KBH000077-0001

### RESTRICTED

Form MG11(T)

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### WITNESS STATEMENT

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

Statement of: WILSON, NEIL HUNTINGDON

Age if under 18: OVER 18 (if over 18 insent 'over 18') Occupation: RETIRED SERVICES

This statement (consisting of 10 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed:	NWILSON	Date: 13/	/04/2004	
I am the	above named person and	I live at the address over	leaf. I make this st	atement in relation
to Rober	t Caldwell WILSON wh	no was born on the	Code A	and_died on
18 <sup>th</sup> Octo	ber 1998 (18/10/1998).	Although not my biolog	gical father Robert	WILSON was my
dad and s	omeone I will always see	in that light.		

Dad was born in Glasgow, he was one of several children, I don't know the exact number. I never met my grandparents and I don't know how old they were when they died or how. I did meet Aunt Maisy, dad's sister but I think most his siblings had died by the time I would have been old enough to remember them. I am not aware of any illness within dad's side of the family.

was one of seven children born to dad and mum, Mollie WILSON. They are in order, Logan, Lesley, Keran, Iain, me, Tracey and David who was adopted. There was another son who died at childbirth.

As a young man dad joined the Royal Navy and saw active service in World War II. He served 22 years in the Navy, working as a deep sea diver. He left the Navy as a Petty Officer. Having left the Navy he worked for the Civil Service, as a milkman, a bus driver and inspector, he ran a fish and chip shop and finally re-qualified as a wood machinist. I would describe dad as a fit and active man, during his life.

Dad was quite a heavy smoker for most of his life, he started at the age of 11 and would smoke 80 a day. At the age of 66 dad just stopped smoking one New Years Eve. He did like a drink,

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he had started drinking at about the same age he started smoking. When he was drinking heavily it would be 10 pints a day, as he got older he would drink spirits. For the vast majority of his life he was an alcoholic, he was able to cope with it.

I think out of all the children I was one of the closest to dad. Mum and dad got divorced in the early 1980's and I joined the Army. I served with the Green Jackets, the Signals and Airbourne of which dad was very proud. In the mid 1980's dad remarried to a lady called Gillian. She was considerably younger than dad by about 30<sup>-</sup>years. Of all the children I was the only one dad told about the wedding. Although I was unable to go, this amongst other things has caused fallout within the family. We are not a family that has constant rows we just don't have a great deal to do with one another.

In about 1996 dad had his first stay in hospital. He had had a fall which I think was as a result of his drinking. He had hurt his shoulder and was admitted to the Queen Alexandra Hospital in Portsmouth. I saw dad in hospital and he was to remain in there for 3-4 weeks.

Whilst he was in hospital dad had treatment for his shoulder and was also put on a diet. Dad was about 5'7" tall but weighed 18 stone. Whilst he had been working dad had been a strong man but since he had stopped he had gone soft and spread out a bit.

Dad returned home to Sarisbury Green after he left hospital with his wife Gillian. Dad and Gillian got on well, the house was only three doors from the local club and dad seemed quite content with his lot. He was quite comfortable financially.

I would always see dad at weekends and speak to him during the week on the phone. I was having more contact with dad than the rest of the family.

In September 1998 Gillian was away on holiday leaving dad at home alone. I had tried to get hold of dad several times at home but had not been able to do so. In the end I phoned the social club and was told that dad had been taken to the Queen Alexandra (QA) Hospital, having had a fall. At this time no one else in the immediate family knew, things were left to me to sort out at

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the hospital. I think I told my mum who made sure everyone else knew.

When I got to the QA dad was on a ward, he had an injury to his right shoulder and hip from the fall. Although fed up he was quite lucid and able to hold a conversation. He was quite tired and fed up. Dad did not want to be in hospital for as long as he had been last time. He did not like the food and was not eating that much.

The doctors and nurses were being quite strict with him about his diet, dad clearly did not like being told what to do. He was moved to a quieter room towards the rear of the hospital, that was a mixed room. It was also a geriatric room, it was a good deal quieter.

Whilst he was at the QA dad was on very mild pain relief. I think he was on paracetomol but it almost had to be forced upon him. I could tell from visiting dad that he was in some pain and discomfort but it was not in anyway extreme.

Over the first few days, dad was quite down, he started making plans for his funeral stating what his wishes would be. Dad thought he had been put in the ward to die. However one of the nurses in charge started giving him some direction. She arranged physio and social support with regard to rest homes and rehabilitive care. Dad began to realise he would leave the QA and probably go into rehabilitive care somewhere prior to going home. Whilst in the QA there was talk about changing his front room at home so he didn't have to go up the stairs. I and the rest of the family saw some light at the end of the tunnel. I was fully expecting dad to go home at some stage in the future.

Whilst at the QA dad had several visits from a social worker and I also spoke with this person about the best options for dad. In the end it was decided that the best place for dad would be the Gosport War Memorial Hospital. It was quite close to his home, other family lived nearby and the plan was that this would be a stepping stone onto a nursing home.

