

*Roemster*

*Book No 4*



# Major Crime Investigation

## Senior Investigating Officers

# Policy File

Offence :-

Victim :-

S.I.O. :-

Deputy S.I.O. :-

*D/Sgt [unclear]*

*D/Insp [unclear]*

Date Enquiry Commenced :-

Date Enquiry Completed :-

*16/9/02.*

102-13

# OPERATION ROCHESTER

## POLICY FILE

# 4

1. 21 02 2003 RESPOND TO ALEXANDER HARRIS
2. 07 03 2003 SUMMARY
3. 08 03 2003 FAMILY GROUP UPDATES
4. 10 03 2003 MATRIX FOR CLINICAL TEAM ASSESSMENT
5. 12 03 2003 EXHIBIT MANAGEMENT
6. 19 03 2003 INTERVIEWING MEDICAL STAFF
7. 14 04 2003 VICTIMOLOGY PROFILE
8. 15 04 2004 F C O REVIEW
9. 15 04 2003 CONTINUED
10. 26 04 2003 VICTIMOLOGY POLICY
11. 08 05 2003 AGREED BULLETIN
12. 13 05 2003 FCO – TOR AMENDED
13. 14 05 2003 PACE ORDER
14. 14 05 2003 CONTINUED
15. 27 05 2003 MEDIA POLICY
16. 04 06 2003 CLINICAL TEAM CO-ORDINATOR
17. 04 06 2003 CONTINUED
18. 20 06 2003 CLINICAL TEAM PROFESSOR FORREST
19. 20 06 2003 CONTINUED
20. 20 06 2003 CONTINUED
21. 08 07 2003 AGREED BULLETIN NO. 2
22. 09 07 2003 CLINICAL TEAM MEETING
23. 10 07 2003 SHA AND PCT UPDATE
24. 05 08 2003 BUDGET
25. 14 08 2003 FIELD FISHER WATERHOUSE – MATHEW LOHN



# OPERATION ROCHESTER

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26.	26 08 2003	MEETING S I O
27.	01 09 2003	FIELD FISHER WATERHOUSE FEES
28.	02 09 2003	LEGAL REPRESENTATION DR. BARTON
29.	03 09 2003	DCC ATTENDANCE T O R
30.	07 09 2003	CLINICAL TEAM MEETING
31.	11 09 2003	FAMILY GROUP MEETING
32.	12 09 2003	MEDIA
33.	19 09 2003	MATHEW LOHN
34.	24 09 2003	MEETING WITH MATHEW LOHN
35.	29 09 2003	ARRANGE TO MEET WITH G M C S H A P C T
36.	29 09 2003	CONTINUED
37.	29 09 2003	CONTINUED
38.	29 09 2003	CONTINUED
39.	30 09 2003	G M C
40.	30 09 2003	MEETING WITH ANN ALEXANDER
41.	06 10 2003	G M C LETTER AND REPLY
42.	07 10 2003	FIELD FISHER WATERHOUSE CONFLICT OF INTEREST
43.	07 10 2003	MEETING WITH C P S
44.	09 10 2003	C M O LETTERS - BAKER REPORT
45.	16 10 2003	FIELD FISHER WATERHOUSE CONFLICT OF INTEREST
46.	10 10 2003	MEDIA
47.	17 10 2003	MEETING D/SIO
48.	17 10 2003	CONTINUED
49.	27 10 2003	KEY CLINICAL TEAM
50.	03 11 2003	BULLETIN NO. 3

**POLICY BOOK 4**

<b>TIME &amp; DATE</b>	<b>BY WHOM</b>	<b>DECISION</b>	<b>REASON</b>	<b>DECISION NO.</b>	<b>PAGE NO.</b>	<b>APPENDIX</b>
21/02/03	SIO	<p><b><u>Respond to Alexander Harris</u></b></p> <p>On the 18/2/03 an email was received from Alexander Harris on behalf of Ann Alexander. This raised objection in respect of a Press Release of the HQ &amp; I.O.W SHA. Today I have responded both to Ann Alexander of AH and All of the various family members.</p>	<p>We have worked extremely hard to develop and promote our relationship with Family Groups and AH. This is to meet our obligations with deceased families and to support our investigation – all in an ethical way. AH mistakenly challenges us. The letters (attached) explains our position and I think it only right to write to each person.</p>	01	1	<b>Appendix 15</b> – Letter sent to Family Group Members re Press Release of 17/02/03.
07/03/03	D/SIO	<p><b><u>Summary</u></b></p> <p><b>Code A</b> has formally prepared a summary of case. This has necessary mentioned the identifies of various individuals. This document was prepared to assist Counsel. The same document will be the basis of the presentation to the Experts. It will, however, have any reference to any medical or other individuals removed with the exception of patients. Copy attached.</p>	<p>As far as we are concerned there are no suspects. We are investigating the circumstances in question and seeking to ascertain if a crime has been committed and if so, by whom. We seek to avoid contaminating others minds and will always emphasise the need to retain open minds.</p>	02	2	<b>Appendix 16</b> – Briefing document by DS Kenny.
08/03/03	SIO	<p><b><u>Family Group Updates</u></b></p> <p>Should the investigation arrive at a</p>	<p>To ensure the F.G are provided with information from those best able to explain it in line with our</p>	03	3	

