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The Truth Behind The NHS

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The Forgotten Grave



Updated Monday, 19/02/2007

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## THE MYSTERIOUS DEATH OF RALPH WINSTANLEY

By Charlotte Peters Rock

*The tale we are about to present to you is an interesting one. NHS Exposed has a copy of the medical records which have been summarised below. It is a mystery that appears to have been solved by Ms Peters Rock. When no one in the authorities listened, Ms Peters turned detective and went through his record. Here, she tells us what she discovered. Ms Peters Rock is an extremely intelligent lady who presented her case succinctly. The material below is evidence-based as listed on her own website.*

*The story surrounds a wealthy man with a flamboyant personality who was strangely considered as "terminally ill". There is often a misconception of the types of leukaemia - not all people die of leukaemia as we will show.*

*One of the causes of death for Ralph Winstanley is cited as "bronchopneumonia". There is no record of any efforts to treat Ralph Winstanley with antibiotics a few weeks prior to his death. This, we believe, may have been more effective than the massive concoction of drugs injected through a syringe driver. It also may have been prudent for the doctors to check the diagnosis before leaping in with a syringe driver.*

*Information on Diamorphine can be found [here](#). Diamorphine is well known to decrease respiratory drive in chest infections etc. When reading this article, the audience should consider the impact of his drug (and others) on a man who was already suffering from an infection. The infection remained untreated in April 2004.*

*Ralph Winstanley died, but to date no one has clarified what he was dying of. The evidence from the medical records show that he was not terminally ill.*

*NHS Exposed sought to interview the Primary Care Trust, and their solicitors, Beachcroft LLP, but so far no comment or clarification has been made. Readers may wish to make their relative assumptions on this issue. The article below can be read in conjunction with the following websites:*

[NHS Exposed Blog](#) - Live and Let Die details the risks of voluntary and involuntary euthanasia.

[Ralph Winstanley of Wath Blog](#) - Excellent and detailed site.

## Ralph Winstanley - THE MAN BEHIND THE MYTH



Ralph Winstanley was born to a West Riding mining family, on 25th January 1921. He was the last of four children.

At 21 years old he married in Birmingham, during the Second World War. With their first son and daughter, he and his wife moved to Holyhead, where they had another son and daughter. In 1956 - with their four children - they moved back to Ralph's hometown of Wath-upon-Dearne, in South Yorkshire.

As first, one son and then the other left school. They subsequently worked with their father. Between them they set up an engineering business. It was hard, dirty work but inventions were patented. With hard work they made the firm relatively rich.

Ralph's overriding ambition was his social life, which included many women. He joined the Hunt, vanishing for several days a week, leaving his sons to run the business.

His wife divorced him in 1975. He had already moved to Doncaster with a woman from the Hunt. Nina Clayton left her husband for Ralph, but she always kept her first husband's name, even after marrying Ralph in 1987.

She drove wedges between Ralph and his sons. Ralph either couldn't or wouldn't stop

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her.

When he unexpectedly sold the family firm in 1987, his elder son, also Ralph – who had originally helped to build up the business, was completely left out of the reckoning. Younger son, Richard, having had sole day-to-day running of the business for some time, but being unused to the ways of accountants was left well short of the money, which he had earned. His father promised that he would inherit the rest.

Ralph remarried in Antigua, then moved - as a tax exile - to the house he had already bought in Tenerife, taking around £2 million from the sale of the firm. It was a curious exile, since he still spent a good deal of his time in England. His 'wife' never officially left England.

By this time he had regular contact with only one of his children. His younger daughter, Linda and her family, stayed with him in Tenerife and saw him when he was in England. His elder daughter - never having seen eye-to-eye with him - saw him rarely. However, they didn't fall out; they just went their separate ways.

### Becoming ill

In 1998, Linda heard that her father had chronic [lymphocytic leukaemia](#). The condition is described [here](#).

