

ROCKSTAR

Book 3



Major Crime Investigation

Senior Investigating Officers

Policy File

Offence :-
Victim :-

S.I.O. :- *Officer Steve Wilson*
Deputy S.I.O. :-

Date Enquiry Commenced :- *16/9/02.*
Date Enquiry Completed :-

OPERATION ROCHESTER

POLICY FILE

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1.	10 09 2002	APPOINTMENT OF S I O
2.	10 09 2002	LINKS OF ENQUIRY
3.	19 09 2002	NEW INFORMATION
4.	19 09 2002	LINKS OF ENQUIRY
5.	19 09 2002	STAFFING
6.	19 09 2002	MEDIA
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9.	20 09 2002	HOLMES
10.	27 09 2002	LINES OF ENQUIRY
11.	27 09 2002	LINES OF ENQUIRY
12.	27 09 2002	FINANCE
13.	30 09 2002	PRIORITY LINES OF ENQUIRY
14.	01 10 2002	WITNESS STRATEGY
15.	01 10 2002	WITNESS INTERVIEW STRATEGY
16.		ERROR
17.	10 10 2002	WITNESS INTERVIEW STRATEGY
18.	10 10 2002	WITNESS INTERVIEW STRATEGY
19.	24 10 2002	LINES OF ENQUIRY
20.	01 11 2002	GMC – FIELD FISHER WATERHOUSE
21.	04 11 2002	ALEXANDER HARRIS
22.	05 11 2002	PROFESSOR FORREST
23.	06 11 2002	MANAGEMENT
24.	06 11 2002	MR. HORNE AND MR. PIPER
25.	06 11 2002	ALEXANDER HARRIS

OPERATION ROCHESTER

POLICY FILE

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- | | | |
|-----|------------|---|
| 26. | 06 11 2002 | FAMILY MEETING |
| 27. | 06 11 2002 | INSPECTOR WISE |
| 28. | 06 11 2002 | MEDIA |
| 29. | 06 11 2002 | COMPOSITE LIST OF FAMILIES |
| 30. | 12 11 2002 | MR. HORNE AND MR. PIPER |
| 31. | 21 11 2002 | INTERVIEW MR. HORNE AND MR. PIPER |
| 32. | 28 11 2002 | MEETING WITH C P S REPRESENTATIVES |
| 33. | 28 11 2002 | MEDICAL EXPERTISE |
| 34. | 28 11 2002 | CONTINUATION OF 33 |
| 35. | 06 12 2002 | MEETING WITH STRATEGIC HEALTH AUTHORITY |
| 36. | 06 11 2002 | CONTINUATION OF 35 |
| 37. | 09 12 2002 | ACCESS TO RECORDS FOR PROFESSOR BAKER |
| 38. | 10 12 2002 | PREJUDICE |
| 39. | 12 12 2002 | EXPERTS |
| 40. | 18 12 2002 | MEETING WITH C H I AND STRATEGIC HEALTH AUTHORITY |
| 41. | 20 12 2002 | MEETING WITH C P S |
| 42. | 06 01 2003 | SEMINARS IN MANCHESTER REF. HAROLD SHIPMAN |
| 43. | 08 01 2003 | LEGAL ADVICE |
| 44. | 10 01 2003 | PREJUDICE MEETING |
| 45. | 13 01 2003 | PREJUDICE |
| 46. | 16 01 2003 | PATIENT RECORD COPYING |
| 47. | 16 01 2003 | FAMILY GROUP MEETING |
| 48. | 05 02 2003 | MEDICAL TEAM INCREASE |
| 49. | 12 02 2003 | MEDICAL TEAM MEETING 09 03 2003 |
| 50. | 14 02 2003 | NATIONAL CRIME AND OPERATION FACULTY |

GUIDANCE TO SENIOR INVESTIGATING OFFICERS

A Policy File will be maintained by the Senior Investigating Officer in the case of all major crime investigation, e.g. Murders, Stranger Rapes. In cases of doubt the advice of a Detective Superintendent should be sought.

It is difficult to lay down hard and fast rules regarding decisions to be included. However, to assist users of this book A.C.P.O. Crime Committee guidelines are set out in the front of this book. These guidelines will form the basis of entries relating to policy.

Each decision will be entered on a separate page and all sections completed.

It is essential that all staff employed on the enquiry are aware of decisions made.

When being used in conjunction with a H.O.L.M.E.S. incident room the second page (copy) will be detached and passed to the Office Manager for indexing. In all other cases both copies will be retained in this book.

This file will be available for referral by officers engaged upon the enquiry. It is the duty of all Senior Investigating Officers to ensure policy decisions are brought to the attention of and understood by all officers engaged upon the enquiry.

INVESTIGATION SET-UP

1. Appointment of Officer in Overall Command or Senior Investigating Officer.
2. Responsible Chief Constable(s).
3. Terms of Reference.
4. Determination of Incident.
5. Use of manual or HOLMES system.
6. Location of Incident Room(s) and/or satellites.
7. Need for Central Research Unit.
8. Definition of scene.
9. Area to be secured/searched/fingerprinted/photographed.
10. Initial decisions at scene.
11. Delegation of authority.
12. Command Structure.

STAFFING AND APPOINTMENTS

1. Appointment of Deputy to O.I.O.C. or S.I.O.
2. Identification of personnel allocated to key positions in incident room/action teams/house-to-house teams.
3. Staffing levels of incident room/action teams/house-to-house teams/central research unit
4. Increase or reduction in staff.
5. Appointment of management and/or advisory team.
6. Appointment of Byford Scientist.
7. Mutual aid/liaison officers from other Forces.
8. Data Protection Officer.

FINANCE AND ADMINISTRATION

1. Budget for enquiry.
2. Payment of overtime.
3. Mileage allowance – use of police vehicles.
4. Hours of duty/rest days/shift patterns.
5. Briefings, where and when/by whom.
6. Management meetings, where and when.
7. Press Conferences, frequency/by whom/delegated authority/objectives of.
8. Additional equipment. Office/enquiry teams.
9. Use of crime intelligence analysis.
10. Victim support.
11. Confidential counselling for officers.
12. Liaison with other agencies (and assistance from).
13. Use of mobile control points.
14. Audit of completed/outstanding work (parameters).

ENQUIRY PARAMETERS

1. Statements – when required/verification.
2. Personal description forms – age range/sex/i.c. codes.
3. House-to-house – area/street names/numbers. Additional questions.
4. Questionnaires – parameters.
5. Eliminating factors.
6. Alibis – verification.
7. Criteria for suspect circulation.
8. What sequence of events indexes are to be maintained.
9. Typing services – documents to be typed.
10. Linked incidents to be included.
11. Prioritisation of enquiries.
12. Criteria for N.I.B. searches/M.O. suspects.
13. Indexes – how many to be maintained/documents – extent of indexing.
14. Liaison with C.P.S./Procurator Fiscal, appointment of legal advisor.

15. Information which can be released or withheld from Press.
16. Identifying relevant time.
17. Unidentified persons – when are records created.
18. Officers' Reports – parameters.
19. Parameters re. T.I.E./SUSPECTS/S.I.O. Files.
20. Limits of categories.
21. Exception Levels.
22. Priority queues.
23. Proof reading.
24. Times of audit of data base under supervision of Office Manager re:–
(i) Unidents; (ii) Arrested persons; (iii) Outstanding actions; (iv) Persons linked to five or more references.
25. Unused material – parameters.

LINES OF ENQUIRY

1. Lines of enquiry first 24 hours.
2. Main lines of enquiry indicating those which have a high priority. Any variation to lines of enquiry.
3. Purpose of pursuing lines of enquiry which involve heavy expenses in terms of manpower and time.
4. Lines of enquiry which are discontinued – with reason.
5. Profile of victim/suspects.
6. M.O. suspects.
7. Reconstructions – road checks.
8. Artist's impressions/photofits.
9. Action codes.
10. Media appeals/press releases.
11. National circulations.
12. Elimination – blood/fingerprints/D.N.A.
13. Priority of suspects.
14. Rewards/Informants.
15. Arrest teams.
16. Feasibility studies.
17. Action following review.

Policy File - Decision No.: **01**

Time and date of decision:- 1430 18/9/02

Officer making decision:- Det M Burgess

Decision :- Approval of SIO.

- Ofc Serr was with the Approved SIO
at the location from this time to take
over from Ofc Serr James

Reason : ① To ensure complete protection investigation.
② Approval in Ofc Serr James continued
for to complete and the correct work.

Signature of Officer making decision

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 1430 10/9/07

Officer making decision:- J/La Ser Davis

Decision :- Links of Enclosure

The key issue in this investigation is the establishment of a causal link between Administration of Damocles as basis of Action Request @ Boston via Minnesota Highway.

① New Papers

② Supp. Evidence to Section - Review in respect of 4 additional cases to CAS for a view

③ Answer Request of '2' + Review Any Additional Links of Enclosure.

- Reason:
- ① Obtain further understanding of the issues
 - ② This process already in place and historical.
 - ③ Any further investigation will be completed Addressed to the Review of CAS.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 08/19/02

Officer making decision:- Jk for 1000/02

Decision:- Also information

to meet with the American, ...
the near Agreement to ...
of Department Administration in 1991

Best on ...
At a ...
Sincerely,

① ...
② ...
③ ...

④ ...
⑤ ...

Reason :

① To ...
② To ...
③ To ...

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 1530 19/9/02

Officer making decision:- J/Ka Sir JAMES

Decision :- Links of knowledge

Following criteria issues Mr Mkhawa 19/9/02
Links of knowledge:-

- ① Present and James Review to Foreman + Corbett PC + 18/9/02
- ② T/S T/S Review notes to be done @ '1'
- ③ Provide Extra's Monday + Tono with material at '1+2' Invited to discuss implications + T/S.
- ④ Submit '1, 2, +3' Review to CPS + discuss implications
- ⑤ Monitor work of Prof Allen re Statistical Analysis of James @ Customs was not.
- ⑥ Analyse any response to Media Sentences as agreed @ GMC.
- ⑦ Review Evidence to date.

Reason :

1-7 To Account based to Progress the knowledge

Signature of Officer making decision

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 1530 14/9/02

Officer making decision:- J/Ka Surr Warrs.

Decision :- STATISTICAL

- ① SIO - J/Ka Surr Warrs
- ② J/Sur - Des Duncan
- ③ Ops/Sec - J/Sur Warrs
- ④ Finance Control - Insp Wisk.
- ⑤ Person Staff, as appropriate to the volume of business.

Reason :

1-3 Although managers of the unit case
 & Insp Wisk has made contact with the
 Finance and it does not appear
 for now to maintain this.

Signature of Officer making decision

Signature of Officer making entry

Noted by Office Manager:-

Code A

Code A

Signature of Officer making decision: _____
Signature of Officer making entry: _____
Noted by Office Manager: _____

Reason:

To Give Minimum Appropriate Information
To The Public And To Monitor Any Activities
Continued

- ① General Journal About 5:00 PM At
AHS At C.A.
- ② Any Police Activity To Was Done
- After Occurrence In Above Case.
- ③ Comments To The AHS On 11/5/02
And In Conversation With AHS
Concerning Mr. James + Mr. Campbell.

Decision: _____

Officer making decision: _____

Time and date of decision: _____

1530 12/9/02
J/C for [unclear]
Mhoir.