DATE				NO.	NO.	
		<p>conclusion that does not support prosecution – and that conclusion was based upon medical factors/legal factors. The SIO would seek to have a member of both the Medical Team and CPS to assist convey the message at the FG meeting. This Policy does not seek to suggest a view as to the evidence, either way. Merely to seek to plan out our contingencies for all potential outcomes.</p>	<p>undertaking to keep families informed.</p>			
10/03/03	D/SIO	<p><b><u>Matrix for Clinical Team Assessment</u></b></p> <p>Attached is a form devised by the Team of Experts to assist the process attached. The Team of Experts will refer themselves as “The Clinical Team”.</p>	<p>To enable the Clinical Team to chart and consider each case in a consistent and methodical manner.</p>	04	4	<p><b>Appendix 17 – Screening Form</b></p>
12/03/03	D/SIO	<p><b><u>Exhibit Management</u></b></p> <p><b>Code A</b> (Exh/Disc) wishes to convene a meeting with the Investigation and Exhibit Officers in respect of the previous GWMH investigation. Our investigation is being managed on HOLMES II, the previous was managed on a MIRSAP paper system. On a</p>	<p>To maintain a professional and ethical investigation in a way investigative areas.</p>	05	5	

DATE				NO.	NO.	
		precautionary basis <b>Code A</b> wishes to meet with his colleagues to ensure the transfer is completed in a professional basis and that errors in continuity are avoided.				
19/03/03	SIO	<p><b><u>Interviewing Medical Staff</u></b></p> <p>Whilst the Clinical Team are conducting a review of the medical records the time has now arrived to I/V all the identified staff. To facilitate the process the Rochester Team will employ an Aide Memoire. This will be devised and agreed by the SIO and a copy duly adhered thereto. All interviewing will be done on a witness basis and with the rights and concerns of the individuals being fully recognised.</p>	To ensure best evidence is secured in a consistent and professional manner. Prior notice will allow staff to take both legal and professional body advice.	06	6	<b>Appendix 18</b> – Aide Memoire for interviews.
14/04/03	SIO	<p><b><u>Victimology Profile</u></b></p> <p>Within the investigation a Victimology Profile will be undertaken by an Analyst in respect of each of the deceased.</p>	In order to identify commonalities within the deceased including physical, geographical, financial and Circumstantial.	07	7	
15/04/03	D/SIO	<p><b><u>FCO Review</u></b></p> <p>On the 14/4/03 a meeting was held with SIO an D/SIO with Ann</p>		08 & 09	8 & 9	

DATE				NO.	NO.	
		<p>Alexander an issue was raised regarding events being evenly and consistently relayed to FGM's by <b>Code A</b>. Additionally <b>Code A</b>'s spare capacity is being shared with Operation Ore.</p> <p><b>Decision</b></p> <p><b>Code A</b> to continue as FCO despite his involvement in Op Ore. It is considered that his deployment on Ore will still allow him to act as FCO due to the limited time actually needed to perform FCO duties. This will be reviewed to ensure that the proposal works effectively. A bulletin will be prepared by D/SIO OIC for benefit of FGM. This will provide information on relevant events within investigation. Only information on bulletin will be conveyed to FGM's and will be delivered by post with all FGM's.</p> <p><b>Code A</b> will only meet with FGM's by prior appointment and with agreement of D/SIO or OIC. He will continue to be available for contact by FGM's if asked at any point to comment beyond the scope of bulletin or existing common knowledge he must refer to D/SIO or OIC before a response is given.</p>				

