM & LL want GR to go back to Harbor?

Where are the notes of LL (LFL/2) - 5/16/2004 or GM 2/24 p. 14

Are there any reasons why CPS didn't proceed? Any letters?

Does GM have anything else to comment on Dr Lord's report before which L says on 7/6/16?

Qs by CC & GM

Why only controlled & no hydration?

CC

when did desiccation occur - fall or hoist.

GM

Is it not possible to be certain of Alexander's vital organ system at the time he was placed?

See notes of 18/3/98 made on the day? Gr statement II (tab 4 p 22)

Is it inappropriate to transfer someone in the PM or just waiting to bury Gr (tab 4 p 23)

Assessment of GR as to pain in records.

(tab 4, 24).

LG & Gr told she had dementia

How much sedation did Dr Lord have with GR?

(tab 4: 26)

Why was no mention made of surgical intervention needed for trauma that would require general anaesthetic

Who is the RN who said "she only fell on her bottom from the chair" (tab 6: 8) L

Dr Lord's reports - methodology?

16:15

- 2<sup>nd</sup> hand info.

- No direct contact

⇒ how independent



Was Dr. Peters (M/C) involved in the x-ray.

Much more rather than haematomas.

PB - said she had <sup>missed</sup> it. - not infile

- said that's nothing could be done.

- implied it would be very painful.

New scan of it - not in Ha.

Brain discussion - para 25

- not backed by records

Side effects of Haloperidol & Trizadone - can appear to be dementia.

- shouldn't be prescribed together.

12/5/11

Con 0900

Dr Black's report - ~~to be reviewed~~where is page that GR was given  $\frac{1}{2}$  hr before fall.

GMC - 2 doses of (calculated very high dose)

- GM didn't give ev.

- Navy in 1939 (P. Reed)

another at 1145 <sup>(Lorimer)</sup> - why that date was they give

CHI - published findings in 7/02

found no relation but to take up the IS

GM took investigators with CC

PCA - upheld all complaints about investigation failures

DCI Port - gave dead file on GR

- investigated until Nov 00

- very <sup>'process'</sup> guarded copperFurther Disclosure

Statements from Histo Dept taken by Ray Port in Germany.

Prof Bauer - epidemiological report

- general overview not

Prof Forrest - Clinical chemist

- instructed by Pol. on how he should a large number of cells - 92 not

- many Mar sub diagnosed

- used specifically not to report errors on individual cases.

- established another group of experts.

- all papers taken from him by Pol.

### Pre-Inquest Review

outstanding disclosure

- Professor Butler's report - we seek disclosure.
- Ward's controlled drugs list -

- Haematoma - pretext for consent.
- no evidence of haematoma.
  - once syringe driver started - death is inevitable.

### Prof Budge

- Grass negligence - highly sub optimal. p. 5 para 4-6.
- very poor prescribing - 4-7.
  - incorrect death certificate - 4-13
  - significant failings para 5-2
  - deficiencies in most drug chart para 5-3

### Alamelo - p181-190

- ordinary negl principle to establish duty ✓ Dr B (sa Dr. Rie Rie)
  - breach of duty - see above
  - causation = 7BC
  - if so caused should it be gross negl & → a crime?
- Q: was Dr's conduct so bad that it was to amount to a criminal act or omission? Worra jury Q.

Jury must consider in effect of departure from duty is a jury matter.

Order of G.N. - Jury after making not obvious to para 1 did Dr B prescribe Diamorphine, haloperidol at 4 and Midazolam as a continuous infusion.

- No jury assessment not updated on return from RHM pt. 2

- Funding
- 6 x folders 4 → lower arch.
  - ~~pro~~ pro bone.
  - cannot put case herself.
  - should not put case herself - too small
    - should not XX Bottom or Bead or Sister.
  - ⇒ representation will assist the coroner.

- previous requests denied. - try not this.
- neutrality is the same as a bar to inquiry in practice.

LEGAL AID

Coroner - initially thought it a good idea, to be represented.

- letter previously doesn't represent previous coroner's position.

CAN 12/1/18

Witness - Juv.  
Jury - 3 days.  
Duke - 10pt.

Burg - (A 1988 58(3)(d)) - MANAGER.  
- may be called if:-

The death occurred in circumstances the defendant or possible witnesses or  
witnesses prejudicial to the health or safety of the public or any  
section of the public

Jury responsible suspicion. -> they not require positive proof or even hand held ev.