Policy File - Decision No.: _____

06

Policy File - Decision No.: **07**

Time and date of decision:- 1570 19/9/02

Officer making decision:- J/K Syt WATS

Decision :- Interim Suspension

- ① - Interim Suspension
- ② - Refer to the Manager as the interim suspension

Reason :

- ① Refer to the Manager as the interim suspension
- ② Refer to the Manager as the interim suspension

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 1520 19/9/02

Officer making decision:- J/a Sgt DATT

Decision :- Jms Dettent

There will be close liaison between
Hawthorn Police and the Mission Assessment
Contract since there is Mission Assessment
Contract Contact - Civil Response.

Reason :

To increase awareness and to
assist in better control of
intoxication.

Signature of Officer making decision

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 20/9/02 1000
 Officer making decision:- P/G Sgt WATTS
 Decision :- HOLMES

Following discussion with P.I. Jones
 + P/Sgt Van der Spieren (name).
 This request was not to be made
 Under HOLMES 2

Reason: (1) There is often a considerable
 quantity of material and significant
 value likely to be generated.
 (2) HOLMES 2 to be used rather than HOLMES 1
 since this is likely to be a more than
 sufficient for HOLMES 2 illustration.

Signature of Officer making decision:-
 Signature of Officer making entry:-
 Noted by Office Manager:-

Code A

Time and date of decision:- 0900 27/9/02

Officer making decision:- DICER/Sgt WAITS

Decision :- Line of Enquiry.

S. N. TUBBRITT can be interviewed as a witness. (It is believed she is the person who recently produced the documentation to the Health Authority).

Reason: Previously interviewed under caution 28/6/2000, but no issues arising from that interview which would suggest she should be interviewed as a suspect. (p. 23 of interview she alludes to previous concerns which may be relevant to documentation)

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 0900 27/9/02

Officer making decision:- DCH/Spc WASTS

Decision :- hrs of entry

Cryford given to employee
review of case notes to
help to clarify complexities of
the case.

Reason :

assist in understanding large volume
of documentation. Highlight areas
for concern and further work.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- **27/9/02**

Officer making decision:- **Det DUNCAN**

Decision :- **Agree**

**Request for 300 hrs police
O/S & 40 hrs support O/S
(as per attached)**

Reason : **To speedily resolve enquiry into
provision of paperwork recently
produced.**

**Authorized 250 police
40 support**

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A



HAMPSHIRE CONSTABULARY

Application for Special Event/Territorial budget

RESTRICTED

Operation Name: S.I.O.
 Budget Manager: Contact No:

Summary of Operation: (continue on separate sheet if necessary)

Investigation into allegations by family members that elderly patients at Gosport War Memorial Hospital were administered incorrect levels of drugs/treatment, leading to premature deaths.

Is this a rechargeable event? If so please give details of the amount to be recharged and who is administering this.

Proposed Date of Closure: Is this an additional application? Yes No

Overtime Bid Submitted:

Police Hours Support Staff Hours

Breakdown of Overtime Bid: (continue on separate sheet if necessary)

Extensive enquiries to be conducted by MCIT Western - at present 1 x DS and 5 x DC s. Back record conversion of large quantity of paperwork to HOLMES necessary by 3-4 indexers. Enquiry to be conducted as a matter of priority.

Projected Expenditure: (continue on separate sheet if necessary)

May require use of a medical expert to comment on investigation when complete. Costs not known at this time.

	Total Bid	£
--	------------------	---

Overtime to be input at:

Who is to be notified of the outcome of this bid?

DIVISIONAL/DEPARTMENTAL BUDGET PROFILE

Cost Centre:

Annual Overtime Budget

 Hours

YTD Expenditure (1 April to last overtime input)

 Hours

What contribution is the Division/Department making to this bid?

 Hours

Application Authorised by (Chief Inspector or above):

Name:

Rank & Collar Number:

PLEASE E-MAIL THIS FORM TO THE "CID & OPERATIONS ADMIN." IN BOX AT PHQ

RESTRICTED

Time and date of decision:- 1300 30/9/02

Officer making decision:- Det. D. Ward

Decision :- Priority lines of enquiry.

① To interview as witnesses and take statements from these persons on attached documents marked

① & ②. In relation to their memory of documents and meetings referred to therein.

② Arrangements to interview them through Alan Beckwith, Acting Chief Executive, Jersey of Gasport P.C.T.

Reason: Priority to interview nurses or ward who are not currently under suspicion (ie. not being BEEB), co-workers of JONES who were subject of criticism in LIVESLEY's report dated 9-11-2000.) Also avoiding interviewing any doctors or management at that time who may be under suspicion.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Confidential

Gosport War Memorial Hospital

Name	Title
E/n Beverley Turnbull	Enrolled nurse, GWMH
S/N Anita Tubbritt	Staff nurse, GWMH
Sr Jill Hamblin	Sister, GWMH
S/N Donne	Staff nurse, GWMH
S/N Barrett	Staff nurse, GWMH
S/N Sylvia Griffin	Staff Nurse, GWMH
E/N Wigfall	Enrolled Nurse, GWMH
E/N Turnbull	Enrolled nurse GWMH
N/A Agnes Howard	Nursing Auxiliary, GWMH
Sr Goldsmith	Sister, GWMH
S/N Ryder	Staff Nurse, GWMH
S/N Williams	Staff Nurse, GWMH
S/N Barrington	Staff Nurse, GWMH
Margaret Couchman	
Christina Joice	
Phillip Beed	
Janet Neville	
Debbie Barker	
Managers	
Mrs Isobel Evans GWM	Former Patient Care Manager, GWMH
Max Millett	Former Chief Executive, PHCT
Tony Horne CE E Hants PCT	Chief Executive E Hants PCT, former Director of Operations, PHCT
Chris West	Former District General Manager, deceased 1994
Bill Hooper	Former General Manager, community unit
Eileen Thomas	Former Director of Nursing, PHCT
Ian Piper	Chief Executive F&G PCT, former Director of Finance/ Dir Ops PHCT
Prof Martin Severs	Former Clinical Director Elderly Medicine, PHCT
Dr Ian Reid	Clinical Director, Services for Older People
Pam Grosvenor	Former Dir of Nursing, PHCT (retd.)
Andy Wood	Former Director of Finance PHCT
Peter King	Former Dir of Personnel, PHCT
Steve King	Clinical Risk Advisor, former nurse manager, Elderly Services

Doctors	
Dr Logan	Consultant
Dr Jane Barton	Former Clinical Assistant, GWMH
Dr Althea Lord	Consultant
Others	
Geraldine Whitney	Former Community Tutor
Susan Frost	Former Principle, Solent School of Health Studies
Keith Murray	Formerly RCN
Steve Barnes	Formerly RCN

Glossary:

GWMH – Gosport War Memorial Hospital
 PCT – Primary Care Trust
 PHCT – Portsmouth Healthcare NHS Trust

Contact via:

Alan Pickering
 Acting Chief Executive
 Fareham and Gosport PCT
 Unit 180, Fareham Reach
 166 Fareham Road
 Gosport
 PO13 0FH

Tel: 01329 229432

Time and date of decision:- 0930 11/10/02

Officer making decision:- Det Dunlop

Decision :- Witness Strategy.

When we make contact with Terehan and Gopart PCIT with a view to interviewing persons subject of Policy entry no. 13, we need to make clear that we would like the names, home addresses and telephone numbers of persons in order that we the police can speak to them directly to arrange convenient interview times, dates and places. The persons will be spoken to as witnesses and will have the option of being either a Union/Employee representative or legal advice if they wish. If however the staff would prefer not to speak directly to the police for the arrangements, then we are happy for the PCIT to agree interview times/dates and place, we do however request that all conversations with potential interviewees and PCIT Management is documented for disclosure purposes.

Signature of Officer making decision:

Signature of Officer making entry: Reason:- To ensure no undue pressure is placed on staff before police interviews take place.

Noted by Office Manager:-

Policy File - Decision No.:

Time and date of decision:- 0956 11/01/02

Officer making decision:- Det DUNCAN

Decision :- Witness Interview Strategy

Additional witnesses to be
interviewed by police as a
priority
(as per attached e-mail)

Reason: Further persons who may shed light
on concerns in 1991 and continuity
of documents.

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Duncan, Robert

From: Duncan, Robert
Sent: 01 October 2002 09:56
To: Code A
Cc: Niven, Nigel
Subject: Op Rochester

Persons to be interviewed as witnesses re documents:-

Please also include in first batch-

Steve KING - Nurse Manager - had meeting with staff on 20/8/91 on drug control.

Jane PARVIN - Personnel Director, Fareham and Gosport PCT - believed recieved documents from Nurse TUBBRITT.

Geradine WHITNEY - visit to ward on 31/10/91 where she spoke to concerned staff and wrote up minutes.

Thanks
Bob D

Policy File - Decision No.: **16**

Time and date of decision:-

Officer making decision:-

Decision :-

Excluded

Reason :

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Time and date of decision:- **1630 10/10/02**

Officer making decision:- **Dea Duncan**

Decision :- **Witness Interview Strategy**

Medical staff who have been identified as suitable for witness statements to be obtained will not be considered as 'vulnerable witnesses', unless they have a physical or mental disability.

Reason : No need to video interview under the provisions of the Youth Justice & Criminal Evidence Act. Written statements will suffice.

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Policy File - Decision No.:

Time and date of decision:- 1630 10/12/02

Officer making decision:- Det Duncan

Decision :- Witness Interview Strategy

All persons who telephoned the NHS helpline ~~with~~ initially and requested that their details be passed to the police because they wanted to make a complaint, will initially receive a letter acknowledging their contact. We will then read each of them individually to assess their concerns and obtain father/relative details.

Reason :

To ensure members of the public receive the appropriate service from the Constabulary and feel their concerns are listened to.

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Duncan, Robert

From: Duncan, Robert
Sent: 10 October 2002 16:32
To: Wise, Mark (INSP)
Cc: Kenny, Owen; Watts, Steve; Niven, Nigel
Subject: RE: Relatives letter- GWMH

Mark,

I am happy for you to send a letter in the first instance, but I think we should indicate that we will be speaking to each person who rang the helpline to establish their concerns. Please amend accordingly and let me see before you send - thanks.

Owen

Can your team fit in visits to these people in between witness statements please. The priority is the witness statements already identified, these visits can be organised during down time. I do not want these relatives to think we are dismissing their concerns without even listening to what they have got to say. Obtain brief details of their concern, relatives identity, dates in hospital & death, etc., so we can locate medical notes later.

Thanks

Bob D

-----Original Message-----

From: Wise, Mark (INSP)
Sent: 10 October 2002 16:06
To: Watts, Steve; Duncan, Robert
Subject: Relatives letter- GWMH

Sirs you are probably aware that DS Owen Kenny was in contact with me yesterday and has subsequently sent me details of a further 10 relatives who have been referred to the police by NHS Direct following the release of their public information line.

Having checked my lists, I can confirm that these are all new cases and have not previously corresponded with them.

My initial reaction is that it would be impractical to visit each of these relatives on a personal basis and probably not justified due to the fact that their knowledge of the police investigations to date will be limited and are probably not fully relevant to them at this stage of the proceedings.

I would therefore propose that I send them the below letter which I have prepared which I believe contains sufficient information to keep them informed as to where we are at present, whilst also supplying contact details should they wish to obtain further information from me.

I felt that this was really a policy decision which I needed to run past you and seek approval for therefore await your thoughts and comments. -

Dear Sir / Madam

Gosport War Memorial Hospital

I am writing to acknowledge receipt of your details which have been forwarded to me by a member of the NHS Direct team in relation to the above hospital.

In order to keep you updated with the current developments, the Hampshire Constabulary are continuing to work with other agencies following the recent emergence of some possible new evidence from within the Portsmouth Health Authority. It is the intention of the police to examine these new papers and to submit any subsequent new and relevant evidence to the Crown Prosecution Service (CPS). The CPS will consider evidence we have already submitted on a number of individual cases which were previously notified to us together with any newly available information.