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		<p>The Management Team are satisfied that <b>Code A</b> will be able to continue to provide the same level of service in his role as FCO whilst co-employed on Op Ore. This is based on the fact that in recent weeks his spare capacity has been gainfully employed within the MIR doing non FCO duties and this has not, in any way, detracted from his FCO function. The Management Team do not intend to raise concern within the FGM by notifying them of <b>Code A</b>'s shared deployment.</p>				
26/04/03	SIO	<p><b><u>Victimology Policy</u></b></p> <p>Following the meeting with the Clinical Team on the 26/4/03 and the discussion re Victimology issues SIO now takes the view that we should hold off on any further work in that regard.</p>	<ol style="list-style-type: none"> <li>1. The Clinical Team are themselves identifying commonalities across patients who cause them concern.</li> <li>2. Professor Baker may himself identify such issues in his work.</li> <li>3. In any event we will need the Clinical Team to have input into defining the variances to be analysed. This would divert them at this time from their core task.</li> </ol>	10	10	
08/05/03	D/SIO	<p><b><u>Agreed Bulletin</u></b></p>	To ensure FGM are kept conversant with progress and developments of	11	11	<b>Appendix 19 – Bulletin and covering letter.</b>

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		As per 15/04/03 page 08 a bulletin has been prepared for the benefit of the FGM. A copy is attached hereto with covering letter. Both SIO and Ann Alexander have had sight prior to dispatch.	investigation.			
13/05/03	D/SIO	<p><b><u>FCO – TOR Amended</u></b></p> <p>Further to 15/04/03 pages 8-9 the TOR in respect of <span style="border: 1px dashed black; padding: 2px;">Code A</span> have been varied to take account of prevailing circumstances and need (attached).</p>	To support investigation and Family Group Members as per Policy.	12	12	<b>Appendix 20 – Varied Terms of Reference and Risk Assessment.</b>
14/05/03	SIO	<p><b><u>PACE Order</u></b></p> <p>On the 14/04/03 SIO and D/SIO met with Ann Alexander. She revealed that a friend of hers called Lois Rogers was a journalist for the Sunday Times and had information that may assist Police. In accordance with our Media Policy SIO arranged for us to meet Lois Rogers and S.T Lawyer Patricia Burge at NSY today. The S.T's possess information that may assist investigation. This would only be made available to Police until a PACE Order. Therefore a PACE Order will be applied for.</p>	We were allowed to hear a tape recording made by Ms Rogers. It appeared to contain speech from Mr Barton and possibly Dr Barton. Whereas Dr Barton is not a suspect potential lines of enquiry did arise from the tape of Ms Rogers notes. In order to ensure all reasonable lines of enquiry are conducted it is necessary to secure this potential evidence. Ms Rogers is heavily pregnant and in order to ensure this process is conducted with Ms Rogers present – should that need arise – then the PACE order process should start now before Ms Rogers commences maternity leave.	13 & 14	13 - 14	



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27/05/03	D/SIO	<p><b><u>Media Policy</u></b></p> <p>On the 25/5/03 an article appeared in the Sunday Times written by Lois Rogers. There was no Police corroboration despite what article indicated. (Copy attached). In our Media Department we have been asked to confirm:-</p> <ol style="list-style-type: none"> <li>1. Number of deaths.</li> <li>2. Occurrence and proposed date of FGM meeting.</li> </ol> <p><b><u>Decision</u></b></p> <p>We will confirm deaths being investigated as 61 (total 62 cases – 1 survivor) and that a meeting will be held in due course. Additionally to ensure the Strategic Health Authority are advised in advance. Copy of authorising email attached. *I will advise the FGM in the next bulletin that we did not collaborate with this article.</p>	To maintain Media Policy and retain confidence and discretion of FGM and partners, whilst maintaining investigative integrity.	15	15	<b>Appendix 21</b> – Article from Sunday Times. Email from Hampshire Constabulary Media Services Department.
04/06/03	D/SIO	<p><b><u>Clinical Team – Co-ordinator</u></b></p> <p>Mrs Julie Bond is employed as the Business Manager at the Sheffield University Medico – Legal Centre, with responsibility in respect of</p>	To obtain external skills to facilitate both contract development for C/T and provide co-ordinating role. This will add to the transparency and integrity of our Policy.	16 & 17	16 - 17	

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		<p>Prof. Forrest. She has provided assistance in advancing the contract issues in respect of the Clinical Team (CT).</p> <p>I have decided that this issue is protracted and ongoing and it is only reasonable to secure Ms Bonds services on a more formal basis. I have asked her to become the CT Co-ordinator. This role is intended to support Prof. Forrest in his capacity of Team Leader. She will be able to progress the contract issues from a knowledgeable and independent perspective. It is appropriate that payment be made for this service, but at a rate less than the professional CT members. Ms Bond will be required to attend CT meeting and facilitate the process. She will be expected to work with <span style="border: 1px dashed black; padding: 2px;">Code A</span> to advice contracts to the point of signing and agreeing as Policy.</p>				
20/06/03	SIO	<p><b><u>Clinical Team - Professor Forrest</u></b></p> <p>Prof. Forrest is the Team Leader of the Rochester Clinical Team. He has, however, a vast case load outside this investigation. This</p>	To ensure Clinical Team are focused in appropriate fashion in areas of expertise. Our process is developing and will be flexible to meet needs of investigation whilst remaining transparent, ethical and professional.	18, 19 & 20	18-20	