Finlay v. Brighton, Local Govt

8(3)(d)

- not a common but the jury may hear

only the possibility of recurrence

R v Hamer [1997] QB 211

- Lord Bridge gives as an example of death due to wrongful prescription

- para 16.22 (p.255)

- since protected

WIFE DISCRETION (A 1988 58(4))  
para 16.26  
view of body of deceased (re above case) discretion.

✓ Answer to question.

CON 12/8/11

Timeline

Hospital Apr

Original condit<sup>n</sup> - endocrine thyroid.

1998 - ~~had~~ neck led to heart palpitations

family history of breast cancer.

→ spoke to urologist

who wanted to conduct surgery to look at neck.

went to Royal Marsden RM

Blood - too much calcium.

Need Zolmax to prevent osteoporosis.

They affect parathyroid gland.

John Demand Clinic - didn't want surgery until had his

Going back & forth to Royal Marsden.

Trying to work out what is wrong w/ endocrine system.

Need to visit RM

- history once a year.

Core involving RM, Chelsea & ~~Wentworth~~ <sup>Wentworth</sup> Hospital & HCH

HCH - beginning of June.

- taking over jaw.

- RM - June.

- working for C&W.

18/8/11 - C&W - invasion → felt everything should be done

Can't be done locally.

Departments Zone - August.

debarled email to coroner.

~~Went to page (at RM) but rather no signs of hyperparathyroidism.~~

con 12/5/11

~~FINDING~~

D WER PDS.

(Carmer wrote - to GM backing her for Lt.)

Horsley re-operes - due to a full  
circumstances of full

Not called for social services

DCI Burk & Lowesley

Horsley will rely on GMR for info on full in Colby Hester

Can't anything be brought in from WMC.



DISCLOSURE

- Statement of Hester staff in Germany - names new death GME read then
  - 3 nurses - statements to police Not pursued.
  - re-interviewed by coroner.
- Dead names from last address

Coroner

Sege.

Is not a statement from GNBrewer. - Not going to use ex of GNBrewer - but collect

Ward controlled drug tests - very controversial.

Professor Lindsey's report on Mrs Richards' death. Inquest document

Professor Baker " " " " " " " " } Not to be pursued.

Review or medical opinion unless if important to see inconsistencies.

~~Letter to Burton to~~

Bundle to include nursing records.

# Pre-Inquest Meeting

Alan Jackson - for Dr B

Chris Beane (CA)

PH7

Beamy (unlinked) 5 Haven Lane NHS Trust.

Peter Miller - Forensic Hosp team

}

Coroner - Why inquest - Standard practice if someone falls & admitted to hospital.

→ MR's don't know why notes aren't available.

- Job out reach

- Important cases - Complications - from falls & surgery.

- ... including advancement of pathology drugs

Did MR's advance level of care.

From ex - no ex track next required standard of proof for Underhill.

- many but 'sue' of - professional neglect

- Inquest Neglect.

Request for W from Inquest Police.

- Not appropriate.

Don't feel need to go over issues considered by Inquest (your case).

NRA doesn't apply → narrow scope applies

Forensic NHS team

- Would a MR's report be appropriate? (if yes later)

- not going to pay for that

Were happy with the 8 witness witness list.  
Ex room with a loop facility, will be considered.

12/5/11

PIM 13/3/11

Bever to go to desk submit.

Allow 2 weeks. maybe lobby a week.

No jury - 8(3)(d) all owed to previous inquiry.

Didn't ask for Nurse Brewer - but is not for stock notes.

Inquest opened - March 2009

- immediately adjourned.

Coroner proposed - Corby Sept. - Not for L.D.B.

- ~~10/11~~⇒ settle for Tue 25/10/11 1-2 weeks.  
likely Portman's CCWritten submission - on Legal Aid, to be made. - 2 weeks  
- within 2 weeks.  
- on missing pages.

30/5/11

Legal Aid Advice.

Application correctly before LSC on grounds of exceptional circumstances.  
Coroner now neutral.  
Funding presently pro-bono.  
Submission on dragging that position.

Volume of evidence - 3x law and medical files

↳

Length of Inq - 2 weeks

- originally expected to be c 3 days.

- substantial pro-bono commitment for solicitor.

Serious allegations - legally complicated.

- factually voluminous.

⇒ self represented <sup>GMR</sup> may not have capacity to properly represent herself adequately  
esp in light of fact at least 4 parties are rep<sup>d</sup>  
- NHS  
- RCN  
- Dr  
- Hoip

This complexity demonstrated by previous requests being denied.