Once the review has been conducted, consideration will be given as to whether or not a further police investigation is required. Any other cases which have now been highlighted to us, such as yours, will receive closer attention at that time. Obviously I am unable to give any indication as to how long this process is likely to take, but be assured that as soon as we have received a response from the Crown Prosecution Service we will of course be back in contact with you to discuss the matter.

In the meantime, could I ask that as the family liaison officer, you contact me direct should you require any further details at this stage, but ask that you also bear in mind that as we are currently dealing with a number of concerned people, it would be helpful if enquiries could be restricted to urgent matters only.

Thank you for bringing the matter to our attention and be assured of our professional commitment in trying to resolve your obvious concerns that surround the circumstances of the death of your relative.

Yours sincerely

Insp Mark Wise
Family Contact Officer

Code A

*Section Inspector
Itchen Valley*

635-128.

Pager 239

Mobile 6

Code A

Policy File - Decision No.: 19

Time and date of decision:- 1300 24/10/02

Officer making decision:- D/CL/Sgt WATTS

Decision :- hrs of enquiry

as per attached e-mail.

Reason :
priorise actions to ensure an
efficient & effective investigation

Signature of Officer making decision:

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Duncan, Robert

From: Watts, Steve
Sent: 24 October 2002 13:11
To: Duncan, Robert; Niven, Nigel; Wise, Mark
Subject: Op Rochester

Gentlemen,

Thank you for our meeting this morning in respect of the ongoing issues regarding Op Rochester.

I am pleased to note that the lines of enquiry raised are progressing well and that the last witness in respect of the new papers will be interviewed on 7/11/02.

1. I note that approx 10 persons contacted us thru NHS Direct following the last media release. I agree that at this stage Officers visit those people and note their concerns.

2. Mark advised that we have an indication from those people with whom he had contact as to their concerns, Mark will continue contact with those people.

3. There was a small number of people, however who have contacted Mr Readhead direct whom we have not spoken to.

A - Mark Wise to make contact with those relatives and advise as to the conduct of the enquiry, to note their concerns and pass back to the MIR

4. Mark also indicated that a number of relatives have formed an action group and are represented by a Solicitor Ann ALEXANDER, it is understood that she was involved in the families of the Shipman enquiry and thus has experience of medical negligence issues.

A - Mark Wise to arrange a meeting with Ms ALEXANDER to include himself, DCS WATTS and preferably both DCI DUNCAN and DI NIVEN, or at least one of them. This meeting's objective to explain the conduct of this phase of the enquiry.

5. In discussion it was agreed that we are reaching the end of the first phase of this investigation, the provenance of the new papers having been proved, and witnesses named therein having been interviewed. Before moving on to interview others including Mr PIPER & Mr HORN, it is important to develop a robust strategy based upon the best legal and scientific advice to that end, the following is proposed;

A - DCS WATTS, DCI DUNCAN & DI NIVEN to meet with;

a) Prof BAKER - carrying out the statistical analysis of death rates at the request of the Chief Medical Officer-Objective; to ascertain his methodology and the implications for the investigation of the range of possible results of his examination.

b) Mr Paul Close CPS - Objective; to discuss the implications of various investigative strategies and to discuss sources of best evidence, together with the implications for the potential of criminal prosecutions.

c) Prof Forrest - NCOF expert in Forensic medicine - Objective to discuss opportunities for gathering best evidence.

All above to be achieved if possible by the end of November 2002.

6. Following the above we will be in a position to consider additional lines of enquiry which may include interviewing all relatives who express concern and analysing the relevant medical records. It may alternatively or additionally be necessary to make a scientifically valid random selection of patients within defined parameters. At that time a decision will be taken as to the interview of Mr PIPER & Mr HORN and any necessity to re interview any person who has thus far been interviewed under caution.

A - DCC Mr READHEAD in his position as 'Gold' will be requested to inform Mr TANNER & Mr CRUDDACE of the NHS of the above.

Thank you for your hard work thus far.

Regards
 SW

Policy File - Decision No.:

Time and date of decision:- 1/11/02

Officer making decision:- D/I NIVEN

Decision :- GMC - Field VISUAL WATERLOOSE

WE HAVE BEEN CONTACTED BY MS CHRYSIE OF FIELD VISUAL WATERLOOSE (FVW) SOLUTIONS TO THE GENERAL MEDICAL COUNCIL (GMC). THEY ARE SEEKING TO MEET SENIOR MANAGERS FROM OF ROCHESTER TO OPEN CHANNELS OF COMMUNICATION & GATHER SOME UNDERSTANDING AS TO OUR INVESTIGATION. ON THE BEHALF OF THE CEO I HAVE AGREED TO MEET WITH REPRESENTATIVES FROM THE GMC & FVW.

Reason :

TO OPEN APPROPRIATE CHANNELS OF COMMUNICATION AND ESTABLISH EACH OTHERS TERMS OF REFERENCE IN ORDER TO ETHICALLY & TRANSPARENTLY ADVANCE INVESTIGATION

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Policy File - Decision No.:

Time and date of decision:- 4/11/02

Officer making decision:- D/NIVEN

Decision :- ALEXANDER HARRIS

ARRANGEMENTS TO MEETING OF 24/10/02 WITH SIO
ARRANGEMENTS HAVE BEEN MADE & CONFIRMED WITH
ALEXANDER HARRIS. **Code A** WILL ACCOMPANY
SIO & D/NIVEN TO MEETING

Reason :

TO OPEN UP APPROPRIATE CHANNELS OF COMMUNICATION
& SEEK TO REASSURE VIA SOCIETIES OUR
COMMITMENT TO INVESTIGATION

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 5 / 11 / 02

Officer making decision:- D/F NIVEN

Decision :- Professor Forrest.

AS per meeting of 24/10/02, Professor Forrest will be requested to review the reports of Monday, Ford Livesley et interview / prepared statement of Barton. The primary question asked of Professor Forrest will be "on the basis of his expertise is the conclusion as to the 'causation' or lack of, 'chance' or 'secondary' to provide the investigation team his advice as to the issues surrounding the therapeutic use of Diamorphine" finally "would the issues of 'causation' be affected if the sample cases were extended from the current 5 to a moderately or significantly larger group of 'realities'".

Reason: To seek an opinion from a forensic toxicologist with wide ongoing experience to ascertain whether the issue as to causation - and the current view that causation cannot be made out is sustainable. Taking into account current and other points

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 1600 6/11/02

Officer making decision:- SIO

Decision :- MANAGEMENT

DCI DUNCAN TO WITHDRAW FROM INVESTIGATION AND D/I NIVEN TO BECOME D/SIO

Reason: LINES OF ENQUIRY HAVE NO BECOME MORE APPARENT. DCI DUNCAN HAS NUMEROUS OTHER RESPONSIBILITIES THAT DEMAND HIS ATTENTION. D/I NIVEN HAS ALL THE NECESSARY ATTRIBUTES AND EXPERIENCE TO FULFILL ROLE OF D/SIO

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 1600 01/11/02

Officer making decision:- SIO

Decision :- MR HORNE & MR PIPER

To interview Mr PIPER & MR HORNE
ASAP

Reason : The investigation has reached such a point
that it can only be correct to undertake to
these interviews to get an account of events

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Policy File - Decision No.:

Time and date of decision:- 1600 6/11/02

Officer making decision:- SIO

Decision :-

The firm of ALEXANDER HARRIS TO ACT AS POINT OF CONTACT FOR FAMILIES WHO HAVE OR DO CONTACT THEM. IN RESPECT OF POLICE WHO CONTACT POLICE DIRECTLY - THE POLICE WILL NOT REFER THOSE POLICE TO ALEXANDER HARRIS. HOWEVER, POLICE WILL INDICATE THE SERVICE BEING PROVIDED TO OTHER FAMILIES.

Employing the offered services of AH is sensible in the main - consideration must be given to maintaining a police point of contact for non AH clients who must also be obtained for in terms of support.

Reason: After meeting with AND ALEXANDER POLICE agreed to accept an offer for AH to act as a police / family point of contact & thereby ensure that any non investigative communication between parties is coordinated and likely to benefit all involved.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 1600 8/11/02

Officer making decision:-

Decision :- SIO - D/SIO family meetings.

THOSE FAMILIES WHO HAVE PREVIOUSLY UNDER
COMPLAINTS TO OUR PROFESSIONAL STANDARDS DEPT
MAY REQUEST FROM A MEETING WITH THE SIO
OR HIS DEPUTY. LIKEWISE OTHER FAMILIES AS
INDICATED BY AH.

THE SIO RECOGNIZES THAT EACH FAMILY
IS ENTITLED TO EVEN TREATMENT & CONSIDERATION
ATTENTION MUST BE GIVEN TO ENSURE ALL
FAMILIES ARE TREATED EVENLY. WHETHER
LEGALLY REPRESENTED OR NOT.

EFFORTS WILL BE MADE TO ENSURE THIS
POLICY IS EXECUTED DILIGENTLY. IT IS RECOGNIZED,
HOWEVER, THAT DIFFERENCES TAKE INTO ACCOUNT
THE OTHER INVESTIGATIVE DEMANDS.

Reason:

TO BE ABLE TO OFFER REASSURANCE FROM A SENIOR
LEVEL AS TO THE CONSTABULARY'S COMMITMENT TO
UNDER TAKE A PROFESSIONAL & FAIR INVESTIGATION
IN A THOROUGH & EVEN MANNER

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 1600 6/11/02

Officer making decision:- SIO

Decision :- Inspector WISE

Insp wise to DISCONTINUE his role of Family Contact officer. This will take place gradually over coming weeks to allow for a phased disengagement. Consideration will need to be given for families not subject to the support of AH to have an identified police / family contact officer. This situation will need to be reviewed

In respect of matters within the domain of PSD - it will be a matter for that Dept as to who provides additional point of contact for the relevant parties.

Reason: ALEXANDER HARRIS HAVE OFFERED TO PROVIDE SUCH A CONTACT LIAISON SERVICE. THE SIO IS CONFIDENT THAT SUCH AN ARRANGEMENT WILL SERVE THE INTERESTS OF BOTH THE FAMILIES & THE POLICE. IN THE MEDIUM TERM THIS WILL ALLOW Insp WISE TO FULLY WITHDRAW AT AN APPROPRIATE POINT AND RESUME ALTERNATIVE DUTIES

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Time and date of decision:- 1600 6/11/02

Officer making decision:- SIO

Decision :- MEDIA

In respect of the firm of ALEXANDER HARRIS & HAMPSHIRE CONTABILARY - THE MANAGEMENT OF THE MEDIA WILL BE CONDUCTED INDEPENDENTLY BUT THE EXPECTATION WILL BE THAT SIGNIFICANT EVENTS WILL BE DISCUSSED IN ADVANCE WHERE EVER POSSIBLE & SUBJECT TO THE APPROBATIONS OF RUC AN ARRANGEMENT.

Reason : To enable appropriate media management to take place by both parties independently but in a transparent fashion. At the same time minimising unfair or inaccurate reporting

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Time and date of decision:- 1600 6/11/02

Officer making decision:- SIO

Decision :- Composite List Families.

To accept a list of complainants from
A H & Review with the list of possible
families currently within the M.I.R.

Reason : To ensure that every effort is made
to fully identify all potential subjects
and thereby ensure that none are missed

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Time and date of decision:- 12/11/02

Officer making decision:- D/SIO

Decision :- PIPER & HORNE

Reference to number 24 regarding the IPV of HORNE & PIPER. A tactical interview manager will be employed. If advice has been suggested. An interview strategy will be prepared and subject to my satisfaction main policy

Reason :

To ensure that all interviews are conducted in a manner, professional & ethical manner.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 1100 21/11/02

Officer making decision:- D/SZO.