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		<p>inevitably impinges on his ability to complete case work as anticipated. This has provoked a review of our process. It has become apparent that such a review has identified an opportunity to improve the process. Professor Forrest has 2 specific roles 1) Team Leader, 2. Toxicology. His role in assessing the 12 cases is, to some extent, secondary to the rest of the CT. 2 key issues arise in respect of any patient treatment. Was that treatment appropriate. If not, did it cause harm or death. The 1<sup>st</sup> issue is subject primarily to the assessment of the C/T. The 2<sup>nd</sup> issue will be more for the assessment of Professor Forrest. Professor Forrest has also had some operating difficulties with the technology.</p> <p><b><u>Decision</u></b> Professor Forrest's role will be refined as:-</p> <ol style="list-style-type: none"> <li>1. Team Leader, Co-ordinator.</li> <li>2. Not to provide analysis of the 62 case records but</li> <li>3. To be present at CT meetings to co-ordinate review and noting and thereby maintain knowledge of cases.</li> </ol>				

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		<p>4. To report on those cases identified by the C/T as being worthy of such a review.</p> <p>5. To provide reports/statements. <b>Code A</b> and Ms Bond will adjust his contract to reflect varied role. All contracts will be subject to Policy when prepared.</p>				
08/07/03	D/SIO	<p><b><u>Agreed Bulletin No. 2</u></b></p> <p>Attached is FGM No. 2. Also covering letter. Also sent out but not attached a FGM meeting reply slip.</p> <p>Reference was made in the Media section to the Sunday Times article of 25/5/03 (as per page 15 27/5/03).</p>	Maintain positive and informative communication with the FGM.	21	21	<b>Appendix 22</b> – Bulletin No. 2, covering letter.
09/07/03	D/SIO	<p><b><u>Clinical Team Meeting</u></b></p> <p>It is proposed to hold the next Clinical Team Meeting at the Marriott Hotel, Northampton on the 6-7/09/03. The Courtyard is pre booked without capacity.</p> <p>This is the review meeting for all 62 cases therefore it would be appropriate to have the Rochester Team present.</p>	To manage the process of analysis in a professional manner.	22	22	
10/07/03	D/SIO	<b><u>SHA &amp; PCT Update</u></b>	To ensure key identified members of	23	23	<b>Appendix 23</b> – Draft

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		I have drafted a letter to update the start of the SHA and PCT as attached.	partner agencies are updated to an appropriate level.			letter to SHA and PCT.
05/08/03	D/SIO	<p><b><u>Budget</u></b></p> <p>A significant resource has been set aside to fund the patient records analysis by the Clinical Team and others.</p> <p>I have prepared a flow chart explaining the payment process. (Attached).</p>	To ensure all understand the payment mapping process, in an open and ethical manner, cognisant on the protection of the public purse.	24	24	<b>Appendix 24</b> – Flow Chart explaining payment process.
14/08/03	SIO	<p><b><u>Field Fisher Waterhouse – Mathew Lohn</u></b></p> <p>Mathew Lohn is a partner of Field Fisher &amp; Waterhouse, the SIO has identified the investigative usefulness of employing Mr Lohn to assist and advise the investigation team. Mr Lohn is both medically and legally qualified. His role is separate and distinct from that of the CPS, whose decisions in respect of prosecution are un in practicable. Mr Lohn will assist in investigation and interview strategy as sought by the SIO. DI Niven and <span style="border: 1px solid black; padding: 2px;">Code A</span> will visit Mr Lohn and provide him</p>	The circumstances of the GWMH require the investigation team to act in a professional and ethical manner, and to gather evidence within the medical field. To employ specialist advisors to assist is both sensible and in line with current national thinking.	25	25	