22/9/11

Telecom Co

Tools

3w &amp; 5M

Legal SA

Skeletons from previous requests.

Witnesses.

Concerns?

Not effective

~~skeletons from previous requests~~

## ADVICE PLAN

<sup>C</sup>  
 Coroner relying on <sup>PB</sup> Prot Black.  
 - prob w PB

→ IS asked for Lacey & Ford. to give ev.

- Reason as follows.

- Referred by C

→ W/o ev in no way challenge PB.

→ need to inspect our own expert.

Prot Forrest

Need to attend 1 day of training & conduct report on what we.

## Advice on Expert Witness Funding

Prof Ford - @U to GMC

Prof Greeney - @U to CPS

Professor Black - Greeney expert

- not favourable to us

Without another expert his advice will be impossible to challenge.

- does not mention spinal reconstruction as a contributing factor etc.

Professor Robert Forrest

Professor Ford gave evidence to GMC. Greeney to CPS.

- proposed by IS.

- Q - What is - Barbel Score?
- Waterlow Score?
  - PRN in a drug chart.
  - Cardex?
  - syringe driver
  - Wexler Guidelines
  - Analgesic Ladder

- when does negligence become 'gross'-negligence?

Drugs - Diamorphine  
Oxycodone  
Haloperidol  
Midazolam  
Hyoscine



Prof Blain's report

TELECON  
JM & JW  
30/10/12

Neglect? as a possible answer

was IAB conducting a euthanasia

Not giving her fluids was gross neglect?

Sub-optimal - not as strong as negligence.

- language of 'bad day' in Debutant.

- poor hands negl.

→ Or to gross negligence.

Need to be done negligence

Unjustified risk - taking?

Not just for the hell of it.

She'd make a judgment on GR's life prospects.

All flies a bit short of a

Sub optimal - negligent - gross neg → reckless → manslaughter.  
(careless)

Mrs McKenzie - proper basic failure.

Not sure what facts will come out. - Hospital trying to follow what was done. - likely to be appalling.

verbank. 'va banque.

Real Leslie



TELECOM 30/10/12

Barton - given ev.

Nurses - likely to have collective amnesia, as in last inquest.

Tomorrow - Hester statements.

- goes back to HH. from G.W.M.H.

Her G.W.M.H.

every time she goes to - HH she puts up.

- G.W.M.H.

Coroner - elderly people's conditions change regularly.

①

HH witness - could say she was mobile &amp; amovative.

- was eating/drinking well.

- GMC evidence - Police don't read US history of.

②

Beed &amp; Brewer - history of Ford's report

- there is a anti-psychotic injection

Haloperidol. by some legend with B.

GMC ~~can't~~ tried to place it on Beed &

Baldocino.

- Coroner's view is he read all the statements he wanted.

→ not important what was the man who was doing it.

③

Expert - only instructions are in Coroner's hands.

- only after death is re: death

- not seen Ford &amp; Lesley before deciding his conclusion.

- circulated to all parties except Lesley

④

Lesley - good witness ex nurse.

- recollection

- a bit better for us than others.

Telecon 30/10/12

- ④ Lebe - collected Death Certificate & didn't challenge that.
- doesn't have money on it again.
  - Coroner's witness.
  - may be our best witness

3/1/12

Performance Evaluation

Pre- Inquest Review

2 applications - set out in letter.

①

HIM without statements. - In order to get from GML - ~~HM~~ <sup>Mr. James Mann</sup>

- Police won't give disclosure but no objection to GML disclosure

→ need disclosure

②

Ex - re Nurse Baines & Nurse Baldridge

- is obj of the Hospital Trust.

- could it be shown.

Verbal in writing - then is 'B' in a drug ending or a drug entry.

③

- Order of witnesses - exp 12/m/12

④

- Form report to be sent in letter.

21/10/12

Poronatty Civilised,

Con w Gaila M'Kenzie

Friend w Tony MP.

also Tony MP. (Auck Island)

Ben told - GR had - pneumonia

- Macrotoma (old by Mr Beel) - would die in 14  
 - Dementia. - amblyopia.  
 - referred to it on 17

Didn't know about death until letter from Poronatty Health Authority  
 22/9/98

Ben raised complaint w Authority in August.

GMC - never saw a canvas splint.

have to ask Leslie if it was on

↳ behind out GR.

- JB's QC @ GMC said - something must have happened to  
 injure GR in ambulance.

- she - was talking to us when she got out.

- said this is some fix adventure

↳ reference to an old story.

⇒ not in the last stages of dementia.