Decision :- 1/2 PAPER @ HOME.

I HAVE AGREED THE 1/2 PAPER @ HOME AS
STANDARD. I ACCEPT THAT IT WILL
VARY TO A LIMITED EXTENT TO FACILITY
THE ISSUES THAT ARISE

Reason :

AS No 30

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

OPERATION ROCHESTER

INTERVIEW STRATEGY

This interview strategy is based on information provided by **Code A** **Code A** by way of a verbal briefing and transfer of documentation relevant to this enquiry.

This strategy will be agreed by the SIO and appended to the Policy Log. The information contained within this document should be treated as **highly sensitive material** and not disclosed to any person outside of the enquiry team without the prior permission of the SIO.

SIO DSUPT WATTS
D/SIO DI NIVEN

INFORMATION

Operation Rochester is the investigation into a number patient deaths at the Gosport War Memorial Hospital. These patient deaths are suspected to be linked to a prescription and administration of opiate drugs.

INTENTION

To interview two persons namely Tony HORNE and Ian PIPER on Thursday 21st November 2002 at Fareham Police Station. These interviews will be conducted as witness interviews under caution. The purpose of the interview will be to obtain information concerning their status and responsibilities within the Gosport War Memorial Hospital during the relevant time period and to establish their knowledge of the item served as pre interview disclosure (JEP/GWMH/1/8) and the information contained within this document.

METHOD

The interviewees will be booked into Fareham custody as voluntary attendees in accordance P.A.C.E. They will be told that they are free to leave at any time and that they are not under arrest. (The custody staff at Fareham Police Station has been made aware of the planned interviews).

See Code C1A;

Although certain sections of this Code (e.g. Section 9- treatment of detained persons) apply specifically to people in custody at Police Stations, those there voluntarily to assist with an investigation should be treated with no less consideration (e.g. offered refreshments at appropriate times) and enjoy an absolute right to obtain legal advice or communicate with anyone outside of the Police Station.

The interviews will be recorded on tape and conducted in accordance with the Codes of Practice for Tape Recorded Interviews (CODE E) The interviews will be witness interviews under caution.

CODE C 3.15

Any person attending a Police Station voluntarily for the purpose of assisting with an investigation may leave at will unless placed under arrest. If it is decided that he should not be allowed to leave then he must be informed at once that he is under arrest and brought before the custody officer, who is responsible for ensuring that he is notified of his rights in the same way as other detained persons. If he is not placed under arrest but cautioned with Section 10, the officer who gives the caution must at the same time inform him that he is not under arrest, that he is not obliged to remain at the Police Station but if he remains at the Police Station he may obtain free and independent legal advice if he wishes. The officer shall point out the right to legal advice includes the right to speak with a Solicitor on the telephone and ask him if he wishes to do so.

CODE C 3.16

If a person who is attending the Police Station voluntarily (in accordance with paragraph 3.15) asks about his entitlement to legal advice, he shall be given a copy of the notice explaining the arrangements for obtaining legal advice.

Officers who are conversant with the P.E.A.C.E model and familiar with the enquiry will conduct the interview.

Code A

D/SGT KENNY and the nominated Tactical Interview Advisor will monitor the interviews. The purpose of monitoring the interviews will be to raise any significant priority actions that may be pertinent to this enquiry.

The interview will be conducted in phases:

Phase one

Introduction and P.A.C.E. formalities (voluntary attendance)
Confirmation of disclosure

Phase two

Invite comment from the interviewee regarding circumstances of attendance at Police Station and any comment they may wish to make in advance of the questioning phase of the interview.

Phase three

Exploration of professional curriculum vitae.
Educational and professional skills background.
Detail any Medical skills/knowledge
Positions held, (location, period etc) responsibilities and accountabilities whilst employed by the National Health Service.
Current position within the National Health Service.

Phase four

Explore knowledge of the documentation disclosed prior to interview.

Explore when they became aware of the documentation-was it at any time during the previous investigations?

Explore knowledge of the persons named within the documentation.

Explore knowledge of the issues raised within the documentation.

Explore knowledge of other persons who were aware of the documentation and or the contents of the documentation.

Explore what, if any action, they or (to their knowledge) others took as a consequence of knowledge of the information contained within this document.

Phase five

Conclusion of interview- summary of information gathered.

Invitation to interviewee to offer comment about matters that either they wish to clarify or wish to raise that have not been spoken about during the course of the interview.

THERE WILL BE NO CHALLENGE PHASE DURING THE COURSE OF THESE WITNESS INTERVIEWS UNDER CAUTION

ADMINISTRATION

A copy of this Interview Strategy will be appended to the Policy log once it has been agreed by the SIO.

The interviewing officers will maintain the Hampshire Constabulary Investigators Notebooks and this will be submitted at the conclusion of the enquiry for the purpose of compliance with C.P.I.A.

The Nominated Tactical Interview Manager will be responsible for ensuring that the custody records opened by the custody Sergeant at Fareham are completed accurately.

PRE INTERVIEW DISCLOSURE

A copy of item reference JEP/GWMH/1/8 will be served on MR PIPER and Mr HORNE prior to interview on 21/11/02 and sufficient time will be given to allow time for a consultation with their legal representative prior to the commencement of any interview. This documentation will be required to be returned at the conclusion of the interview process.

RISK ASSESSMENT

A risk assessment has been completed and there is not considered to be any additional risk required to be catered for outside of the *Generic Risk Assessment* for policing duties. The HAZARD and RISK potential are considered to be low.

COMMUNICATIONS

The interviews will be monitored in the Detective Inspectors Office at Fareham Police Station. (641-150). This facility has been checked and is in working order.

The Enquiry team knows all personal mobile telephone numbers.

HUMAN RIGHTS

It is necessary and proportionate in the furtherance of this investigation to interview the persons named within this strategy and this interview is justified and a necessary medium of progressing this enquiry.

The rationale behind conducting witness interviews under caution is to ensure the admissibility of any evidence achieved during the course of the interviews.

Both Mr HORNE and Mr PIPER are believed to have held positions of responsibility within the National Health Service during the time period pertinent to this enquiry.

This interview strategy will be updated during the course of the Thursday 21/11/02.

Submitted for your consideration,

Janis Code A

Code A

Tactical Interview Manager

Noted by Office Manager:-

Signature of Officer making entry:-

Signature of Officer making decision:-

Code A

29/11/02

DEMAND
to expand investigation to include those
knowing to force AND seek
civil liberties forensic medical assistance

OR certain matters

Reason:

3. It is however, AGAIN that the ADDITIONAL
information generated by the (9/9/02)
Project B investigation by the Agency referred to that
event, further investigation may reveal evidence
of certain matters

2- In the absence of civil ADDITIONAL evidence
being generated as a result of the ADDITIONAL
information provided on 19/9/02 there are no
Averred to below in respect of claiming details,
AND USE advised may arise

1- There is no prospect of a prosecution in respect of
the parties now in the possession of CPS (Richard)
(+ 4 identified by left bracket)

Specific case with Director.
MR DRYBURN - with B MA case of CPS
ON the 28/11/02 SIO B D/SIO ~~with~~

Decision:-

Officer making decision:-

Time and date of decision:-

28/11/02
SIO

Policy File - Decision No.:

32

Time and date of decision:- 28/11/02

Officer making decision:- S.E.O.

Decision :- MEDICAL EXPERTISE

- 1. THE BOARDING TEAM WILL SEEK TO ASSEMBLE TOGETHER A TEAM OF EXPERTS UNDER THE LEADERSHIP OF PROFESSIONAL FORENSIC (OR OTHER PROMINENT EXPERT IF UNAVAILABLE) DISCIPLINES WHO WILL INCLUDE PATHOLOGIST, GERIATRIC, TOXICOLOGIC AS WELL AS OTHERS.
- 2. THEY WILL BE ASKED TO REVIEW ALL CASES SUBJECT TO POLICE INVESTIGATION. THIS WILL INCLUDE RICHMOND & OTHER 4 CASES REVIEWED BY CPS. THE REPORTS OF MUNDAY, JORD & LINDSEY WILL BE PROVIDED.
- 3. THE TEAM WILL BE INVITED TO IDENTIFY A SCIENTIFICALLY SOUND METHOD OF REVIEWING A REPRESENTATIVE SAMPLE OF CASES GOING BACK TO 1991. PROF BAKER WILL BE INVITED WITHIN THIS CASE. THE RECOMMENDATIONS TO BE DISCUSSED WITH CPS & COURTS PRIOR TO EMBARKING UPON IT.
- 4. TO GIVE CONSIDERATION AS TO SCIENTIFIC / EVIDENTIAL NEED FOR ANY ALTERNATION.

Signature of Officer making decision:- **Code A**

Signature of Officer making entry:-

Noted by Office Manager:- CONF

Noted by Office Manager:-

Signature of Officer making entry:-

Signature of Officer making decision:-

Code A

29/11/02

Reason: 1 - 2 To Advance Investigations To
 Prove or Disprove Any Criminal Offences in
 a Professional Accountant's Employment
 Appropriate Expenses

5. Dr Greenacre has experience with
 general practice as opposed to hospital
 procedures. At the moment in time
 we will not care upon his assistance.

Decision:-

Officer making decision:-

CON

Time and date of decision:-

Policy File - Decision No.:

34

Time and date of decision:- 6/12/02

Officer making decision:- D/SIO

Decision :- MTG WITH SHIA.

At 1100 hrs 6/12/02 I met with SHIA
 Senior Dr TANNER, Mr James, Mr Mason, Mr
 Taylor & the others. MTG called by SHIA
 re proposed investigation to be conducted by
 them. Having heard what was said I developed
 a concern that such an investigation could
 potentially cause prejudice or contamination to
 police investigation. We have always accepted
 that the public/police interest would prevail
 & that we would cooperate fully wherever
 possible & ethical. However, a process of
 logic would suggest that if causation or lack
 of it was challenging the case would have
 moved on from its previous position. If it could
 be

Reason: Evidentially ascertained that Dr Bacon had or
 anything had caused Dr King to the clear issue
 of potential corporate liability might arise. That
 being a possibility that it might be inappropriate
 for the SHIA to conduct their investigation for
 fear of contamination or prejudice. Dr TANNER

Signature of Officer making decision: Accepted the proposition NOT indicated that

Signature of Officer making entry: to proceed to go beyond the extent of

Noted by Office Manager:- the previous position indicated by the DEC

Time and date of decision:-

Officer making decision:- CONT.

Decision :-

THE BOARD.

I AGREE TO ADDRESS THIS ISSUE VIA THE SIO.

Reason

The DYNAMICS OF THE INVESTIGATION HAVE DEVELOPED BOTH IN TERMS OF NUMBERS & POTENTIAL OFFENCES. OUR INVESTIGATION SEEMS TO ASSESS THAT A CRIME HAS BEEN COMMITTED - IF SO - BY WHOM. HOWEVER, ISSUE OF CAUTION PROVIDE SOME CONSIDERATIONS & THE POTENTIAL ISSUE OF PREJUDICE CANNOT BE IGNORED IN ANY BODIES INTEREST. SUCH A PROCESS OF INVESTIGATION CONDUCTED BY THE SIA COULD CAUSE DIFFICULTIES. IN THIS INSTANCE THE PROPOSE SEEMS TO ME TO BE ABOUT DISCIPLINE & NOT PURSUING TO PROTECT THE PUBLIC / PATIENTS WHICH IS SIGNIFICANTLY DIFFERENT.

