



# FAX

**CONFIDENTIAL**

TO  FROM

OF  OF

TEL  FAX  DATE

Pages (inc)  Acknowledgement required?  TEL  FAX

**F.A.O Kathryn ROWLES (Director of Public Health)**

**Dear Mrs. ROWLES**

**Please find attached the statement as discussed this morning. Please make any amendments that you feel necessary and fax back to me on the above number.**

**Thank you in anticipation of your assistance.**

**Code A**

**Chris YATES (DC 2479)  
Western MCIT  
Western Divisional HQ  
12-18 Hulse Road,  
Southampton.**

**CONFIDENTIAL**



## HAMPSHIRE CONSTABULARY

### WITNESS STATEMENT

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

### **RESTRICTED**

Statement of: Kathryn Elizabeth ROWLES  
 Age if under 18: Over 18 (if over 18 insert 'over18') Occupation: Director of Public Health

This statement (consisting of 2 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 in it anything which I know to be false or do not believe to be true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I am Kathryn Elizabeth ROWLES and I live at an address known to Hampshire Police. I have been employed by the Health Authority since 1994 and am presently the Director of Public Health with the Fareham and Gosport Primary Care Trust, Fareham Reach, 166, Fareham Road, Gosport. I was officially appointed to this position on 1<sup>st</sup> July 2002. Previous to this appointment I was the Nurse Advisor and Specialist in Public Health to the Isle of Wight, Portsmouth and South East Hampshire Health Authority. During the morning of Monday, 16<sup>th</sup> September 2002 I attended a meeting with Ian PIPER, Jane PARVIN, Jan PEACH, Lucy DOCHERTY and Sue GALLEY to discuss how we would manage and coordinate the media and other communications surrounding Professor BAKER's audit into the issues surrounding the Gosport War Memorial Hospital. The meeting was adjourned as Jane PARVIN and Lucy DOCHERTY had a prearranged meeting at the Gosport War Memorial Hospital that afternoon with staff to bring them up to date with the issues of this audit. It was agreed that the meeting would reconvene later that afternoon. When the meeting was reconvened the same persons were present. Jane PARVIN then disclosed that a member of staff at the Gosport War Memorial Hospital had handed her a package of documents. I had brief sight of some these documents and can recall that there was a letter to or from Chris WEST included in the bundle. The documents were photocopied by Sue GALLEY and then handed back to Jane PARVIN who kept constant control of them. The contents of these documents were discussed and related to the use of diamorphine at the Gosport War Memorial Hospital.

Signed : \_\_\_\_\_

Signature witnessed by : \_\_\_\_\_

**RESTRICTED**



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## **WITNESS STATEMENT**

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Continuation of Statement of : Kathryn Elizabeth ROWLES

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The following day, Tuesday, 17<sup>th</sup> September 2002 I personally took an envelope containing what I believed to be copies of the original documents and handed them to the Director of Public Health, Simon TANNER's secretary at the Hampshire and Isle of Wight Strategic Health Authority, Oakley Road, Southampton.

I did not have any knowledge of the existence of these documents prior to the 16<sup>th</sup> September 2002 and I was certainly not aware of any issues concerning the use of Diamorphine at the Gosport War Memorial Hospital until the media coverage last year and the launch of the CHI enquiry.

Signed : \_\_\_\_\_

Signature witnessed by : \_\_\_\_\_

**RESTRICTED**



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## WITNESS STATEMENT

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### RESTRICTED

Home address: Code A

Home Telephone No: Code A

Mobile /Pager No:

E-mail address (if applicable and witness wishes to be contacted by e-mail):

Contact point (if different from above): Farcham and Gosport Primary Care Trust

Address: Code A

Work Telephone No: Code A

Male  Female  Date and place of birth: 10/03/60 in Stroud

Maiden name: Height: 58 Ethnicity Code: British

State dates of witness non-availability:

I consent to police having access to my medical record(s) in relation to this matter Yes  No

I consent to my medical record in relation to this matter being disclosed to the defence Yes  No

I consent to my details being passed to the Victim Support Service and the Witness Service to assist me at court: Yes  No

Does the person making this statement have any special needs if required to attend court and give evidence? (e.g. language difficulties, visually impaired, restricted mobility, etc.). Yes  No   
If 'Yes', please enter details.

Does the person making this statement need additional support as a vulnerable or intimidated witness? If 'Yes', please enter details. Yes  No

Does the person making this statement give their consent to it being disclosed for the purposes of civil proceedings (e.g. child care proceedings)? Yes  No

Statement taken by (print name): DC 2479 YATES  
Station: Western Major Crime,

Time and place statement taken:

Signed : \_\_\_\_\_ Signature witnessed by : \_\_\_\_\_

**RESTRICTED**