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		with a briefing and establish costings.				
26/08/03	SIO	<p><b><u>Meeting – SIO</u></b></p> <ol style="list-style-type: none"> <li>1. It has been decided to inform Mr Ian Barker, Solicitor to Dr Jane Barton that it is likely to be necessary to interview her again at some point in the future.</li> <li>2. In May it was agreed to hold a FGM in the Autumn. The date is to be the 11/9/03. The DCC intends to be present in order to brief some of the attendees as to the progress of PSD matter. Mr Watts will liaise with the DCC to establish clear TOR.</li> </ol>	<ol style="list-style-type: none"> <li>1. The investigation is of a long term duration out of necessity. It is both a reasonable and humane act to update Dr Barton’s Lawyers as far as it ethical and reasonable.</li> <li>2. To ensure clear demarcation exist remain as previous issues and Op Rochester.</li> </ol>	26	26	
01/09/03	SIO	<p><b><u>FFW Fees</u></b></p> <p>DI Niven visited FFW Mathew Lohn on the 14/8/03 and provided a briefing – Mr Lohn subsequently provided a draft contract with charges list.</p> <p>The SIO has authorised DI Niven to negotiate with Mr Lohn as to his proposed fees in order to secure some economics to the public purse.</p>	It is always appropriate to secure best value. Any agreed fee must be cognisant of the need to protect the public purse whilst equally acknowledging the realistic cost of quality service.	27	27	

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02/09/03	SIO	<p><b><u>Legal Representation – Dr Barton</u></b></p> <p>Today the SIO and D/SIO visited Mr Barker as per Policy 26/8/03. Mr Barker was grateful for the update.</p> <ol style="list-style-type: none"> <li>1. It was agreed that Police would not object to him informing Dr Barton of the visit should he consider that advisable.</li> <li>2. It was agreed that he would be updated in the future subject to investigative appropriateness.</li> </ol>	To ensure that we act in a manner that is reasonable to all without compromising course of investigation.	28	28	
03/09/03	SIO	<p><b><u>DCC Attendance TOR</u></b></p> <p>The SIO has spoken with DCC Readhead and agreed attached terms of reference. (Attached).</p>	To ensure clearly defined demarcation between Rochester and any previous matters and PSD complaints.	29	29	<b>Appendix 25 – Agreed Terms of Reference</b>
07/09/03	SIO	<p><b><u>Clinical Team Meeting</u></b></p> <p>The Clinical Team is taking place. Mr Mathew Lohn is present. In discussion with SIO and D/SIO it has been agreed to consider:-</p> <ol style="list-style-type: none"> <li>1. Adopting a strategy that allows for the conclusions of the analytical work done by</li> </ol>	<ol style="list-style-type: none"> <li>1. To ensure effective consideration of CT product.</li> <li>2. To allow CT to complete analysis have I/D some papers where missing/wrong.</li> <li>3. To advance investigation.</li> <li>4. To I/D method and quality assure process.</li> </ol>	30	30	



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		<p>the Clinical Team (CT) to be further considered on a specific basis by other Experts.</p> <ol style="list-style-type: none"> <li>2. Locate missing/Coroners records.</li> <li>3. For Mr Lohn to provide an action plan to his possible deployment.</li> <li>4. To identify and conduct a review of certain classified findings within the CT matrix.</li> </ol>				
11/09/03	D/SIO	<p><b><u>Family Group Meeting</u></b></p> <p>The meeting took place as planned. Minutes attached.</p>	To ensure all relatives are updated to extent possible whilst protecting integrity of investigation and rights of others.	31	31	<b>Appendix 26</b> – Minutes of the Family Group Meeting – 11/09/03
12/09/03	D/SIO	<p><b><u>Media</u></b></p> <p>Janet Malcolmson has been approached by Reporter, Nick Brooks re FGM. A press release has been prepared on an ‘If asked basis’.</p>	To maintain an appropriate media stance in accordance with our media strategy.	32	32	<b>Appendix 27</b> – Prepared press release.
19/09/03	SIO	<p><b><u>Mathew Lohn</u></b></p> <ol style="list-style-type: none"> <li>1. An action plan needs to be prepared as per meeting 7/9/03 which makes clear Mr Lohn’s proposals.</li> </ol>	To ensure all information is considered, to provide quality assurance and to be conducted in clear accordance as SIO’s Policy.	33	33	

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		2. For Mr Lohn to address issue of families concerns whether in statement or report form in respect of any impact they may have on findings. 3. To ensure all the medical notes have been recovered as per meeting 7/9/03 and also overlay these with 2 above. 2 & 3 to be considered by Mr Lohn when doing 1 above.				
24/09/03	D/SIO	<p><b><u>Meeting with Mathew Lohn</u></b></p> <p>Meeting held with Mr Lohn, Manchester 24/9/03. LOES considered. Minutes attached.</p>	To further investigation.	34	34	<b>Appendix 28</b> – Minutes of meeting.
29/09/03	SIO	1. Arrange to meet with a. GMC b. SHA/PCT To brief re current phase of investigation. Circumstances have changed that we are now in a position of having an indication of potentially sub-optimal or culpable actions in respect of patient deaths. We need to appraise them of the situation without compromising the investigation so that they may take action they feel fit, in consultation with ourselves. At this point the	1-12 advance investigation	35-38	34-38	