- GR was complaining about how the nurses were leaning  
 under the beds.

- it is final stages of dementia.

When ~~was~~ dialysis w/ Hospital?

MEDIA - Dealing with Dominic Blake @ Radio Solent (BBC)

- BBC TV - David Fenton - (ill mannered)

- ITV - Middlesbrough - did an interview.

- Andrew Pate - ITV Southampton.

- Portsmouth news. - Friga Murray

- John Wake - My life is - 'This is the last chance to get to the top.'

- 105 - going to carry on. - Terri Sudd

- article after GML hearing - covering Prof Unwin.

cont II

- HH statements.

(These are statements from ambulance persons)  
not mentioned at GMC hearing.

↳ from nursing staff.



### Case III

- First HH -> GWMH - Call my mobile.

back to HH for Fri-Mon

Second " "

- OK in a way as she was on a stretcher.

- Was in the hospital to give pain relief.

we say she needed to be cared for by GWMH for 2-4 weeks.

### ① Master Nursing Staff.

- Taken by Ray Gort

- Statement with

- Release - can show how mobile she was on the left.

-

-

- Admissibility.

### ② Statement of Mark Brewer.

Referred to in Prof's Gregory's report

GMC has it.

Hospital authorities have it and are refusing to disclose it.

Can the disclosure be ordered.

Prof. Brewer's report (17/12)

Case IV

Challenged PB  
Beed on description.

I said not description

He gave me an injection.

Not written up in file that inj given - 17<sup>th</sup> on 2<sup>nd</sup> return to  
Geospitz.

JB - didn't get in until 1515 to assess GR for x-ray.

- agreed x-ray & PB came in to give her a little  
'booster'

so I signed it as not description.

Went to x-ray - LOB not let in.

Dr. Pikes - (Wanda Pikes) referred to as 'X'.

- gave dr. in camera in camera.

~~Wanda Pikes~~ LOB said HM was her back.

JB - said 'she's my patient. I'll decide what will happen  
to her. We will hold a case meeting @ 0900 to  
decide what we are going to do.

- further she had been questioned.

I stayed in hospital

GM's son came down - GM still in GH

GH - file says GR given description @ 2030 hrs

GM's name - she was not  
17<sup>th</sup>

Son came in to GH to pick me up.

- wanted to see a doctor

PB - mother has a 'massive haematoma'.

GM asked - was that just a bruise.



21/10/12

MH... - should be of Acetylcholinesterase significance.

→ nothing could be done.

- now seems to be around H<sub>2</sub> rather than a cerebral neurotransmitter.

How do we know he's getting to surgical side? ★

- shouldn't tell you (3W)

- seems to be a reason not to give further treatment.

no record of that.

PB told GMEK dis.

- mentioned by JB - in a statement by solicitor

Days - why did she have - Medazolam

- Diamorphine

- Haloperidol

- Hyoscine.

After X-ray never opened her eyes again for next 4 days.

GME - Bulbocade - myker broder

- o: pencil.

- 'not returned'

Burton's original notes - submitted April 00

left 4 notes later

- ↓ discrepancies on notes.

Forrest - categorised the cases for police.

Ferner - said he'd been involved.

- hadn't seen some statements before.

- instructions only include coroners disclosure.

Foster's Report

Depth - even drive due to dehydrochlorination

due to our relaxing

due to drag does being totally inappropriate.

Also say - My site just went to GH on 11<sup>th</sup>

analysis of samples from within in from my

also inappropriate.

Discussed with from HH mentioned co-codamol 9. PPM

To 10/8 " " - hyper up on evening of 10. for day 6

GH on 11.

- fully weight bearing & mobile.

- co-codamol if required.

Why are his dis-regarded? - hyper for many half a decade already.

Discussed with on 17/8 - return to GH for 2<sup>nd</sup> time

- mobile

- consent's print in & in site for 4 weeks

- fully weight bearing.

His Operator - (not with me)

from 98 - 'mug

199 - copy

101 - in my car with the copy.

~~from~~

Note PD gave 2 injections

103 - when they put ketamine in her from

105 - she was sedated when she went to X-ray on 17/8/8

she now opens her eyes again.

107 - on medication - don't die till Friday.

108 - Mykzolan, Anapril & Ingestin ~~and~~



3/1/12

CON

she was unconscious from stroke she came out of x-ray.

She never opened her eyes or right at 17

from here is x-ray at 1530 on 17/8

GM was there until 2330 - 0000.

she was not given anaesthetics.

she was not given morphine 2, uncontrolled death.