*"Chronic lymphocytic leukaemia is a cancer of the lymphocytes. It is the most common type of leukaemia. Chronic lymphocytic leukaemia mainly affects people over 60. It is rare in people under the age of 40.*

*Blood cells are normally produced in a controlled way, but in leukaemia the process gets out of control. The lymphocytes multiply too quickly and live too long, so there are too many of them circulating in the blood. These leukaemic lymphocytes look normal, but they are not fully developed and do not work properly. Over a period of time the abnormal cells replace the normal white cells, red cells and platelets in the bone marrow.*

*The condition usually develops very slowly and many people with chronic lymphocytic leukaemia do not need treatment for months or years. Some people need to have treatment straight away"*

In addition, this [link](#) is also useful.

However, he did not seem to be ill with it. He had no need for any treatment for the first 14 months. Following that he was first given Chlorambucil tablets and then Fludarabine tablets as and when he needed them. They were taken over 7 days or 5 days. He never needed more complex treatment. The conclusion is this - he was **not dying** from this condition.

### 2004 – pre 11th April

**Editor's comment:** From a medical point of view I wish to make the following summary to assist Ms Peters Rock. This is simply a series of observations and not an expert opinion.

Mr Winstanley's problems commenced on the 2nd March 2004. The xray report was as follows. *"There is consolidation and atelectasis at the left base with blunting of the left costophrenic angle-? small effusion. Lungs otherwise clear. Appearances most likely to represent infection and possibly infarction. Recommend treatment with a course of antibiotics with a follow up film in 6 weeks".* There had been no repeat chest xray. Antibiotics were given for a few days but the recurrence of the infection was never checked. On the 14/4/04 the GP records "fine crepitations, bilaterally dull on percussion both bases". In untreated infections in the elderly involving the chest, mild heart failure can sometimes occur therefore Mr Winstanley may have continued to have an underlying infection. Clinically, the treatment for this is antibiotics. Once the infection has been treated the heart failure may resolve. To put this more simply, the heart has to work harder when there is a chest infection - this causes a faster heart rate and increased demands. page 604 of the Oxford Handbook of Medicine states (2) One of the complications is infection - bacterial ( mostly respiratory tract).

The salient features here are as follows :

1. One of the causes of death was bronchopneumonia (Forensic Pathology Report).
2. Secondly, why was he not admitted into hospital for a haematology review and subsequent management?
3. Why was he not treated with IV antibiotics or even oral antibiotics for the second time in April 2004 when he showed signs of a recurrence of the infection and he was a patient that was at high risk of contracting an infection. We though know now he must have had the infection as the [pathology report](#) tells us so.
4. If he had been treated with antibiotics or had a urgent haematology review, would he

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have survived?

5. If we postulate that Mr Winstanley had bronchopneumonia then what would the effect of drugs known to decrease the respiratory drive have on this elderly man and his respiratory function? The drugs are Diamorphine + Haloperidol + Midazolam - all would have a collective impact of ensuring his respiratory function deteriorated. The net effect would have been death.

On 9th March 2004, Nina Clayton, his second wife, and her younger daughter Rosemary Cheesman, rang Linda to tell her that her father was dying. They wept on the telephone. In distress, Linda rang her sister, Charlotte who rang Nina for confirmation. Nina repeated the story, again weeping down the phone.

Linda went to see her father, and found him well, as he usually was. She did not bring up the information that she had been told he was dying. She discussed it with Charlotte. They were both aware that he had always been frightened of illness, so Linda said she would see whether he brought up the subject of his death. He didn't.

They agreed that Linda would keep an eye on her father, but dismissed Nina's claim that he was dying. Nina had constantly 'bailed' Linda, over all the years she had lived with Ralph. Linda always fought back, because he was her father, and she wasn't going to be driven away from him.

Linda saw her father even more regularly after that. Charlotte called to see him on Mother's Day, (Sunday 21st March 2004), on her way back from seeing her mother.

He looked OK; though he was quite thin. He was 83 years old. For his age, he was very agile, looking far younger than his years. His back was still very straight and he got into and out of his chair with no difficulties. He walked without a stick. His conversation was a bit limited but he and Charlotte had always found conversation difficult, so she thought no more about it.