Signature of Officer making decision:

Signature of Officer making entry:-

Noted by Office Manager:-

Code A

Policy File - Decision No.: **37**

Time and date of decision:- 9/12/02

Officer making decision:- SIO

Decision :- Access Professor Baker

professor Baker will be granted access to records held by Police.

Reason :

to facilitate his work as Commissioner by the CMO. There are no integrity issues.

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

10/12/02

Noted by Office Manager:-

Time and date of decision:- 10/12/02

Officer making decision:- SEO

Decision :- Prejudice

HAVING CONSIDERED THE ISSUES RAISED ON 6/12/02 WITH SHA; SEO HAS DECIDED TO PUT POLICE POSITION INTO WRITING TO MR TANNER.

The principal points being

1. Desire to continue to work & communicate with each other
2. The safety of police (human) parameters
3. THAT ANY INVESTIGATION CONDUCTED NOT BY ADVANCE 2 ABOVE RAISES CONCERNS & OBJECTIONS ON BASIS OF PREJUDICE TO THE POLICE INVESTIGATION.
4. ADVANCE IN WRITING OBJECTION TO INVESTIGATION

Reason:-

5. SEEK RESPONSE FROM SHA

Authority to seek clarity & remove, remove position prejudice whilst always acting in public / PATIENTS INTEREST & IN PRESENT OF

Signature of Officer making decision:-

Signature of Officer making entry:- WITH LETTER TO MR TANNER

Noted by Office Manager:-

Code A



HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MIPD
Chief Constable

Western Area Headquarters
12-18 Hulse Road
Southampton
Hampshire
SO15 2JX

Our Ref. Op Rochester

Tel. 0845 04554545

Your Ref.

Fax. 023 80599838

10th December 2002

Dr Tanner
Director of Public Health
Hampshire & I.O.W Health Authority
Oakley Road
Southampton

Dear Dr Tanner

Re: Gosport War Memorial Hospital

I am aware that you recently held a meeting which included DI Nigel Niven regarding your proposal to undertake an internal investigation into matters of concern at Gosport War Memorial Hospital, those matters coincide, as you know with issues under investigation by ourselves.

I have now had the opportunity to discuss in detail with Nigel the matters raised during your meeting.

I would like to restate that we are committed to working with you in this matter and will seek to maintain good lines of communication, so that you are aware of the conduct of the investigation.

Two principles are paramount in this scenario, firstly the safety of the public and of patients at Gosport War Memorial Hospital, and secondly, the integrity of a full and professional investigation into allegations of a criminal nature.

I would not wish to seek to prevent you undertaking measures to ensure the safety of patients, however I must be cautious in respect of any action that may have implications for the criminal investigation.

The view that I take in respect of any investigation that you would undertake has to be:-

1. If the investigation that you propose is aimed solely at ensuring that current processes, systems and working practices maximise patient safety, and not upon examining historical issues, then I am content that it may continue with minimal impact to the criminal investigation. We would, of course need to discuss with you the exact terms of reference, and receive an undertaking that any material which may relate to criminal issues be made available to our investigation.
2. If the investigation that you propose is intended to examine historical activities with a view to disciplinary matters, I would have very real fears that the criminal investigation would be compromised.

My concerns would center upon a fear that any account given by key individuals may be affected by an interview prior to one undertaken in accordance with the Police & Criminal Evidence Act. In addition, key individuals may be reluctant to give more than one account albeit the criminal investigation is clearly separate to disciplinary issues.

I would therefore not be able to support such an investigation until criminal investigative processes had concluded.

In any event, before you embarked upon an investigation, I would want to consult, and share any proposed terms of reference with the Crown Prosecution Service, Special Caseworker who is involved in this case.

I do hope that this is helpful in explaining my position in this regard. I would be grateful if you could indicate your proposals as soon as you feel able to do so.

Yours sincerely

Steve Watts MSC DPM MCIM
Detective Chief Superintendent

Time and date of decision:- 12/12/02 25th Dec 16/12/02

Officer making decision:- SIO

Decision :- Experts

A meeting was held with Professor Robert Forrest 12/12/02 at Southampton Medico-Legal Centre. Agenda

1. Prof Forrest will draw together a team of eminent experts to review the medical evidence. This will include experts in Geriatric / Paediatric & General medicine. Prof Forrest will deal with toxicology. Prof Baker shall be approached to see in his own context to work with team to consider statistical / epidemiological issues.
2. Arrange 2 day seminar with above. A presentation of the investigation & strategic planning can take place. Medical notes will be provided.
3. D/F review will explore notions of copying & storing medical notes using CD Rom.
4. Reason: Professor Forrest estimate that the work will take 3-6 months
5. The analysis will include all cases referred to police & a sample of cases going back to 1989 as determined to be statistically valid by the team
6. Issues of funding will need to be addressed

Signature of Officer making decision:- with costs & protocol cost to be provided

Signature of Officer making entry:- by respective experts, agreement to memorise

Noted by Office Manager: none cost any more by negotiating with

NOTE on any NHS

Code A

Policy File - Decision No.:

Time and date of decision:- 18/12/02

Officer making decision:- SIO

Decision :- MCG SHA & CMI.

A meeting was held with above at PMQ. Each party presented its view on procedure & explained their objectives.

Decision 1. To contact CPS on issue & present drawings now prepared by SHA & CMI. There will discuss objectives & methods.

2. To see if the CMO could what with SIO to arrive at mutually agreed position

Reason :

To seek clarity & direction from CPS to ensure that no procedure could arise that could interfere with justice, while seeking to allow SHA & CMI to fulfil their tasks. Our cardinal needs demands that we operate in a professional & ethical manner that

Signature of Officer making decision:- DOES NOT COMPROMISE THE RIGHTS OF ANY INDIVIDUAL

Signature of Officer making entry:- OR CONSULTED WITH

Noted by Office Manager:-

Code A

Policy File - Decision No.:

Time and date of decision:- 20/12/02

Officer making decision:- D/S/O

Decision :- MFG CPS

Meeting held with Paul Case & Robert Dry-Bourne at Solihull Hill.

Partners documents (Atkinson copy) reviewed by CME & SFA.

Stated that we were seeking specific advice re every aspect of proposed course of action of both CME & SFA.

Partners are concerned as to procedure contemplated in respect of both any case against the individual or body concerned. It was agreed that we

Reason: would get a written response in the 1st part of January.

Agreed to proceed on the basis of best advice to protect rights of individuals, the integrity of the investigation & the

Signature of Officer making decision:-

Signature of Officer making entry:- work on Justice

Noted by Office Manager:-

Code A

Private & Confidential

Briefing Note for Crown Prosecution Service (CPS)

Gosport War Memorial Hospital Independent Management Investigation

Status of the investigation

This is an internal NHS management investigation commissioned by Hampshire & Isle of Wight Strategic Health Authority, East Hampshire and Fareham & Gosport PCTs. The investigation has no statutory basis and will depend on the cooperation of past and present NHS staff. The outcome of the investigation will be reported in private to the Chief Executive of the Strategic Health Authority and the chairmen of the PCTs. In the fullness of time - and once all other investigations are completed - the outcome and conclusions of the management investigation will be made public. Michael Taylor and Ed Marsden - two experienced NHS managers - are conducting the investigation.

Aims and objectives

The aim of the investigation is to establish what NHS managers knew about the matter of diamorphine prescribing at Gosport War Memorial Hospital (GWMH) and what action (if any) they took. The investigation will seek to resolve the question of what Ian Piper and Tony Horne knew so as their employers can make a decision about their current re-deployment and whether there is a need for any disciplinary action. The investigation could potentially identify other staff against whom disciplinary action may have to be taken. This could include senior NHS staff who were in post during the period covered by the terms of reference.

The attached terms of reference set out the specific issues the investigation is expected to cover (see Annex A.) The time period covered by the investigation is from the late 1980s to 1998.

Methodology

To date the investigating team have carried out the following work:

- Reviewed a substantial number of documents from Portsmouth Health Care Trust and the former health authority. (These documents include board minutes, executive management team minutes, various policy documents as well as a substantial number of adverse incident forms.) Among this material are a number of papers that are relevant to the investigation.
- Initiated a second trawl for documentation, as there may be further material available that is relevant to the investigation. Emphasis will be given to establishing the managerial responsibility of individuals against job descriptions and developing standards of NHS management practice between

1988 and the end of 1990s. The standards that will need to be tested include: risk management, monitoring of clinical quality and dealing with concerns raised by hospital / community based staff.

- Set in train a literature search at the Department of Health library so as to be able to understand the policy and operational context of the NHS in the late 1980s.
- Conducted a small number of informal scene-setting discussions with individuals who have knowledge of the Hospital but whom are not associated directly with the matters under investigation at GWMH.
- Identified a list of potential witnesses that the investigating team would wish to interview. The list is attached at Annex B. (The intention is to share this list with Hampshire Constabulary and seek their consent to interviews going ahead prior to letters being sent to individuals.)
- Discussed the conduct of the interviews with the lawyer advising the Strategic Health Authority and the two PCTs.

Outputs

The investigating team will produce a written report for the Strategic Health Authority and the PCTs. The report will be presented to the chief executive and the two chairmen respectively. They are likely to limit circulation of the report to their own advisers e.g. lawyers.

Potential outcomes

The investigation could lead to a number of outcomes including:

- 'no case to answer' in respect of Ian Piper, Tony Horne and others;
- disciplinary action being taken against either one or both of these individuals;
- disciplinary action being taken against other - as yet unidentified - individuals.

Timetable

The investigation should take no more than a matter of months to complete. An initial estimate is that the investigation should be concluded by March 2003.

Michael Taylor
19 December 2002

Ed Marsden

Terms of Reference

To **seek to** establish:

- whether or not any concerns were raised about any of the following:
 - the use of diamorphine [or any other opiate substance] ; or
 - prescribing regimes; or
 - the use of syringe drivers to administer medication;
 in relation to the treatment of patients at Gosport War Memorial Hospital (“the Hospital”) at any time between 1988 and 1998;
- If so, the way in which any such concerns were raised, by whom, to whom and when;
- What action (if any) was taken (and by whom) as a result of any such concerns and when;
- The effect (if any) that any action taken had, on any of:
 - the use of diamorphine [or any other opiate substance]; or
 - prescribing regimes; or
 - the use of syringe drivers to administer medication;
 within the Hospital in that period.
- Whether any action taken **at the time** was justified, in all the relevant circumstances;
- Whether any failure or omission to act **at the time** was justified in all the relevant circumstances;
- Whether any events at the Hospital (such as but not limited to patient deaths, untoward incident reports or complaints) during the period in question should have prompted those with management and/or clinical management responsibility for the Hospital at the time to take any steps, and if so, what steps and whether such steps were in fact taken;

- Whether any individual working at the Hospital or working in a post which involved responsibility for either clinical or administrative matters at the Hospital during the period in question either :
 - acted; or
 - failed to act; or
 - omitted to act; or
 - neglected to actin an appropriate manner in response to any such concerns or events, given their level of knowledge, seniority, experience and responsibilities at the relevant time.