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		<p>CMO will not specifically be briefed unless he asks to be, having been informed by the SHA, if they so choose too.</p> <ol style="list-style-type: none"> <li>2. Persist to have sight of Prof Bakers report. Should this be by direct referral to CMO, speak to SIO first.</li> <li>3. 16 cases have been identified by Prof. Baker as giving him cause for concern. There are at least four (4) other cases that have come to notice. They should be analysed by Clinical Team using the same model. This is essential – we are trying to do this by 6/12/03. This will require further DVD’s to be made.</li> <li>4. The current Clinical Team ‘will be redefining as the Key Clinical Team. Further experts will be appointed as per conversation of 7/9/03 to examine the cases of concern. They will be defined as the Clinical Review Team or similar. Mathew Lohn will co-ordinate/identify these experts.</li> <li>5. Peter Lawson and Ann Naysmith will provide</li> </ol>				

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		<p>specific other work within the KCT as experts in Geriatric and Palliative care cases covers key issues. The D/SIO also considers Irene Waters can provide like additional service in respect of Nursing. The KCT will continue to provide further analysis.</p> <p>6. Mathew Lohn will review the cases currently categorised as 1A with a view to us endeavouring to inform families concerned as soon as possible.</p> <p>7. Before a final decision is made in respect of any case, it must be reviewed in the context of any information provided by the families.</p> <p>8. We will co-ordinate the process of informing families as to the category their loved one falls with Alexander Harris. A meeting is proposed to be held with them 30/09/03.</p> <p>9. There is a need to maintain contact with the FGM's. In the absence of <span style="border: 1px dashed black; padding: 0 5px;">Code A</span> SIO has agreed that <span style="border: 1px dashed black; padding: 0 5px;">Code A</span> <span style="border: 1px dashed black; padding: 0 5px;">Code A</span> a trained FLO will</p>				

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		<p>be appointed as FLO to entire FGM. As an initial contact she should discuss with families how they would like to be informed of what category their loved ones fall into.</p> <p>10. SIO agrees we need to pursue issue of exhumation of those buried deceased categorised as 3'B'. Prior to doing so a clear strategy for informing families must be developed.</p> <p>11. (D/SIO) <b>Code A</b> will also identify whether FGM's have any update in respect of the concerns to assist us take best evidence to I/D experts.</p> <p>12. Exploratory work needs to be conducted in respect of printing of patient records. Graphics/IT first point of call. Task very significant in such terms.</p>				
30/09/03	SIO	<p><b>GMC</b></p> <p>An Interagency meeting was held at the Head Office of the GMC with Linda Quinn. This was in order to discharge our</p>	To ensure all parties are kept informed of investigation as appropriate to protect public safety.	39	39	<b>Appendix 29</b> – Minutes of meeting.

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		<p>duty to inform them of the preliminary results of Clinical Team. Minutes attached.</p>				
30/09/03	SIO	<p><b><u>Meeting with Ann Alexander</u></b></p> <p>The SIO D/SIO met with Ann Alexander and Lisa Elkin of Alexander Harris. This was at the request of Ann Alexander. Minutes attached.</p> <p><b><u>Policy</u></b></p> <ol style="list-style-type: none"> <li>1. Expose issue raised by Ms Alexander re potential conflict with Mr Lohn and FFW. To be discussed with Mr Lohn, Miss Chrystie and Mr Close of CPS.</li> <li>2. Undertake verification and up date process in respect of FGM 1 concerns to ensure it is complete and accurate. This will be done by <span style="border: 1px dashed black; padding: 2px;">Code A</span> <b>Code A</b> as per 29/09/03 para 38 para II. This will not be by showing reports to them as OR may contain data not suitable for viewing my FGM – amended by D/SIO.</li> <li>3. Consider providing copy</li> </ol>		40	40	<b>Appendix 30</b> – Minutes of meeting