#### April 2004

**Sunday 11th April 2004** - Linda's birthday - Charlotte was in Yorkshire, to see Linda. She waited at their mother's house.

Ralph had telephoned Linda at 7.30am. He wanted to know when she would be coming to see him. Linda was concerned, so she got dressed and reached him by 9am. They had arranged to go out to lunch for her birthday. Nina Clayton was not there. She had left at 6am and would not return until around 6pm.

Linda spent the morning with him. He seemed fine. At mid-day they went out to lunch. He ate well. Linda drove him home and stayed with him until around 3pm. Then she drove to her mother's, spending a couple of hours with her mother and sister before going home to get the evening meal.

At 6pm, Nina rang Linda, stating that her father had been rushed into hospital dying and on oxygen. Very distressed, Linda rang her mother's and spoke to Charlotte, who picked her up. They arrived at Doncaster Royal Infirmary by 7pm - about half an hour after their father.

Ralph was sitting upright on a hospital trolley, looking confused. There was no sign of distress - or of any oxygen. He kept stating that he wanted to go home. He tried - several times - to climb off the hospital trolley, but was persuaded to be patient. He didn't seem to know why he was there. Three hours after he arrived, he was discharged.

Ambulance and A&E records, gained after his death, showed that:

- A) the person who called the ambulance service from the telephone at his home, claimed that he was 'quite ill' and that he had chest pains for two days.
- B) A note was also made on the Patient Report Form, which travelled with the patient to A&E, 'Terminal Ca. Patient unaware'.
- C) His heart was checked by the First Responder - who found nothing of significance.
- D) At no time did anyone either from the Ambulance Service or at A&E note that the patient was seen to have any pain.
- E) It was noted that the patient 'appears confused'.
- F) It was also noted that the patient was accompanied to A&E by his 'wife' - who must have been the person who told the Ambulance staff that he had: 'Terminal Ca. Patient unaware', since the patient himself 'appears confused'.

Records show that the only treatment he received was one Paracetamol and two cups of tea for the relatives.

Ralph's concerned daughters were not allowed to drive him home. Instead Nina Clayton telephoned her daughter who arrived with her husband, (leaving both of their children in bed alone.)

**Already drugged for four days and nights before 18th April**

Medical records, acquired since Ralph died, make clear that the reason why Ralph did not protest and stop the nurses from giving him numerous unnecessary injections and attaching first one then a second syringe driver to him, was because **he had already been drugged for four days and nights before that time.**

**14th April 2004**

His GP Medical Record shows that, for no better reason than that he was 'breathless' and had been rushed to hospital by ambulance at the weekend, **where nothing was found to be wrong with him**, his own GP, Dr David J Brown, prescribed morphine-by-mouth (Oramorph). Medical Records show that Dr Brown was aware that Ralph was trying to recover from his chemotherapy, which had finished only three days previously. (It takes 40 days to recover from Fludarabine.)

Ralph had been given the oramorph, by Nina Clayton every 4 hours, for four days and nights before the on-call doctor service was called. So even though he was upright, walking and talking, he was effectively a 'pushover', when the nurses began to arrive and inject him.

**Sunday 18th April 2004 - 3am**

Linda was telephoned by Nina Clayton and told that her father was dying. When she arrived at Grange Farm, only one hour later, he was walking about the sitting room. He looked surprised to see her, saying,

*"Hello, what are you doing here?"*

She replied,

*"I just thought I'd come and see you Dad."*

He seemed to accept that with no difficulty. Linda spent several hours talking to him and feeling increasingly desperate at the thought that her father was dying. At 7am she rang and asked her sister, Charlotte, to come. Charlotte arrived at 9.30am, just after the first nurses had left.

It was for that reason that Charlotte spent most of the last 6 days and nights of his life with her father.

Linda was distraught. When she asked Charlotte to stay with her and father as he died, of course she went to be with her.