WITNESS LIST

Cat.	Name	Address	Telephone
A+	The dossier nurses		
A	Trevor Abbotts	<h1>Code A</h1>	
A	Isobel Evans		
A	Denise Farmer		
A	Pam Grosvenor		
A	John Henly		
A	Bill Hooper		
A	Yvonne Mills		
A	Rosemary Paxton		
A	Nicky Pendleton		
A	Barbara Robinson		
A	Debbie Tarrant		
A	Paula Turvey		
B	Fiona Cameron		
B	Tony Horne		
B	Lesley Humphries		
B	Sue Hutchings		
B	Peter King		
B	Max Millett		
B	Ian Piper		
B	Dr Ian Reid		
B	Liz Ross		
B	Prof Martin Severs		

Private & Confidential

Briefing Note for the Crown Prosecution Service (CPS)

CHI investigation at Gosport War Memorial Hospital

Status of the investigation

This investigation falls within CHI's statutory function to investigate serious potential systems failures in the NHS. Under the Commission for Health Improvement (Functions) Regulations 2000, section 11, CHI is required to carry out an investigation when required to do so by the Secretary of State. This is not a matter for discretion on the part of CHI.

CHI has recently been instructed by the Secretary of State for Health to produce a report in respect of the Gosport War Memorial Hospital. This report will address a specific term of reference. CHI has been grateful to the Department of Health for facilitating a constructive dialogue in order to shape the terms of reference, though the final wording remained with the Secretary of State.

CHI understands that the letter instructing CHI to begin this work has been signed by the Minister and is currently en route to CHI. CHI understands that the decision to make the instruction public has been placed on hold pending the CPS decision.

Aims and objectives

CHI will produce a written, public report which addresses the terms of reference attached at Appendix A.

The investigation will examine whether from 1989 to 1998 there had been a failure of local NHS systems to properly act upon concerns raised by patients, relatives and staff about prescribing practices or unexpected deaths at the Gosport War Memorial Hospital.

CHI's objective is to understand whether there was a failure of systems. CHI will not make any judgements regarding the outcome of any individual complaint or the conduct or ability of any former or present member of NHS staff.

Methodology

In order to address the term of reference, CHI will:

- Request and review documents and correspondence from the former Portsmouth Healthcare NHS Trust and previous NHS organisations responsible for the management of the Gosport War Memorial Hospital. This would include complaints correspondence, correspondence with professional organisations (eg RCN), management team minutes and

prescribing policies. This documentary evidence has not been requested to date.

- Invite local stakeholders (such as patients and relatives) via the local media to tell CHI their views on the service between 1989 and 1998. CHI will be particularly keen to understand the systems in place for raising concerns and complaints and the outcome of such action.
- Interview present and, where possible, previous NHS staff to test out CHIs findings following the document review and stakeholder interviews. Interviewees may be accompanied during interviews, this may be by their legal representative who is not permitted to answer questions on the interviewees behalf. CHI would wish to interview staff mentioned in the "dossier" submitted recently by nurses as well as NHS managers responsible for the wards, complaints and hospital between 1989 and 1998.
- Consider whether to undertake a review of relevant case notes covering the period of the investigation.

Outputs

CHI will produce a report made publically available on the CHI website which will detail CHIs findings and recommendations.

CHI will take a non-verbatim note of each interview, which will be typed and collated via a software system.

Timetable

CHI would estimate that this piece of work could be completed by the Spring 2003.

Julie Miller

19 December 2002

Gosport War Memorial Hospital

Terms of reference for a further investigation by CHI

The investigation will look at whether, *from 1989 to 1998*, there has been a failure of local NHS systems to properly investigate and act upon concerns and complaints about standards of patient care.

CHI will take into account of the clinical audit, based on patient records, conducted by Professor Richard Baker.

The investigation will look at:

- the systems in place in the trust (and its predecessor organisations) from 1989 - 1998 to enable patients, relatives and staff to raise concerns about patient care;
- the concerns raised by patients, relatives and staff about prescribing practices or unexpected deaths from 1989 - 1998;
- the adequacy of the response to the concerns raised by patients, relatives and staff by trust managers;
- the adequacy of the trust's response to any concerns raised by professional organisations; and
- whether the management systems in place between 1989 - 1998 in local NHS organisations allowed concerns to be addressed at all levels

Policy File - Decision No.:

Time and date of decision:- 6/1/03

Officer making decision:- SFO

Decision :- SHIPMAN.

There are a series of Shipman Seminars taking place in Manchester from the 13/1/03.

It may require the Rochester team to attend (optional) meetings to expand their knowledge.

This decision does not intend to suggest there is any 'SHIPMAN' like aspect in Rochester. It merely recognises that some NHS & Crown practices are identical & knowledge

Reason: or from any ADVISORY MATTER

to gain knowledge to assist in investigation

Code A

Signature of Officer making decision:

Signature of Officer making entry:

Noted by Office Manager:-

Policy File - Decision No.:

Time and date of decision:- 8/1/03

Officer making decision:- SIO.

Decision :- LEGAL ADVICE.

ADVICE HAS BEEN RECEIVED FROM
MR CLOVE OF CPS AS PER NO 41.

IT IS THE VIEW OF THE SIO &
D/S TO THAT THIS ADVICE LACKS CLARITY.

CONSEQUENTLY THE DECISION HAS BEEN MADE
TO SEEK FURTHER ADVICE FROM BOTH THE
POLICE SOCIETY & INDEPENDENT COUNSEL

Reason :

TO ENSURE THAT EVERY ASPECT IS MADE TO
SECURE THE MOST WISDOM ADVICE TO
PROTECT THE INTEGRITY OF THE POLICE INVESTIGATION
& ANY SUBSEQUENT PROCEEDINGS SHOULD THEY ARISE.
TO PROTECT THE RIGHTS OF INDIVIDUALS & ELIMINATE

Signature of Officer making decision:
WILLIAMS

Signature of Officer making entry:-
A POSITION OF COOPERATION WITH THE POLICE

Noted by Office Manager:-

Code A

C W P Newell
Director, Casework



Casework Directorate
50 Ludgate Hill
London EC4M 7EX

Switchboard: 020 7796 8000
DX No: 300850 Ludgate EC4

Officer in Charge
Hampshire Constabulary
Police Headquarters
West Hill
Winchester
Hampshire SO22 5DB

Facsimile: 020 7 796 8648

Direct Line: 020 7 796 8502

Our Reference: LB3

Your Reference: DI Niven

6 January 2003

Dear Sir,

Gosport War Memorial Hospital

Following our meeting on 20 December 2002 I have now had a chance to consider further the potential problems which could arise from the separate enquiries which the relevant agencies will undertake.

I should stress at the outset that the CPS can only advise the police. It cannot advise other agencies. It cannot instruct anyone to take, or not to take, any particular course of action.

I cannot see that any enquiry based upon a review of the contents of the documents prepared by the hospital trusts and the CHI will in itself cause any obvious difficulty to the police enquiry provided the integrity and contents of those documents is not affected. In any event, the police cannot dictate to the other agencies how they conduct their own investigations.

It seems quite clear from our recent discussion that the agencies involved are very conscious of the potential problems, will work with the police and will take a common sense approach to overcome any difficulties.

I note the police enquiries are unlikely to be concluded until 2004 and the other agencies propose to complete their work by the spring of 2003.

I envisage that the police would find it useful to discuss with the other agencies the potential areas of conflict and difficulty which they could avoid or ameliorate when undertaking their enquiries.

The most obvious difficulty is the impact of various investigators talking to the same medical personnel, be they witnesses or potential defendants, and covering the same facts, albeit from different perspectives.

Whilst it may be impracticable to expect the other agencies to refrain from contacting any personnel, they may be encouraged to take steps to reduce the impact of their enquiry.

It would be prudent for those undertaking the non-police enquiries to ensure that the personnel to whom they talk, whether in a formal interview or not, are told of the precise nature of the particular enquiry and that it is wholly separate to the police enquiry. Obviously it is essential that no immunity from prosecution or suggestion of one, is given to the personnel in exchange for information.

A further potential difficulty could arise from the content of any report prepared by other agencies, particularly if it is made public. This is certainly the intention of the CHI Investigation. Care will be needed to ensure that such a report does not seek to apportion blame to identified individuals nor, conversely seek to specifically exonerate them. Similar principals would also apply to possible conclusions reached on 'management systems' (last term of reference in documents A to the CHI note) insofar as it could impact on any potential 'corporate liability.'

It may of course be that both agencies involved would happily agree to let the police see a draft of their respective reports in a few months time prior to publication. This may enable the police to consider more accurately whether anything in the reports is likely to impact adversely on the police investigation. Any decision to delay publication will be for the agencies concerned, but it may be possible to influence the decision, depending on the progress of the police enquiries.

I do not consider, unfortunately, that the potential problems arising in this matter can be resolved by any dogmatic legal advice. I will of course be only too pleased to advise further on any specific issues that arise. I envisage however there will be no simple or set answers. Difficulties inevitably arise where there are multi-agency enquiries into the same matter. This usually arises in 'disaster cases.' The inherent problems in those matters are worse, and often insoluble as various agencies are looking to obtain evidence to prosecute. That is not so in this case and the other agencies are seemingly willing to assist the police in any way in which they can or at least to do nothing which would hamper the police enquiry.

I hope I have addressed the issues which you have raised. I am conscious that the police would like a 'clear steer.' However we are probably in uncharted waters and navigation will be by instinct.

Yours faithfully

Code A

Paul Close
Casework Directorate

Policy File - Decision No.:

Time and date of decision:- 10/1/03

Officer making decision:- S/O

Decision :- presence mtg.

A mtg was held with force sector
in woodford, Dept with Mr Foster
(conv) of men

Code A

issue of presence discussed. Asked
to seek further advice from Mr
Foster in relation to company officer
to prepare investigations - provide advice.

Being mtg invitation received asking
S/O meeting with CMO 13/1/03.
Asked to attend & to provide police
position in regard to advice from
Mr Foster.

Reason :

to protect integrity of investigation
and in the best interests

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

RE THE INVESTIGATION OF DEATHS AT
GOSPORT WAR MEMORIAL HOSPITAL

Herewith: **OPINION.**

Hampshire Police Authority,
Police Headquarters,
Romsey Road,
Winchester,
Hampshire SO22

Ref: Mike Woodford

MICHAEL FORSTER,

Code A

Tel: **Code A**

Fax: 02380 320321

E-mail: **Code A**

Ref: MF/HPA/24

04 February 2003



**RE THE INVESTIGATION INTO THE DEATHS OF ELDERLY
PATIENTS AT GOSPORT WAR MEMORIAL HOSPITAL**

OPINION

1. In this matter I am instructed on behalf of Hampshire Constabulary (“the police”) to advise whether any prejudice may arise to the current police investigation or in any subsequent criminal proceedings from proposed concurrent investigations by (1) the Commission for Health Improvement (“CHI”); and / or (2) an internal NHS management investigation (“NHSIMI”), into the deaths of a large number of patients at the Gosport War Memorial Hospital (“the hospital”). The police are concerned, in particular, in relation to the potential impact of the proposed interviewing of potential witnesses and / or suspects by the two bodies.

2. The background facts are set out in a briefing document prepared by Code A entitled “Operation Rochester”, dated 27th January 2003, to which I would refer to the facts. There was also a preliminary discussion in conference on 10th January 2003.

3. I have been provided with the following documents from CHI and the NHSIMI:
 - ◆ A briefing note for the Crown Prosecution Service re the CHI investigation, dated 19th December 2002, by Julie Mellor.

 - ◆ A briefing note for the Crown Prosecution Service, dated 19th December 2002 by Michael Taylor and Ed Marston.

 - ◆ A document entitled "Terms of Reference" on NHS headed paper.

 - ◆ A witness list including the names of a number of “dossier” nurses and doctors.

4. The matters under investigation relate to the period between the late 1980's and the late 1990's, and concern the routine prescription and administration of diamorphine by the use of syringe drivers to patients, many of whom were elderly but who were not terminally ill and who had simply undergone routine surgery.