Agree with conclusion

From my point of view she didn't need this level of ~~sedation~~ morphine.

### RESPONSE TO PROF BLACK By PROF FERNER,

para - 2 - describe - where does this come from

3 - she was already on haloperidol & lorazepam c. Jan 98

- depressed as she missed xmas 97. w/family.

6 - it fell up on 13<sup>th</sup> - day had she ~~been~~<sup>never</sup> been walked up on 11<sup>th</sup>.

11 - clearly is that she arrived at GH.

13 - if she was in pain @ 1330 when she was on floor.

why did it take until 1930 to discover she'd broken her hip.

Nurse telephoned Dr Briggs who said just keep her sedated overnight.

↓

↳ partner in JB's surgery. on 13/8

where nurse

14 - she was painful ~~before~~ from the x-ray taken on 17.

It was later too grateful that these patients need going to die.

Betty Woodard - ~~staff~~ RCM rep  
- Southern Health

Chris Greenleaf - lawyer from RCM  
Ian Barker - Dr B's sol.

PORTS ROUTE

GUIDE HALL

3/10/12

- 1) underpinned co-investment with bill

LOB

analytical leader - 2 team equivalents -

been key in setting port

too big on increase / post-increase

### PRE REQUEST REVIEW

31/10/12

Case - after the doctor

- she died in 1998 and producer born in 98

producer took view not to look at it

I look went ~~there was a number of factors~~

I need to look at from Mrs R day

invest will not include why

front is concentrate on - she's broken for hip, repairs, damages, repairs

- prime here seems investment up to their point

appropriate



is her death due to original bill or whether investment after 18/8

significantly invested her death

Being decision taken prior to her return to Dr H. Bennett

-> only witnesses who can tell me what happened

after she arrived

LOB - summary

Case - not possible

- invest point would be 11/8

LOB - difficult to understand that says from 11 - 12/8 He told on the way

when invest at drugs she was being very highly relevant



2/10/2  
PRK

PIR II

Cor would need to report - days of scope of injury

- what HH clinically affected.

She did not go to GP or to Physio for treatment & exercises

LOA - given a lot

Cor - can you get JB about background to decision on 11.

- As far as she could be she was doing okay at HH.

LOA - 11-21 is vitally important.

- on 11 I asked nurse for pain relief for her.

- I didn't know she was injured.

Cor - looks like

- we can get JB about decision on 11/8/98

until she got back to HH for

LOA - she wasn't hurt.

Hesitant to respond not appropriate for discussion.

side effects of drugs.

Hesitant to respond, Designer - falls.

3/10/12

PIR II

Cor - my great difficulty is 'no post-mortem'.  
 - as regards physical state ~~is~~ - it is unknown to me.  
 - ~~upset~~ ~~trans~~

LOB - opines affected her enough for her to fall.  
 - remarkable recovery in H.  
 Fell again at G.

Prop's B & F are important evidence.  
 - must rely on expert's ~~own~~ evidence.

GMK - have you considered why she fell in nursing home.

Cor - Don disagree  
 - accept initial decision on 11/8 by JB.  
 - situation where return from HM on 17/8  
 what happens after that - that she was given 4 days.  
 are  
 - will hear from LOB & GMK.

C.Q: Was pain relief from 17 caused her to die?  
~~Cor~~  
 - you can tell me whatever you like.

GMK - expertness of <sup>is good of</sup> is opinion.

(- need to consider this re: Cor's she was discharged.

Starting pt - JB's decision on 11/8  
 state she was discharged in - discharge letter from why  
 consider... LOB.

If there is anything further, I will find out what I can.

PICR IV

- Dr Roberts
- Dr Lord - never met my Mum (LOB)
- Prof Bea
- May Gordon
- Zigu
- Paul
- GMK
- LOB
- Prof Blach
- Prof Fover
- No other spot.

Only to consider the possibility of a mobile division

Start of December still on.

Great pity it won't start with in 1998.

(Dr - will circulate statements to everybody. Hopefully before meeting.

Value - Council checks at P Goldwell.

- Mark Rice is a money loop.

Cor - Nursing notes & drugs charts - 17/8.

- effects of my previous papers would now off by 17.

→ Q: is my thing really changed from 17/8.

- it will depend on relevance of a matter / allow them to act.

I will be looking in more papers with the boards of what I want to do at end.

Sol h 36 - I may need to get a lot of nurses before

3/10/12

PIR U

Cor - Delay is the biggest problem.  
- It may be somewhat imperfect.

12/12/12 - expect evidence delay.