Even that first morning, things seemed to Charlotte, to be a bit odd. Her father didn't look as if he was dying but she had never been present at the death of a human being, even though she had seen a lot of animals die.

The two sisters learned, from the records, that the on-call doctor, Dr Kevin Michael Stewart Lee, of Danum Doctors Services Limited, never met the patient. They have a copy of a letter in which he states that. *He doesn't seem to have felt the need to check the patient's records before prescribing terminal care for the first time on the strength of one phone call from someone whom he knew was not medically trained.*

Dr Lee recorded on the Adastra call-out note for 0618 on Sunday 18Apr2004; **"Terminally ill, getting worse. Not mobile, stopped eating. Wife very concerned. Needing Help"**

He accepted Nina Ann Clayton's interpretation of Ralph Winstanley's condition, (06.18 on Sunday 18 Apr 2004), and sent nurses from the Community Intervention Team:

- 1) to inject the patient with Diamorphine and Haloperidol
- 2) set up the first syringe driver with Diamorphine and Haloperidol
- 3) **and then** to assess the patient

Later the same day, (18.37 on Sunday 18Apr2004), still without meeting the patient, following another phone call from the same woman, which stated "c/o started on syringe driver today. Agitated. Trying to pull catheter out". He also prescribed Midazolam by injection and by syringe driver - still without seeing the patient.

In his letter of 18th May 2004, Dr Lee describes what happened on the 18th April 2004.

**"I was on duty at DDS on 18th April 2004 when Mrs Winstanley (Nina Clayton) rang regarding her husband. The time was 06.18.**

**I replied at 06.40 & heard from Mrs Winstanley that her husband who was suffering from multiple terminal pathologies including chronic leukaemia, heart failure, stomach nodules and low protein had been seen the previous Friday by Dr David Brown his GP. Dr Brown had given Mr Winstanley a terminal prognosis & had commenced oramorph at a dose of 10mg/5mg 10ml every 4 hours, (120mg in**

24 hours).

**Mrs Winstanley reported that Mr Winstanley was distressed & had not slept well during the night. He was no longer mobile & he had stopped eating. She was concerned & was requesting help.**

**I suggested that as Mr Winstanley was having difficulty taking his medication orally then an equivalent dose could be given via syringe driver & that this could be arranged by Community Intervention Nursing Team."**

A great deal of this information can be shown to be inaccurate:

1) Ralph Winstanley's heart had recently been checked. Records show that for his age, his heart was fine.

2) He did not have terminal chronic lymphocytic leukaemia. His Haematology Consultant, Dr Majumdar – who had known him for 6 years - states it was "under reasonable control". He was only using one simple chemotherapy tablet, which was keeping it at bay for 6 months at a time, following only a 5 day treatment.

3) He had not been given a **terminal prognosis**, by anyone. Certainly he couldn't have been given a terminal prognosis for oesophageal cancer, since he showed **no signs of any malignancy** in that area, the second set of results being returned only five weeks before he was killed.

4) On Sunday 18th April 2004 he was certainly **not distressed**. Linda Kirby, his younger daughter, had arrived at 04.00, having been called out by Nina Clayton at 03.00. He was very calm. Charlotte Peters Rock, his elder daughter arrived at 09.30, and watched him for the rest of the day. He was very calm – unnaturally calm, according to Charlotte and Linda – for the whole of that day.

Charlotte remembers trying to work out why her father was so calm. She states: "**He looked frozen with calm**".

Ralph's daughters were unaware at that time, about the morphine which Dr Brown had prescribed Nina Clayton had given him over 4 days and nights from 14th April. Perhaps the morphine caused the calmness?

5) Dr Lee records that 'he had not slept well'. Is that a good reason to suppose that he was terminally ill? Many people do not sleep well, for various reasons – none of which include dying.

6) He was certainly fully mobile on Sunday 18th April 2004 – and continued to be for the next two days. He did not need help – and refused to accept **help from anyone**.