The Proposed CHI Investigation:

5. The CHI investigation proposes to produce a written public report. The investigation will examine whether there was a failure of local NHS systems to properly act upon information provided by patients, relatives and staff about the prescribing practices and deaths over the relevant period. The CHI proposes to interview present and former NHS employees and in particular staff members mentioned in the "dossier" submitted by nurses as well as NHS managers. A non-verbatim note would be made of the interviews. The written CHI terms of reference specifies issues which are likely to be considered by the police in any investigation of gross negligence manslaughter, whether by individuals within the administration or on a corporate basis.

The Proposed NHS Investigation

6. The proposed NHSMI, is an internal investigation commissioned by the Hampshire and Isle of Wight Strategic Health Authority, which is itself part of the NHS. The result will be made public "....once all other investigations are completed....". It is said that the investigation will be conducted by two named NHS managers who are experienced. I do not know the terms of their employment, but I assume that they have no past or present connection with the hospital. Once again the state aims and objectives of the NHSMI are in my opinion potentially material to issues which would have to be considered by the police in any investigation of gross negligence manslaughter, whether by medical staff or individuals within the administration or on a corporate basis. Unlike the CHI, the NHSIMI intends to investigate the roles of individuals and therefore might result in the specific attribution of blame. There is a witness list of persons which the NHSIMI would seek to interview.

Background Issues

7. The first point to make is that the police investigation relates to serious offences which are potentially murder, and/or gross negligence manslaughter, against members of medical staff, and / or administrative staff. There is also the question of corporate liability. The potential offences under investigation are therefore very serious. More than 60 fatalities are being investigated. For this reason also, the case is potentially of the utmost gravity. There is a very high public interest in the investigation by the police, and any ensuing criminal proceedings being unimpeded.
8. Whilst previous police inquiries have not resulted in any prosecution primarily because of the absence of any robust evidence of causation, the police have now instructed professor Forrest whose preliminary opinion indicates that it is likely that causation will be established. In addition, the “dossier” nurses have subsequently come forward with further information, and there will be evidence of a statistical analysis, similar to that in the Shipman Enquiry. In these circumstances, the police consider that there is a real possibility of a prosecution resulting though of course the probabilities cannot be clearly assessed at this stage.
9. There has been a previous CHI investigation which reported in May 2002. The object of this previous investigation was to establish whether the current situation at the hospital was acceptable. I have not had sight of this report but I am informed that the conclusion was that whilst there had been serious problems, these were of a historical nature and that the current situation was satisfactory. It is very important to note that that inquiry concluded that there is no current risk to the public. Neither the proposed NHSIMI nor the CHI enquires are necessary to remedy any such risk at the hospital.
10. In my opinion, there are two main areas which might result in prejudice to criminal investigation and any resultant prosecution. These relate to (1) publicity, and (2) the interviewing of witnesses.

Publicity

11. It is apparent from the CHI document, that it is planned that the CHI will produce a written public report which will not to attribute individual blame, but will look at the administration of the hospital. This subject is highly relevant on the question of gross negligence manslaughter whether in relation to individuals or at a corporate level. Any report might either be highly critical of the administration, or conversely it might exculpate it. The latter might well carry express or implied criticism of medical staff even if individuals are not named. If published, this might be prejudicial to any medical staff facing gross negligence manslaughter charges.
12. Whilst the CHI investigation is expressly not intended to attribute blame to individuals, there may well be serious criticism of the systems in place at the time. This might prejudice a trial of any corporate charges, and /or any senior administrative staff. It might prejudice any case as to the respective culpability of an individual on one hand, and the system on the other, which would be particularly relevant in any gross negligence manslaughter charge. This is because a key element of the offence is whether any negligence was so bad as to be criminal or "gross" negligence. This may well involve considerations of the conduct of an individual in the context of the system as a whole. Any individual might wish to argue "I only did what I was told, the system is to blame". In this context exculpation of the system is potentially prejudicial.
13. Further, a failure of the system to act on information might well necessarily involve investigation of who provided information, when, and to whom. This likely to be a central factual issue in establishing negligence in the criminal context both at an individual and corporate level. Issues of individual responsibility and systemic failure are likely to be inextricably intertwined.
14. The objects of the NHSIMI expressly encompass the possibility of attribution of blame to individuals and if this were published would clearly be potentially prejudicial to a trial of any such individuals.

15. Whilst the NHSIMI is described as "internal" it is made plain in the first paragraph of the briefing note that the outcome and conclusions will be made public "once all other investigations are completed" (my emphasis). There is therefore the possibility of publication pre trial. If a report criticising the conduct of individuals who were the subject of prosecution were published there is in my opinion a clear risk of potential prejudice to those individuals in any subsequent trial.

Interviewing Witnesses

16. At this stage in the investigation, the police are unable to specify which witnesses they may wish to interview under caution or take witness statements from. With the exception of Dr. Barton, as far as I am aware, potential suspects have not been identified. However, even when this is clarified in due course, I cannot see that there will be a category of witnesses who will be relevant to the NHSIMI / CHI enquiries who will be irrelevant to the police investigation.
17. It is apparent that the police and CHI have already interviewed a number of people. Thirty-five witnesses have already been interviewed by the police, some under caution. Some are to be regarded as potential suspects. Some of the administrative staff, a number of whom have very senior positions within the NHS, are also potentially suspects/witnesses, not only in relation to the primary offences but also in relation to the corporate aspect. The main suspect is Dr Barton. Dr Barton has been interviewed by the police. She simply gave a pre-prepared statement. She is one of the people listed on the "witness list" whom the NHSIMI intend to interview. There are also a number of "dossier nurses" whose evidence will be central to the police investigation. Both enquiries expressly wish to interview these people. Of the 27 witnesses the NHSIMI intend to interview, only one has been interviewed by the police. Of the twenty-seven, ten have already been interviewed by the CHI. As there is a high probability that the police will also need to interview these witnesses there is a likelihood of witnesses having to undergo multiple interviews which will add to the complexity of the investigation. For this reason, it would be preferable for the police investigation

to interview all potential witnesses with the NHSIMI and CHI enquiries in this regard postponed.

18. The police are concerned that there may be contamination of witnesses' evidence arising from interviews by the NHSIMI / CHI enquiries. This would depend on how the interviews were conducted. A witness's evidence can be contaminated by matters being put to them rather than being asked neutral questions. This might occur in the context of the NHS/CHI investigation. The police investigation could also be prejudiced by premature dissemination of information to suspects.
19. It is apparent that the precise terms of the questioning will not be recorded by CHI (the briefing document indicates that a mere "non-verbatim" note of each interview will be made). There will thus be no accurate record of what information was given to people who may well be potential suspects. It is not clear what provision will be made for this by the NHSIMI.
20. There is also a risk that if potential suspects are interviewed by the NHSIMI, during what is after all an internal investigation, this might taint the versions the witnesses would give in interview with the police. The NHS, or one of its subsidiary bodies, might itself be a potential suspect in relation to corporate manslaughter. Even if the NHSIMI investigators are in fact entirely impartial (and there is nothing to suggest they are not), there might be a reasonable perception of a hidden agenda. It can hardly be seen as fair for the employees of a potential suspect to have been given the opportunity to interview witnesses of primary fact, before they have been interviewed by the police, without any objection from the police. This is especially so in the context of potential gross negligence manslaughter charges, where the attribution of negligence is a central issue.
21. Therefore I conclude there is a risk of prejudice, and / or a perception of prejudice, arising from the interviewing of witnesses / suspects by the NHSIMI and CHI. If there is a serious concern that evidence may be contaminated there is obviously a concomitant impact in the administration of justice and a consequent risk of any

subsequent criminal proceedings being stayed as an abuse of process, or evidence being excluded under Section 78 of the Police and Criminal Evidence Act 1984. This is perhaps why it is normal practice for civil investigations to await the outcome of criminal investigations / proceedings. Even where it is important that civil proceedings should be dealt with swiftly and decisively, there remains a judicial discretion to delay for fear of prejudicing the fairness of criminal proceedings (see Harris -v- Crisp (1992) The Times, August 12 (CA) and Szczepanski -v- Szczepanski [1985] FLR 468 (CA), in the context of proceedings for committal for contempt and criminal charges arising from the same incident).

22. Whilst the police cannot prevent the CHI or the NHSIMI interviewing witnesses, because of the risk of prejudice outlined above, in my opinion the police should request that the NHSIMI and CHI do not to interview any witnesses until (a) the police investigation has concluded and a final decision that no prosecution will take place has been reached, or (b) the conclusion of any prosecution. This request could be combined with an offer to allow access to any material obtained by the police, after the investigation or any subsequent proceedings are concluded. Once the NHSIMI and CHI have considered the documentation, agreement to this will effectively suspend their enquiries.
23. It has to be recognised that it is unlikely that the criminal investigation will be concluded until 2004. There is an obvious countervailing public interest in the NHS and CHI enquiries being conducted as soon as reasonably practical. For this reason it is clearly essential that the police investigation and any consequent prosecutions are dealt with as expeditiously as possible against a background of already substantial delay.
24. In the event that the NHSIMI and / or CHI decide to proceed, they should be requested not to make any reports public until the conclusion of any criminal proceedings or a decision not to prosecute.

Code A

MICHAEL FORSTER

4th February 2003

Policy File - Decision No.:

Time and date of decision:- 13/1/05

Officer making decision:- SFO

Decision :- presence.

MTG had CMO Mr. Richmond have
SFO at police position in advance
of written advice.

CMO accepted police position re
presence of SFOs Area SNA & CHZ
investigations.

Arriving police would notify CMO
as expected to be used in order to
conduct their enquiries.

Reason :

To avoid frustration & prevent
investigation in public interest whilst
protecting rights of individuals.

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Policy File - Decision No.:

Time and date of decision:- 16/1/03

Officer making decision:- J.E.O.

Decision :- Patient Record Copying

As per page 39. It ~~was~~ has been decided to seek to have all patient records stored on CD. options have been considered

HANTS Police printing Dept.

BSB Forensic.

Hugh Simons info management

Worm Guard Limited.

Decision

on basis of cost, time, integrity & systems worm guard have been chosen. All businesses had their information

Reasons to ensure process to quality assure process & protect.

Reason to approve investigation by employing technology which protects integrity & minimise economic consequences

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A



Ref: TW/Poole Office
QN: HAMP0002TW

15 January 2003

Code A

Major Crime Team
Hampshire Police
Operation Rochester
Hulse Road
Southampton
SO1 2JX

Reply to:
Tom Waller- Business Development Manager

Code A

Dear **Code A**

Re. Scanning of Medical Records

Further to our brief telephone conversation last week and your subsequent visit to us yesterday, I have pleasure in detailing our proposal for the archiving to CD-ROM of the documentation in question and the costs associated with your requirement.

Since your meeting with our Caroline Cowling and Ben Wilson, I have a fuller understanding of your requirements and their purpose and am therefore now able to provide exact costs rather than the general ones originally quoted verbally.

Document Image Processing – Proposal

We are proposing to scan your documents to create group 4 TIFF files and output them to CD-ROM. The documentation can be indexed to suit your requirements, usually this would be by Patient name and number and date of birth.

The retrieval and viewing software is called CDView. It has been developed by Hugh Symons, is written in Visual Basic and is supported by a MS Access database. The system can be standalone or networked and will operate on Win 95 or above including NT. The programme is completely 'open', thus allowing the simple migration of data to other document management systems in the future should this be required.

CDView software is provided **free of charge**, it can be installed on a license free basis on as many PCs as you require with installation, training, ongoing support and upgrades provided free.

All you will require for a basic installation is a current entry level PC fitted with a CD drive.