TIME & DATE	BY WHOM	DECISION	REASON	DECISION NO.	PAGE NO.	APPENDIX
		patient notes to FGM's. This needs to be discussed with SHA.				
06/10/03	SIO	<p><b><u>GMC Letter &amp; Reply</u></b></p> <p>Further to the meeting held between Op Rochester staff and Mrs Quinn GMC, a letter has been received from Mrs Quinn dated 2/10/03. This letter requires certain information to be provided. A letter has been sent dated today relating to Police position. Both attached.</p>	Our ability to release information under these given circumstances depends on the risk. Dr Barton or others is assessed to present. Public safety is always out paramount concern.	41	41	<b>Appendix 31</b> – Letter from Linda Quinn and reply from Det. Chief Supt. Watts.
07/10/03	SIO	<p><b><u>FFW – Conflict of Interest</u></b></p> <p>After an issue was raised by Ms Alexander on 30/09/03 concerning a potential conflict of interest with Mathew Lohn, FFW and GMC – a meeting was arranged with SIO, D/SIO, <b>Code A</b> and Mathew Lohn and Judith Chrystie of FFW. The point was discussed. The view put forward by Mr John was that there was no such conflict. He indicated, however, that he would not any longer represent (FFW) the GMC in this matter.</p>	To ensure external scrutiny and maintain public confidence this will be put into writing.	42	42	



TIME & DATE	BY WHOM	DECISION	REASON	DECISION NO.	PAGE NO.	APPENDIX
07/10/03	SIO	<p><b><u>Meeting with CPS</u></b></p> <p>A meeting was held with the CPS at Ludgate Hill. Mr Dryborough-Smith and Paul Close were present. Minutes attached.</p> <p>CPS updated as to findings of the Key Clinical Team. This amounts to the 1<sup>st</sup> phase of plan arrived at with CPS last year being reached.</p>	To ensure CPS are updated at this key stage.	43	43	<b>Appendix 32</b> – Minutes of Meeting with CPS.
09/10/03	SIO	<p><b><u>CMO Letters – Baker Report</u></b></p> <p>On the 3<sup>rd</sup> October 2003 the CMO wrote to Mr Watts re proffering the report of Prof Baker.</p> <p>On the 9<sup>th</sup>/10/03 Mr Watts replied. Both letters copies attached.</p>	To obtain report of Prof Baker and ascertain content and act as appropriate.	44	44	<b>Appendix 33</b> – Letter to Mr Watts from CMO and reply.
16/10/03	D/SIO	<p><b><u>FFW – Conflict of Interest</u></b></p> <p>Attached is letter from FFW regarding the non conflict of interest.</p> <p>I have now written to Ms Alexander confirming our position. Copy attached.</p>	To address and resolve raised issue on conflict in order to maintain confidence of our adopted strategy.	45	45	<b>Appendix 34</b> - Letter to Ann Alexander.
10/10/03 entered	SIO	<p><b><u>Media</u></b></p>	To ensure all issues of press are draft within strategy to prevent the	46	46	<b>Appendix 35</b> – Media release

TIME & DATE	BY WHOM	DECISION	REASON	DECISION NO.	PAGE NO.	APPENDIX
16/10/03		An article appeared in the Portsmouth News relating to the MP for Eastbourne asking questions in the house re GWMH. Attached is the media release prepared at that time.	investigation being compromised or rights adversely affected.			
17/10/03	SIO	<p><b><u>Meeting D/SIO</u></b></p> <p>A meeting was held at PHQ SIO, D/SIO, <span style="border: 1px dashed black; padding: 2px;">Code A</span> The issue of printing patient records and future conversion to DVD was discussed. Agreed.</p> <ol style="list-style-type: none"> <li>1. WORM would undertake task. Costings attached. Subject to discussion with BAPS to ensure integrity of process.</li> <li>2. The patient records of the cases I/D by Baker to be processed on disc and submitted to KCT with aim for 6/2/03.</li> <li>3. Once we have conducted an initial review of Prof Bakers cases we will need to notify these relatives. Firstly there is a moral imperative to do so. Secondly, those relatives may have relevant evidence based on their expectancies.</li> </ol>	1-5 to advance investigation and support families.	47 &48	47-48	<b>Appendix 36</b> – Estimate from WORM group

TIME & DATE	BY WHOM	DECISION	REASON	DECISION NO.	PAGE NO.	APPENDIX
		<p>4. The agreed process of identifying option for informing families should continue in respect of the best way of notifying them in which category their love ones falls. This can commence as <b>Code A</b> conducts her visits and be followed up within the next bulletin. Seek meeting with Alexander Harris for 16/17 or 18/19 December as very loose options.</p> <p>5. SIO has written to CMO re Baker report. DI Niven will follow up correspondence.</p>				
27/10/03	D/SIO	<p><b><u>Key Clinical Team</u></b></p> <p>1. The members of the Key Clinical Team will be visited in person to:-</p> <p>a. Resolve and sign contract.</p> <p>b. Be briefed as to process of analysis i.e. Key Clinical Team</p> <p style="text-align: center;">↓</p> <p>Refining work by Lawson, Naysmith and Waters.</p> <p style="text-align: center;">↓</p> <p>Clinical Review Team.</p>	To update task and secure reports to advance investigation.	49	49	