7) He was certainly still eating, when encouraged to do so. Linda fed him. He ate and swallowed well with no sign of retching. He was *disinterested* in food. Perhaps that was also caused by the morphine, which he had already been on for 4 days and nights?

**No doctor saw the patient before terminal care was asked for and instituted, nor for 36 hours after it began. Ralph Winstanley did not ask for terminal care. No document has been discovered, signed by him, which had asked for terminal care. He did not mention dying at all, speaking only of looking forward to his grandson's wedding, which was due to take place in November 2004**

Records show that the first nurses arrived at the house at 9am on Sunday 18th April 2004. That was when the injections and the syringe-driver began.

#### **Morphine and Diamorphine and Haloperidol**

With morphine-by-mouth continuing to be administered for up to 36 hours **after** the other drugs began to be administered, Ralph was put on Diamorphine, Haloperidol and Midazolam, by injections and by syringe driver.

Nurses were going in and out of the house. His two daughters were told he was dying. The presence of the nurses seemed to prove it. At that time, he was stating that he was not in any pain, as he continued to state, over the next two days.

He was walking about the room completely unaided. He was able to eat and drink, with no signs of retching. The only discomfort he seemed to have was that he had indigestion. He kept getting out of bed and walking round the room to relieve it. When he belched, he relaxed and seemed to be comfortable again. Nina Clayton, his second wife, kept pushing him back into bed.

He recognised everybody by name and seemed ruminative, chatting occasionally. Linda his younger daughter, talked to him and looked after him.

Charlotte, his elder daughter, sat further back in the room and made sure that Linda ate and drank at regular intervals. Charlotte had plenty of time to watch what was happening. She was not overwhelmingly upset – as Linda was, but she was sorry that her father was dying.

Charlotte, feeling that she was in someone else's space, was trying not to be in the way, since she had never got on with Nina Clayton, Ralph's second wife. Indeed, most of Ralph's own family, except for younger daughter, Linda, felt they had been driven away from him.

Each time a nurse came into the house, she was told by Nina Clayton – backed up by her younger daughter, Rosemary Alice Cheesman:

**“He’s in terrible pain. He’s being dreadfully sick. He’s fetching up blood.”**

Stating this she would then sob pathetically - and immediately leave the room.

At first, Charlotte thought, 'well perhaps he was sick before we came, and she's getting confused'. So she told the nurses that he hadn't been sick nor trying to be sick whilst she and Linda had been in the house.

But, over several days, Charlotte began to realise that something was severely amiss.

Rosemary, Nina Clayton's younger daughter, made retching sounds pushing her finger down her throat, to show the nurses what her mother meant.

However, without creating a scene, Charlotte quietly told each nurse, after Nina Clayton had left the room, that she and her sister had seen no signs of either sickness or retching during the time they had been at the house.

#### **Trying to find out what he was dying of**

When Charlotte asked what her father was dying of, people slid away from telling her. When she looked in his Nursing Notes Files, there was nothing to indicate what he might be dying of. So she asked a nurse, and she said they just came in and did the job; they were never told what a patient was dying of. She found this very strange, reasoning that if the nurses were unaware of why a patient was dying, they would be ill-equipped to cope in any emergency, which would let down both the patient and his family very badly.

#### **Kept bolt upright**

Ralph's second wife, Nina Ann Clayton, insisted that he should be kept bolt upright in the bed, as he began to lapse in and out of consciousness. He was kept upright all through the first night (18/19Apr2004). When his daughters asked the nurses if he could be lain down, they said he had to be upright.

#### **Monday 19th April 2004**

Finally a doctor, Dr Rachel S Sykes, the doctor from Ralph's GP Surgery, (Field Road Surgery, Stainforth, Doncaster) arrived around 36 hours after Linda and Charlotte had been called to the house. Like the nurses, she skirted round the reason why their father was dying.

#### **Midazolam added – via second syringe-driver**

Because of the drugs load, Ralph was not looking at all well. However, he was still getting in and out of bed. He was still stating, to the nurses and to Dr Sykes that he was not in any pain. His two daughters saw and heard this.