Expect 2 weeks or more.

- Agenda <sup>1</sup> - update on proposed venue/facilities
- <sup>2</sup> - Meeting date
- <sup>3</sup> - Estimated length of Meeting - 2 weeks

Done City Council Chamber. Several thousand people.  
 - Meeting last Friday

<sup>4</sup> Barry?

<sup>5</sup> - Final witness list.

<sup>6</sup> - AOB

Gardner

## Pre Inquest Review (No 3)

12/12/12

G MCM email to SW 22/11/12

- 1 - parts of Hester file referring to Mrs Reddy refers to Gabe Hester & me saying No and resulted in Paul being called in to advise 2-4 weeks at Gosport to give Lesley & I time to find an alternative Nursing home.
- 2 - Hester Staff statements
- 3 - Exhibits signed by me as part of my statement.
- 4 - Brewis statement - referred to by Lesley & Paul - seen by GMC
- 5 - Definitely a jury
- 6 - Mrs Hester seen the Hester file - she has a duty to investigate not hear the written evidence
- 7 - H. should remember to ask for a public inquiry last year.
- 8 - Rob - I am likely to mention case in my evidence will be expected. Nobody should be under any illusions.

Re - Tuesday 4/4/12



25/4/12.

12/12/12

GM - not able to attend.

Erry - re- s.8(4).

- Mr Jenkins - very public hearing ventilated previously, no issues involved.
- GMC considered to public Mrs Richards death.

- Mr - \_\_\_\_\_ - no objection - just re costs.
- Ms Myners - willing jury cost added.
- Mrs O'Brien - doesn't need extra money.

- Rejected - will be co-ordinated. can do it on his own.

length of time - week & a half.

8-13 April.

weeks beginning 8 / 4 / 13 15 / 4 / 13
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WITNESS LIST.

Trying to trace Maxton - Fletchworth. - MOD cost kind too  
 → rule 37.

- Dr Althea Lord - lives in NZ  
 → rule 37.

to give ev. via videolink @ GMC.

possibly in CC? - no - Council chamber.  
 → rule 37.

We are to Morse Brewer - GMC - she has long term illness

→ no involvement



12/12/12

Scope is from 11<sup>th</sup>.  
She had some involvement.

Final decision on Nurse Brewer later.

Dr. Reed - only visited on 3/8/98

- just for completeness

- gives me a picture of Mrs. Richards - state of health at ~~that time~~ <sup>starting pt.</sup>

- date of w.

G.M.K. - Nurse Brewer - administered Metoprolol.

- Dr. Lad & Bata were on hand on line.

Nurse Brewer would come in under rule 37 if too ill.

Hosler staff stated - may matter was rather near death when she was taken into hospital.

(- Mrs's may be will hear from Dr. Reed.

G.M. - ~~was~~ I was there when ~~we~~ <sup>Dr. Reed</sup> assessed her.

- why is so much consideration given to ~~prob~~ <sup>prob</sup> of hospital file ???

- suggest says she was referred to accident team that week

- want Mirko files to be met.

(- need to talk about case - SW & SM.

- needs 8 & 15 April 2012.

- need to see if I can get Carol Chamber

## AOB

- G.M. at last hearing said not on Art 2 request.

- UK signed up to ECHR in 1951, including Art 2.

Only 1966 it was agreed UK citizens could go to Strasbourg

- M.O.J - Barry Amos in Governor's dept didn't know about it

Article 2

13/12/12

C - speak to SM. about law.

ADB - C - can make a written submission to Coroner.

Ask C - to set out limits of CS investigation.

C - I will write to you.

GrMC - can be personally relevant to Ms Brewer.

- want a clear picture of why events on 13/12/12 are w/in the scope of SA  
enquired.

SM to send schedule of dates listed in GPs' statements to  
everyone.

- 8 & 15/4/13.
- Schedule from SM.
- Article 2 submissions in writing.
- C set out parameters of Inq<sup>+</sup>
- or over on Alex Brewer health.

HP - Mrs connection w/ M<sup>o</sup>S.

- confirming why difference.

12/12/12

Schedule of Exhibits referred to in GMP section.

p. 4 - She was happy eating vegetables. - R.H. Hasler MD records (AF/A/C/63)  
p. 5 - WJ explained due to fall at GMP (AF/1/C/34)

Q for John

- Recommendations? r43.
- Timetable? - am →
- Documents at the end - confidential work?
- ~~Website~~ website?