Alder Hills Park
16 Alder Hills
Poole Dorset
BH12 4AR
Tel: 0870 849 0220
Fax 0870 849 0221

6 Temple Street
Sidmouth
Devon
EX10 9AY
Tel: 0870 849 0222
Fax: 0870 849 0223

The Parkland Business Centre
Leeds Road
Greengates
Bradford BD10 9TQ
Tel: 0870 849 0218
Fax: 0870 849 0219

A member of the Hugh Symons Group
Registered in England No: 1187478
Registered address: Alder Hills Park
16 Alder Hills
Poole
RH12 4AR

Itemised Imaging Costs

Please find below our itemised costs for scanning your documentation.

1	To colour scanning A4/A3 in duplex mode at 200dpi	£70.00 per 1,000 images
2	To colour flat-bed scanning of EEG/ECG traces. (traces to be unbroken with image overlap to maintain continuity of line)	£20.00 per hour
3	Indexing (manual keying of index data)	£10.00 per 1,000 characters
4	Writing images and retrieval data to CD (typically 5 – 6,000 A4 colour images per CD)	£35.00 per CD
5	Provision of back-up CDs	£25.00 per CD copy
6	To any document preparation prior to scanning (eg. de-stapling, unfolding etc.)	£10.00 per hour
7	To document reconstitution after scanning	£15.00 per hour
8	CDView retrieval and viewing software	Completely free of charge
9	Secure storage of CD-ROMs (if required)	£1.00 per CD per month

The above costs are exclusive of VAT.

The hardware and software we employ in the production of electronic images is designed to minimise the error rate likely to be experienced in this operation. Image production however includes a great deal of human intervention which in itself introduces the possibility for error. We will apply our usual standard of vigilance at all stages of production to achieve as near 100% accuracy as it is sensibly possible to achieve.

If you demand 100% accuracy (which may or may not be achievable), it will be necessary for each document to be checked against every images created and if this is necessary, there would be a charge of £30.00 per hour for this requirement.

We also recognise the importance of maintaining the integrity of individual documentation rather than the division or separation of pages to simplify the scanning procedure – this will again add time to the procedure which is reflected above.

I trust our costs prove to be acceptable and that we are chosen to undertake this project for you. I have included an overall cost estimate for this project as a guide but the final cost will be dictated purely by the volume and content of the records.

When you are in a position to move forward with this project or if you have any questions or queries on the foregoing, please do not hesitate to contact me.

Yours sincerely

Code A

Tom Waller

Code A

From: Steve Saywell **Code A**
Sent: 15 January 2003 16:41
To: **Code A**
Subject: Requested Costings

Hi **Code A**

Following our telephone conversation please find details of costings as requested. Justin apologises for not getting back to you himself sooner but he has been involved with several meetings this afternoon.

To Scan Mixed Documents Into a Colour Format.	£ 50.00 per 1000 Images.
Document Preparation.	£ 9.50 Per Hour
Indexing Of Documents.	£ 6.95 Per 1000 images.
Master Set Cds.	£ 15.00 Per CD.
Duplicate Set Cds.	£ 10.00 Per CD.
Image Encryption and Full Text OCR.	£ Free Of Charge.

I hope you find this information of use but if I can be of any further help please do not hesitate to contact me.

Regards

Steve Saywell
Bureau Manager
01264 320930
Mobile: **Code A**

16/01/03

Time and date of decision:- 16/1/03

Officer making decision:- SFO

Decision:- Family Group Meeting

To allow team to attend a family group mty in respect of those families requested by Alexander Harris. This is at the invitation of Alexander Harris. All of requested team will attend & be supported by a support staff member.

Now Alexander Harris families will also be invited to attend by D/C Resilworth but it will be recognised that they have no objection to accept the previous decision.

Reason: to continue to extend & maintain a professional relationship with all families

Code A

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-



HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MIPD
Chief Constable

Western Area Headquarters
12-18 Hulse Road
Southampton
Hampshire
SO15 2JX

Our Ref.

Tel. 0845 04554545

Your Ref.

Fax. 023 80599838

24th January 2003

Mr A.H.R Clifford

Code A

Dear Mr Clifford

I am writing to you to inform you of a meeting that will be held at 7:30 p.m. Wednesday 5th February 2003, at the Solent Hotel and Spa, Southampton Road, Titchfield. I have enclosed a map showing the position of the Hotel.

This meeting has been organised by Alexander Harris, Solicitors and its purpose is to provide an update to all the relatives. Alexander Harris have kindly invited Officers from the Hampshire Constabulary Investigation Team to attend this meeting.

This invitation has been accepted and a number of the Investigating Officers from Operation Rochester will be present during the evening.

Whilst this event is being staged by Alexander Harris for their clients, the invitation has been extended to all families – not just those represented by that Company. I would like to stress that it is entirely a matter for you whether or not you attend this meeting. I would further emphasise that your attendance places you under no obligation whatsoever to secure the services of Alexander Harris.

During the evening it is hoped to provide an update as to the progress of the Police investigation, albeit subject to necessary investigative restraints. It will also be a good opportunity for me to meet those of you who I have not yet seen.

Yours sincerely

Code A

Code A

AS CONTACTED TO CORRECT LOCATION

Policy File - Decision No.

Time and date of decision:- 5/2/03

Officer making decision:- S/O

Decision :- MEDICAL TEAM INCREASE

OP. ROYAL TEAM ATTENDED FAMILY
GRUP MEETING. MR POSE - FAMILY GRUP
MEMBER SUGGEST TO S/O @ D/I MIND
THAT MEDICAL TEAM INCREASE A MISSING
EXPECT. WITH THE CONSIDERATION
THIS WAS DEVED.

THE IDENTIFIED PROBLEMS WOULD BE
SOLVED FROM NCOV AREA BASE.

Reason :

MR POSE EXPANDED ABOUT HE HAD
LARGE MANY CONSIDERING WITH FROM A
MISSING PERSPECTIVE. THIS WAS CONSIDERED
TO BE A SENSIBLE IDEA THAT WOULD
ADVANCE TEAM UNDERSTANDING

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

Code A



HAMPSHIRE CONSTABULARY

Paul R. Kernaghan QPM LL.B MA DPM MIPD
Chief Constable

Western Area Headquarters
12-18 Hulse Road
Southampton
Hampshire
SO15 2JX

Our Ref.

Tel. 0845 0454545

Your Ref.

Fax. 023 80599838

14th February 2003

Mr B Page

Code A

Dear Mr Page,

Re: Gosport War Memorial Hospital

Thank you for your letter of the 6th February 2003. Mr Watts has asked me to reply on his behalf.

Firstly, I would like to thank you for taking the trouble to write and provide us with your feedback in respect of the meeting of 5th February. We are pleased that we were able to reassure you and the other relatives present as to our commitment to thoroughly and fairly investigate this matter.

In respect of your suggestion to consult a Nursing expert, I have to say that both Mr Watts and I took on board what you said. It struck us then that such an expert could assist massively our understanding of the medical evidence and supplement the expertise of our medical team.

Consequently, we have consulted our colleagues at the National Crime and Operations Faculty at Bramshill. They recommended a Nursing expert with, I have to say, absolutely impeccable and wide ranging credentials. I am pleased to say that this lady has agreed to join our panel of experts.

Investigations of this kind are still a relatively new phenomena for the Police to investigate. We are only too happy to accept advice from others as to the best way to move forward. Again, I would like to thank you for attending the meeting and sharing your thoughts with

- 2 -

us and, equally, for your very sensible suggestion in respect of commissioning a Nursing expert.

Please feel free to contact us again, either directly or through

Code A

Yours sincerely

Nigel Niven
Detective Inspector

Code ATel: **Code A**

Detective Chief Superintendent S Watts
Operation Rochester
Hampshire Constabulary HQ
West Hill
Romsey Road
Winchester
Hampshire
SO22 5DB

Thursday 6th February 2003

Dear

Chief Supt. Watts,

RE: GOSPORT WAR MEMORIAL – OPERATION ROCHESTER

I would like to thank you and your team for your presentation and the opportunity to raise questions at the meeting on Wednesday evening. I can assure you that I now personally feel reassured that this case is being investigated fully and can trust in any future outcome.

May I reiterate the conversation that I had with DI Nigel Niven suggesting that you consider using the expertise of an experienced Ward Nurse/Sister to study the medical notes, in addition to the eminent professionals in their own specific fields, you intend to use. I feel that this would establish an overall picture of each case.

In my mother's case, although I have a medical background and was able to understand her medical notes, it was invaluable to me to have my daughter peruse my mother's medical notes. As a Senior Nurse Manager, she was able to give me a balanced and brief overall appraisal of the Nursing & Medical Management/Care and the Drug treatment of the case. More importantly, she was able to quickly identify and confirm areas of concern that formed the basis of my complaint.

Yours sincerely,

Code A

Copy:
DI Niven

Policy File - Decision No.:

Time and date of decision:- 2/12/03

Officer making decision:- J. SLO.

Decision:- Medical Team - meeting 8/3/03

reference to Policy pages 33 and 28/11/02 @ 39 and 2/12/02 - the team will be

- Robert Forrest (Lead)
- Robin Fenner
- Peter Lawson
- Anne May Smith
- Ernie Evans

A meeting has been proposed on 8-9/3/03 at Manchester. Letters have been addressed by way of invitation. All members of my team will attend & each will be assigned an expert to engage on a

Reason: 1 to 1 basis.

To Analyse the medical records to ascertain & explain the evidence. By contributing what the basis of their individual disciplines will allow police, etc & course

Signature of Officer making decision:-
Signature of Officer making entry:-

Code A

Noted by Office Manager:-



HAMPSHIRE CONSTABULARY

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12th February 2003

Professor B Forrest
The Medico Legal Centre
Watery Street
Sheffield
S3 7ET

Dear Professor Forrest

Re Operation Rochester – Gosport War Memorial Hospital

I am writing in connection to the above matter which is an investigation into a number of questioned deaths. As it would have been explained to you by members of the investigation team, our role is to thoroughly investigate these deaths and seek to establish if a crime has been committed and if so, by whom.

To that end, we have decided to draw together a team of experts to assist us to consider the complex medical issues involved. This team is to be headed by Professor Robert Forrest.

As a member of this team you are invited to attend a meeting with your fellow team members and the investigating officers. This meeting will take place over the weekend 8th and 9th March 2003 at Cheadle House, Lakeside, Cheshire. Full details of both the location and itinerary will be dispatched soon.

In brief, the purpose of the meeting will be to provide you with a number of presentations relating to the background of the case and the progress of the police investigation. In addition, you will all be provided with full copies of the relevant medical records which have been written onto DVD.

These disc's will be issued to you for the duration of the investigation. I would be grateful if you could confirm whether or not if the computer you intend to use has a DVD capability. If not, we will arrange to have one fitted at our expense. A training presentation in respect of the use of the DVD records will be provided.

- 2 -

In order to assist us make the necessary arrangements, I would be grateful if you could confirm that you will be able to attend the meeting and clarify whether you will need to have a DVD player installed.

I very much look forward to hearing from you in the near future.

Yours sincerely

Nigel Niven
Detective Inspector

Policy File - Decision No.:

Time and date of decision:- 14/2/05

Officer making decision:- D/SIC

Decision :- NATIONAL Crime & Operations Agency

I have asked the informant to visit the Receiver MIRA & discuss what support the NCOP can provide (in) investigation

Reason :

To ensure an investigation can benefit from existing knowledge held by NCOP & also share all experience. Best practice will support of Govt of having an open, virtual

Signature of Officer making decision:-
Signature of Officer making entry:- Professional investigation

Code A

Noted by Office Manager:-

Code A