#### **Tuesday 20th April 2004**

Dr Sykes raised the dose of Diamorphine by half.

#### **Pain**

His pain only began once he was confined to bed on Tuesday evening, before his daughters had him lain down.

Prior to that, the only discomfort he showed was indigestion, which he relieved by moving about and belching.

By this time, his daughters could see that their father was starting to show signs of pain, which grew. They continued to ask the nurses if he could be lain down. When he tried to sleep, he looked so uncomfortable.

Nina Clayton was adamant that he had to remain sitting. Nurses followed what she insisted on.

Ralph was still able to get out of bed, in spite of being attached to two syringe drivers.

#### **No food nor fluid**

During Tuesday and until his death, he was given neither food nor fluid by the nurses. When his daughters asked why, they were told he was dying. He had eaten quite happily on the Sunday and early on the Monday, when Linda had offered him food. At that point he was also drinking and taking tablets, with no sign of retching. He sucked a mint with relish.

By early evening, because by then Ralph was in obvious and increasing pain, Charlotte asked the Twilight nurse, DNS Edgecombe, to help.

Charlotte and Linda turned their father off his bottom, and could see that he had blue-black pressure damage on the base of his spine and right across his buttocks and scrotum. (about 2½ x 6 inches). It looked shiny and stretched and about to break the skin. Charlotte insisted that he was lain down. DNS Edgecombe was very reluctant. Charlotte stated that he would now be turned every two hours. DNS Edgecombe wrote nasty notes in the Twilight Nurses Office File, stating that **'another daughter has arrived very demanding and complaining about previous care'**.

Once his daughters had moved him from sitting on his source of pain, he relapsed very quickly into unconsciousness, from which he was not allowed to awaken before he died three days later.

#### **Wednesday 21st April 2004**

Even 24 hours after he lapsed into complete and unmoving unconsciousness, Nina Clayton was still sobbing histrionically, to each nurse, and stating that he was in terrible pain, was being dreadfully sick and was fetching up blood.

In the evening Charlotte made a formal complaint to Twilight nurse, RGN K Watts, who recorded it in her Twilight Office Notes. Nina Clayton reacted in a histrionic way though it was obvious to anyone that Ralph was feeling no pain, as he was unresponsively unconscious and completely still.

At her suggestion, Charlotte also filled in the Patient/Carer sheet, in the Nursing Notes file, stating what had happened in respect of his pressure damage. It had not been found by nurses because they were not checking his pressure points.

Charlotte and Linda were so short of sleep and shocked by what they were beginning to see as a deliberate killing **which was being aided by the NHS**. Even then Charlotte did not record Nina Clayton's false statements about 'pain', 'sickness' and 'blood'.

#### **Sickness or blood**

Over the whole six days and nights, Ralph had never tried to be sick. There was no sign or smell of sickness or blood in the room, because he was not being sick nor was he fetching up any blood.

#### **Thursday 22nd April 2004**

After speaking at around 07.30 with Linda, to confirm that she agreed, Charlotte telephoned Doncaster East Primary Care Trust. After several attempts she managed to **speak to** Bridget Fieldhouse at Doncaster West PCT. She took a message. Mr Mike Young of Doncaster East PCT rang Charlotte back. He arranged for Dr Tony Baxter, Director of Public Health at Doncaster East PCT to ring her. She asked Dr Baxter for a specialist second opinion about her father's state of health.

Dr Baxter tried to tell her that she must go back to her father's GP, Dr David J Brown. But she was complaining about the treatment given by his colleague, Dr Rachel Sykes, (also of the same surgery), and she had heard that Dr Brown was away. Neither of them could possibly give her a specialist second opinion, since they were only GPs and not specialists.

At that time, neither Linda nor Charlotte knew about the involvement of Dr Kevin Lee of Danum Doctors Services Limited.

Charlotte had telephoned my elder son, for help, because she was in a quandary about what was best to do. He arrived later that morning.