2<sup>nd</sup> opinion

Health certificate

8/4/13

Tel Co w Prof Fennel

Borden, Head of Dept.

Evidence she should have seen at the time?

Should we have considered possibility of recovery after with re-assembly  
Hoping for notes to confirm details?

How do you consider recovery on re-assembly in HH.

para 83 - 'negative maintenance' would have been a ~~recovery~~ - very, very  
para 85 - unclear from records why it was thought air was drying.

No record of any change in her condition, after the Mill is great para.

- should discuss with them repara for transfer to Pauline's care

- ~~could you~~ No reason to write to SC para 87

should such a reason be noted?

- No intention of re-assessing effects of demerol

Should it be re-assessed?

As a matter of course?

How often?

Is it dangerous not to?

Doesn't know that? / ought to know it?

How would a re-assessment take place?

para 89 - effective drinking at the dose. from example -> demerol.

- should not be an explanation for this?

- a para

Would you expect evidence?

8/4/13

Telecon

Tele (01)

Syringe driver

- decision on its use? - How appropriate.

Swallowing, would you expect someone to not be able to swallow a ~~tablet~~ <sup>swallowable</sup> tablet?

- is this central to justification to have a derivative?
- without swallowing ability.

- is there any other justification for such a name.

~~Haloperidol~~ ( Drugs cause drowsiness → could take drugs too much.  
 - regulatory decision  
 → lead to safety issue. )

If she was able to swallow - no drowsiness. necessary.

- reasonable professional standard for Dr to ensure she was unable to swallow before doing so? <sup>considering it</sup>
- & note it down. <sup>it would explain confusion</sup>
- Is it a size you can not for drowsiness? <sup>different to see any change</sup>

Consider with doubling dose?

Second opinion? re syringe driver

Supplementary report?

para 5 - is there any significance to these changes?

8/4/13

Telecon

Why is prescribing PRN - highly suboptimal?

para 12

Why is it not negligent?

Tom & Prof Blum agree no justification for prescribing low dose oral morphine & high dose transdermal on 11/8/98. para 11.

→ no indication?

→ negligent (para 13)

How much would prescribing on 11/8/98 ~~mean anything~~ put them in a position of *depressing* ~~depressing~~ *dangerous*?

Re report of Prof Blum

4.6 - Do you think prof Blum's proposed course of action is better?  
Is it obvious.

4.10 - seems a suggest 50% increase would be sufficient - do you agree?

Q: Prof Buckley

[7.11.1

- Neither Midazolam or Haloperidol is licensed for subcutaneous administration  
Is this right?  
except in cancer care

Agree ✓/ 7.10.1

8.10

8.11

<sup>POB</sup>  
~~STAN~~ ①

- para 2-31 -

was duty of care adequately met?

- inadequate monitoring

- prescription of disordered Acidazolam & Propranolol was extremely hazardous

POB

~~STAN~~ ② - paragraph 23

Dr JB para 6

provided an adequate assessment of patient's condition based on the history and clinical findings and including what necessary an appropriate examination.

- does not have adequate contemporaneous records.

propose why the treatment drugs or options that serve patients' needs



1/10  
9/4/13

### XRC of WM

Other notes

History - Quality of care.

- when taken off Tra today
- how did she respond
- how much could she eat
- how well could she recognize you!

Gold Mt. - how did you react to mother's first fall,  
 - call of my doctor - into lift

Return to MH. How was your mother.

Second admission to GWMM. What time did you arrive 1030 1:4  
 when did she arrive. c 12:00  
~~at~~ when did you come back 12:15  
 Notice anything. (memory)

What did you do:

- met care assistant
- met goddess -- she went out.

Patient had neck & de us in awkward position.

met a nurse (Margaret)  
 repositioned leg w/lt

~~when did you take her for second~~

X-ray

- not allowed in.

XIC II of WM

Told + Maematoma. - not liberation.

PKly Bell - disordered.

1:6.

WM - are we taking Aort Extension?

Spoke to JB - <sup>PL sent -</sup> HM happy to see the  
JB - OK enough home.

Tuesday AM

- PB saw nurse Maematoma.

Some Maematoma?

Syringe Order (SD) only news of Leaky Ar.

Did the nurse - PL?

- other forms of treatment.
- re-assessing it.
- gradual drainage?

Both agreed to SD being used. Having implications

PB explained.

JB said - chest infection - next thing to expect.

1:7

Any further consult - JB

Did JB discuss other treatments?

general anaesthetic

surgery to relieve Maematoma.

What did she say about decision to use the PL?

Many.

