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| L | | | Your Reference: | | |
| | | | Date: | 15 June 2007 | |

Dear Mr Stewart-Farthing,

I enclose a copy set of notes prepared by my colleague Stephen O'Doherty. I am sorry for the short delay in writing to you but had to await his return from leave.

I passed on details of your claim for expenses to the administrators and hope this has now been resolved.

Yours sincerely,



Paul Close Special Crime Division

OPERATION ROCHESTER NOTES OF MEETING – 14 MARCH 2007

PRESENT

CHARLES FARTHING MICHAEL TRYER PAUL CLOSE STEPHEN O'DOHERTY

Mr C expressed his sympathy over the death of Brian (it had been agreed to refer to him by his first name) and said he would answer any questions that he was able to do. He explained the Code for Crown Prosecutors and in particular the public interest test.

Mr F accepted that we could only work with what the police had given us. Mr C said that he had all the evidence including notes and experts opinions obtained by the police and could not say that anything was wrong with the police enquiry. The medical experts did not 'jump' off the page saying that the conduct was criminal.

Mr F said that in his view his father in law was deliberately poisoned and disposed of. He agreed that by this he meant that he had been murdered. He said that Brian had been moved to the nursing home and when he visited he was told that he was in hospital. He heard someone describe this as' the death ward.'

He had visited Brian and brought him tissues and chocolates and had then left. Later in the week he got a phone call saying that Brian was different and had been sedated. When Mr F arrived the following morning he was 'a cabbage' with a syringe driver in his arm. Because the same had occurred with Mr F's own mother he realised that this was the end of the line.

Mr F demanded to speak to Barton but was only able to do so the following day. Barton said that the driver could not be removed because Brian was in too much pain.

Mr C referred to the notes made about Brian's period in hospital and to the opinion of Dr Wilcock as to the standard of care which he had concluded was not substandard. Mr F considered that the reason Brian had bronco-pneumonia was because of the lack of care.

Mr C said that Dr Wilcock was of the view that the use of hyoscine was appropriate although the dosage prescribed was greater than typical (although this dosage was not in fact given to him.)

Mr T said that Brian was being treated for bed sores but there was no mention of this in the notes. There was a mild problem but they had used a sledgehammer to crack a nut. Someone had said let's give him this powerful drug.

Mr C then referred to Dr Wilcock again and said that he had to accept the expert evidence.

Mr T asked where the evidence from the GPs and why was Brian's condition not discussed with the family? Barton had delayed matters for 24 hours and had then refused to withdraw the syringe. He asked why the evidence of the experts should be accepted when he was present and could give his evidence.

Mr C said that the experts are objective but Mr F disagreed with this. He thought that as he was questioning their opinions then surely that must raise a doubt and that expert evidence should be challenged. They may even have been handpicked.

A question arose whether the CPS could provide copies of the experts' reports to Mr F but Mr C said that the police had provided the reports to him and they were not his to disclose as the police had paid for them and they owned the reports. Mr F was advised to take the matter up directly with the police. Mr F confirmed that there was a family liaison officer who Mr F could approach.

Mr F said he had been offered a meeting with the Chief Constable but had deferred that pending the present meeting. It seemed to him that a decision had been made early on that Brian was coming to the end of his days and that his 'final' days should be as peaceful as possible. The question is who made that decision? Mr F pointed out that the notes even got the days wrong.

Mr C agreed that he had written in his letter that the notes referred to 10 days but if that was a mistake then it was his mistake. The relevant time clock was 21 September onwards. He repeated that he had to rely on the medical evidence and could not go behind that.

Mr T said that Brian was bright and alert on the Monday so he could not accept the views of Black and Wilcock many years later. He still wanted to know who took the decision?

There was then a discussion about the coroner's inquest and the disclosure that would make documents available to Mr F.

Mr F asked what would happen if further evidence emerged during the inquest. Mr C said he would consider it but he did not want Mr F to be under a misconception. The evidence would have to be very powerful, not just another expert who disagreed with Wilcock and Black.

Mr F said that he was convinced that there was a regime present and that Barton was not acting alone. He said that he had seen the Baker report but this had not narrowed the issue. WV

Mr C said that Baker's report was general and did not apply to the death of Brian. He would not have been called even if there had been a prosecution.

Mr F referred to two nurses who had come forward in 1991 with concerns. Mr C said that their identities were known but this was many years earlier.

Mr F said that his mother had also died with a syringe in her arm and Brian's death had now made him re-consider the circumstances of her death. If all the evidence from families had been considered then this would have added up to something.

Mr C concluded by emphasising that there would now need to be powerful evidence to bring about a prosecution.

Mr F said he would contact the coroner to discuss disclosure for the inquest.

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