Whilst he was with Charlotte, walking in the lane, Sheila Blow, Clinical Nursing Manager, who works from Cantley Health Centre arrived, with two nurses.

Thinking that she was the specialist second opinion on her father's health, that she had requested, Charlotte and her son ran back to the house. When they arrived the door had been locked, for the first time.

They waited for a long time in the Conservatory, and then spoke to Sheila Blow. Charlotte explained that she thought that her father had not been dying but was being killed. Sheila Blow was relatively non-committal, going away – as Charlotte thought – to get some help.

Charlotte was also told that Dr Gillian Harding, would be arriving to give her the **specialist second opinion on the state of her father's health**. Dr Gillian Harding did not come on that day.

Linda returned to Grange Farm with her daughter, Louise, who had persuaded her to go home for the night to try and get some sleep. Because Linda was leaving and because Roy also had to leave, Charlotte went with Linda. She had spent the whole day trying to get help for her father.

Charlotte had been told, by several people in authority, that Ralph would be helped. He looked to Charlotte at that time as if he might anyway have received irreversible damage to his vital organs, as he had been kept without fluid or food for days, through a heatwave.

Because of the terrible situation at Grange Farm, Charlotte did not think it wise for either her sister or herself to remain alone. She believed that Nina Clayton would try to implicate them both in what she was doing and for that reason she did not think it would be safe to remain.

Charlotte also hoped that the help she had asked for would finally arrive. She was exhausted.

#### Friday 23rd April 2004

Linda and Charlotte arrived back at Grange Farm at 11.00. Nina Clayton attacked Linda as she went into the room where her father was, pushing her from the room. There were several people round the bed. Both Linda and Charlotte thought Ralph must have died.

A stranger, who Charlotte established was the 'specialist second opinion' she had begged for on the previous day, tried also to throw Charlotte out. She and Linda were not being difficult. They left and waited in the conservatory.

There were at least two nurses and Dr Rachel Sykes and Dr Gillian Harding, in the room. Also, Nina Clayton, Rosemary Cheesman and Debbie Unsworth, who stated that she hardly knew Ralph. It was not a very big room.

Linda and Charlotte waited outside for two hours. They do not know what happened in the room during that time.

Nursing Records show that Ralph had not been showing any sign of regaining consciousness or any pain, either overnight or during the morning.

They also show that no Hyoscine hydrobromide was put into either of the two syringe-drivers, which were refilled by the nurses.

Neither Charlotte nor Linda know how much Hyoscine hydrobromide was put into their father. They believe that it was injected. The amount shown in his GP Medical Record as being prescribed was 600 Micrograms 10 x 1ml ampoules - to be administered at a rate of 2 ampoules over 24 hours.

Charlotte states that she has not seen any record to show how much was injected, or to show whether any of it was destroyed.

Dr Gillian Harding, who is as they have since discovered, Medical Director of St John's Hospice, Balby, told Linda and Charlotte, over and over again, that their father was dying of oesophageal cancer - as did Dr Rachel Sykes.

When, at 13.00 these doctors and nurses left, Linda and Charlotte went in to see their father. As they usually did, the nurses had lain him flat on his back. He was breathing with difficulty and creamy-green fluid was pouring from his mouth with every breath.

There is nothing in the Nursing Notes to indicate that he had been in such a condition either during the morning - they had been with him for over three hours - or overnight.

Linda spent the last two hours of her father's life wiping the fluid away so that he did not choke to death. Nina Clayton spent the time 'baiting her'.

It became so bad that Charlotte called out the police. Two officers were at Grange Farm as Ralph finally died. They did nothing to help.

Linda and Charlotte left Grange farm after Charlotte had placed the Nursing Notes File into the senior officer's hands and had him confirm that it counted as a legal document. She asked him to take care of it. He promised that he would.

Charlotte has police confirmation that the File was taken away by the District Nursing Sister, who arrived just after Linda and Charlotte had left. She records that she destroyed the remaining Diamorphine, Haloperidol and Midazolam. There is no mention of Hyoscine Hydrobromide. The Nursing Notes File was not recovered by South Yorkshire Police until 4 days later. Charlotte and Linda believe it was extensively altered at some point in those 4 days.