XIC III

Tuesday stayed late 1-7

Wednesday - how late did you stay?

Nurses?

Sue - care or stayed late

as she probably only left in town or so.

Mother lasted 30 days.

- must have a nurse.

with regular change of linens etc.

~~Sister~~ Were any other made? - Sister.

- when?

- accept their content?

Describe mother's dementia?

How did it manifest itself?

How did it compare to signs of pt.?

How could you tell the difference?

Can you describe - GR's hearing?

<sup>was</sup>  
- Fully at noisy hour

- Alzheimer's?

Representative JB Mr Johns - JB

- GM - Ne & JW
- LL - Peter Birmingham M<sup>c</sup>Murice Friend
- PCT - ? Mr Boyle
- Nursing Unit - ? Chris Green.
- MDU? - Ian Barker.

Postman Hospital NHS Trust - Stuart Mackay

PLS - GM -

Pre-Inquest briefing

INQUEST

opened some days ago

LT & GM - explain power

Written evidence under rule 37

Dr LORD

Edmondson

Ms. Rafter

Order of proceedings - GM & ~~LL~~ LL.

was Dr. Reid  
Prof Evans  
Paul Williams  
1100 on Day.

11812 BFE0 court minutes & JAC

1586 - BACON

17 - BLACK

18819 -

GM to read statement made to Police.

GM had no hearing.

9/4/13

## Supplementary QIC

Open discharge from HM - can you describe mother's condition? in more detail.

Describe mother leaving  
Generally. Describe Demencia

- How did it manifest itself
- How did it differentiate itself from expressions of pain
- How would you tell the difference
- How do you respond to suggestions she had Alzheimer's

Q: DID YOU SEE MAEMATOMA <sup>WHEN</sup> ~~AWAY~~ LESLEY LAY AT YOUR MOTHER.

What were you told about the decision to move to PC?

How clearly was it explained to you.

- That she would die?

Do

- What that decision was based on?

Were you consulted about move to dementia.

- informed of the significant increase in dose.

## Coroner Q on XIC

GM - statement made in 00

- I have to admit I have left a great deal to my sister  
Comments I have made are based on my experience at R. Morden
- I hadn't seen any papers until '99 when NCI But brought back my att<sup>n</sup>.
- I spent a bit of time in another hospital.  
Since then I have researched in a lot.
- I was not allowed to add to statement.

CX - would you prefer LL to be asked Q re: GR's health.

- I would prefer Q be asked to G.
- G's <sup>GHT</sup> Health - 3-4 yrs.  
- went in for
- G.R. lived in Richmond near LL.

- moved to Cornwall

- " " - Basingstoke.

- ⊗ G's health confidence in herself, can't remember exact date
- It was agreed she could go into sheltered housing.
  - Moved her into nursing home sister was coming.
  - Transferred to GHT.

- What was her state of health when first moved to GHT?

She was happy

What was her mobility like at that time. - she could walk around

Sister didn't have her on xmas day. - she ate a bit of cranberry sauce.

I looked into side effects of drugs - knew particular drugs lead to suicide.

I was not at all happy & went down to see her at

I sent Dr. a Book - toxic psych drugs.

GHT did not visit GP for drugs, rather less than other nursing homes.

Partner died during GHT

⇒ New book

~~M~~



To do list.

- ~~Document Audit~~
- Chronology.
- Read reports - cross-ref every day.

Questions on Inq's.

Bad Character?

XX at coroner's witness?

Alleging unlawful killing.

Documents withheld.

Risk over rec-d lack S:15

rad - AS - indicates

Archbold - Gross Neg MS 19-109

- Learning

- ~~Wessex~~ ~~protocol~~

- ~~Admission~~

- GM, LL, GMC

Wharfedale - Wessex Protocol - verbal scale of analgesia.

Drugs - Oramorph

- Haloperidol

- Trazodone

- diamorphine

- Hyoscine

- Midazolam

- Haloperidol

- "anxiolytic" - (Midazolam)

- Hyoscine - spelling, Lord 10:41

18/4/11 - IIII } (BULLP)  
19/4/11 - IIII }  
2/5/11 - III }  
30/5/11 - IIII  
22/1/11 - I

ingest lauses

12/5/11 PIR 1 Portsmouth Guildhall

31/10/12 PIR 2 Portsmouth Guildhall

12/12/12 PIR 3 Portsmouth Guildhall

8/4/13 Telecom Jew Prof F (M<sup>c</sup>F 3M 200M)

1/4/13 INVEST Portsmouth Guildhall