I think it was Sunday 11<sup>th</sup> October 1998 (11/10/1998) when I last saw dad at the QA. It was the day before he was going to be moved to the GWMH. Dad was his normal old self he would do

Signed: N WILSON 2004(1)

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the crossword in the paper and crack the odd joke. He was still poorly from the fall and was not as mobile as he had been but generally he seemed well and happy.

I spoke with a male doctor who's name I don't know, the doctor said dad had had a shock from the fall and would need to make some life changes. He would need to continue losing the weight and come off the booze. The doctor said that another fall at his age with the weight could cause immense problems that could kill him. However there was an upside that if dad changed his ways the future was positive. Dad was moved by minibus to the GWMH on Monday 12<sup>th</sup>-October 1998 (12/10/1998). I went and saw him on the same evening. I do not know the name of the ward he was on, there were five or six other people in there. It was in the late afternoon when I got there and I was told dad was asleep, I went and saw him for a few seconds, I could see he was asleep so I left some bits and bobs at the end of the bed.

Later that evening I got a phone call from sister Tracey saying that someone had told Gill that dad wouldn't make it to the weekend. This came as quite a shock but to be honest I am not 100% trusting of Gill, she is an attention seeker and an alcoholic. Also dad had been so well the day before this reduced my fears. My daughter who was four months old had only been out of hospital a few days herself so I had a lot on my plate.

On Tuesday 13<sup>th</sup> October 1998 (13/10/1998) I went down to the GWMH. Dad was laid out on the bed, he was still in the ward but seemed totally out of it. I could hear his breathing was very laboured and he was gurgling. I have had quite-extensive first aid training in the Army and it sounded as if his lungs were filling up with fluid.

I asked a nurse who seemed to be in charge if I could speak with a doctor. The nurse told me that the doctor only came once a day and would not attend as the doctor had already spoken to Gill. I expressed my concerns about dads position and why he was on a general ward.

The nurse told me he was being cared for and was on pain relief. I thought this was odd because dad had been on minimal and manual pain relief whilst at the QA. The nurse explained that dad was on pain relief to make him more comfortable. She did not tell me what he was on,

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but it was being administered by some sort of a drip.

I was not happy with what I was being told, I made my feelings clear to the staff. Iain was also at the hospital he was clearly upset. I then spoke to another female nurse who seemed to be inoverall charge. I think she was either a South African or a Kiwi, I asked her what was happening. She replied "His kidneys and liver are not functioning properly". I said "It sounds as if he is drowning from the back fill of fluid". She said "That's right but he his being treated for it". I asked why he wasn't on a lung drain and if his liver and kidneys aren't working why was he on medication that was sending him into a coma. The nurse said I would have to take "anat up with the doctor. I knew the doctor was a lady and she was local but I don't know her name nor did I ever meet despite several attempts over the following days.

The nurse told me that dad didn't have long to go, she was kind in the way she did this and said dad would be put in a private room. At this stage I began to accept that dad did not have long left. I phoned some of the family to tell them. I also phoned my sister Lesley in America so she could come over and see him.

I wanted some time alone and I went home. I went to the hospital on the Wednesday 14/10/98 (14/10/1998), I had hoped to see the doctor but she had already gone. Dad was now in a private rom, I spent some time with him but there was not a lot I could do. Dad did not respond to anything I said or did. Iain was spending quite a lot of time with him so I left them to it.

Over the next few days all the family went and saw dad at the hospital. The nurses were speaking to Gill as his next of kin, which left the rest of us in the dark. Gill was drinking heavily through this period and was unable to communicate between us and the nurses. By the evening of the 15/10/98 (15/10/1998) no one expected dad to live beyond the weekend. It was as if the nurses had made this decision.

Dad did not change much until the Saturday 17/10/98 (17/10/1998) I had gone to the airport to collect Lesley from America. On the way back Gill phoned and said dad wouldn't last much longer. I got to the GWMH as fast as I could, arriving at about lunchtime. Most of the family

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were there, we all stayed until the evening at which point Lesley said for us to go. She would call if things changed. Although dad was still in a coma, it appeared to all of us that he knew Lesley had arrived.

Having gone home in the evening I got a phone call in the early hours of the 18/10/98 (18/10/1998) from Tracey to say that dad had died. I went to the GWMH, I think all of the family were there.

Lesley was dealing with the nursing staff, she told me that her and Keran had been asked to leave the room and upon their return they had been told he had died.

I dealt with the registration of the death, the cause of death has shown as renal failure, I don't recall who signed the death certificate. I also arranged dad's funeral. Dad was cremated at Portchester in accordance with his wishes.

In relation to dad's death I would like to know:

1. If he was as ill as they said at the GWMH, why was he moved from the QA?

2. Why did they allow him to leave the QA if indeed he was that ill?

<sup>3</sup> What pain relief was he on at the GWMH, why was he on it and what effect did it have?

4. Why was he not being treated for the renal problems that they say he died of?

5. When it was brought to their attention why was he not being treated for his chest and lung problems?

6. The nurses were aware of his lung problem then why was he on sedatory pain relief?

7. Why was the family not informed more fully of dad's condition?

8. Why when dad-was given pain relief were family members asked to leave the room?