Home Office Pathologist, Professor Helen Whitwell, took 10 months to produce Ralph Winstanley's Pathology Report. It stated that he had three forms of dementia, but said nothing about oesophageal cancer. Because nothing else could be found, he was stated to have died of chronic lymphocytic leukaemia and bronchopneumonia. Despite the issue of bronchopneumonia, there is no evidence of any active treatment for the infection. It is well known that the combination of medication used would have decreased the respiratory drive. This situation can potentially be fatal in a pneumonia.

That Pathology Report stated that Ralph Winstanley was 5'5½" tall, whereas he was 6' tall. It also stated that he was 14 stones in weight, yet at his last recorded weight check,



only 18 days before he died he had been only **11 st 12 lbs**. He seems to have achieved the impossible, by gaining **2 st 2 lbs**, when not eating and being denied fluid for days on end; and at the same time losing **6½"** in height.

His Consultant Haematologist states that his chronic lymphocytic leukaemia was "under reasonable control".

His Consultant Gastroenterologist states that he showed **no sign of malignancy in his oesophagus**.

No one contacted either Consultant until Linda did in March 2006; not the doctors involved, not the NHS Trusts involved; not the Coroners or their officers; not South Yorkshire Police Force; not anyone.

Coroner, ES Hooper, at Doncaster refused to ask for any investigation into Ralph Winstanley's death, in spite of being presented, by Charlotte, with a sworn Affidavit before the post mortem took place.

After 12 months Coroner Hooper appointed a man previously unknown to be a Coroner, to carry on with Ralph Winstanley's inquest. Paul Kelly, a friend of ES Hooper also refused to ask for any investigation of Ralph Winstanley's death – and would not allow either Linda or Charlotte to be witnesses at the 'inquest', in spite of receiving sworn Affidavits from both.

Dr Kevin Lee was also not asked to be a witness. Nor were either of Ralph Winstanley's two Consultants. Nor were any of the nurses involved asked to give evidence or to send in statements.

However, Professor Timothy Illidge, of the Paterson Institute made a Preliminary Report on his Medical records. That Report was so inaccurate that Ralph Winstanley was stated to have had chronic lymphocytic leukaemia **ten years before it was first noticed**, during a blood check for something else. Various other inaccuracies are also scattered throughout this report. Charlotte was so shocked that she telephoned Professor Illidge and then loaned him a full copy of her father's GP Medical Records, Hospital Records and Consultants Records, which should have showed him how inaccurate his Report was. He refused to alter it.

In spite of what Charlotte can only see as a cover-up, she and her sister have managed to gain absolute proof of the facts (see [Ralph Winstanley Blog](#)):

- 1) that he had not been dying.
- 2) that he was killed.
- 3) how he was killed
- 4) that doctors and nurses working for three NHS Trusts were used to carry out the killing.
- 5) that no-one will investigate the killing.

Having three times tried to gain a Judicial Review it has been disallowed for reasons, which show how little the three Judges were prepared to read the facts which Charlotte and Linda and their two brothers took great time and trouble to gather and present to them.

Their fight continues. Check the Medical Records and other documents for yourself at: [Ralph Winstanley Blog](#).

#### Written in memory of Ralph Winstanley

Related Links

[Doncaster PCT](#)

[South Yorkshire Police](#)

*We would be grateful if [Beachcroft LLP](#), solicitors for the Primary Care Trust, would kindly refrain from attempting to prevent Ms Charlotte Peters Rock from publicising the above events. As officers of the court you should not be attempting to prevent free speech. In the interests of transparency we intend on publishing your correspondence to her threatening her website. The case is justified and evidence based.*

*It should also be noted that NHS Exposed will treat any and all correspondence received in respect of this matter as material to be published in its entirety, regardless of any requests / demands therein to the contrary.*

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