TIME & DATE	BY WHOM	DECISION	REASON	DECISION NO.	PAGE NO.	APPENDIX
		<p>c. Provided next 20+ cases on disc.</p> <p>d. Prepare and supply notes of work done thus far.</p> <p>2. The D/SIO and DC Tension will perform this role.</p>				
03/11/03	D/SIO	<p><b><u>Bulletin No. 3</u></b></p> <p>A 3<sup>rd</sup> bulletin has been prepared. Copy attached. It addresses a number of issues as per SIO policy. Also attached is letter from Ann Alexander dated 16/10/03 and my reply dated today.</p>	To ensure Family Group Members and their legal representatives are informed, updated and consulted whilst the investigation continues.	50	50	<p><b>Appendix 37 – 3<sup>rd</sup> Bulletin, letter from DI Niven, letter from Ann Alexander.</b></p>

## 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/liasion 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.: .....

Time and date of decision:- ..... 21/2/03

Officer making decision:- ..... SLD

Decision :- ..... Respond to Alexander Harris.

on the 18/2/03 an article was received from Alexander Harris on behalf of Ann Alexander. This raised objections in respect of a press release of the HQ to SNA. Today I have responded both to Ann Alexander of AH & all of the various family members

Reason :

We have work extremely hard to develop & promote our relationship with family groups of AH. This is to meet our obligations with distressed families & to support our investigations - all in an ethical way. AH mistakenly challenged us, the letters (attached) explains our position & I think it only

Signature of Officer making decision:- .....

Signature of Officer making entry:- ..... Respond to write to Helen Perkins

Code A

Noted by Office Manager:- .....

Code A

**Niven, Nigel**

---

**From:** Claire Amos [Code A]  
**Sent:** 18 February 2003 17:41  
**To:** Niven, Nigel; [Code A]  
**Subject:** Gosport War Memorial Hospital - sent on behalf of Ann Alexander

Dear Nigel [Code A]

Yesterday we received a press release from Hampshire and Isle of Wight Strategic Health Authority, detailing the re-instatement of the Chief Executives of the Health Authority. Adrian Osborne asked whether this could be sent out to our clients, which we duly have done. Unfortunately, many of our clients saw the news yesterday evening, which gave out the exact details of the press release. This was in advance of them receiving the information personally.

Subsequently, we have received a series of complaints today from clients who were distressed to learn the news in this manner.

It is very difficult for us to encourage the families to keep a low profile and to allow the investigations to continue, while at the same time, they are not being kept in touch with vital information.

They were extremely distressed that this information was put into the public domain before it was even offered to them. We can only assist to manage the families if the relevant bodies such as the police and the Health Authority manage the dissemination of information sensibly.

We are not suggesting that families should know confidential information, but details such as this, which will be obviously distressing to the relatives of those who died at the War Memorial Hospital, should be offered to the families in advance of the press. Even if the information is offered to us, on a confidential basis, we could assist you in making the decision as to whether the relatives would be distressed to learn of it in the media.

May I remind you that we are representing the interests of the families free of charge, and we find it difficult, when through no fault of our own, we are bombarded with complaints of this nature.

I would be happy to discuss this further with you, in order to come to a suitable plan for the future.

Yours sincerely

ANN ALEXANDER

The information in this e-mail and any attachments is intended for the sole attention and use of the named addressee(s) and may be subject to legal, professional or other privilege.

If you are not the intended recipient, please notify the sender immediately. You must not disclose, copy, distribute or retain any part of this message. Although this message and any attachments are believed to be free of any virus, it is the responsibility of the recipient to ensure that they are virus free. Alexander Harris accepts no responsibility for any loss or damage from receipt or use thereof.

Alexander Harris Solicitors

[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

21<sup>st</sup> February 2003

Mr A Darcy

**Code A**

Dear Mr Darcy

Re: Press Release 17<sup>th</sup> February 2003 Hampshire and Isle of Wight Strategic Health Authority (SHA)

I am writing in connection with the above press release.

Both Ann Alexander and **Code A** have brought to my attention the fact that some of your were caused distress by this press release. That I can fully understand. You will be aware by now that officers attached to Operation Rochester team are committed to both the investigation and working with you. We have gone to some considerable lengths - and rightly so - to provide you with reassurance as to that commitment. Those of you who were able to attend the recent meeting at the Solent Hotel would have heard what Detective Chief Superintendent Watts said in respect of this matter.

I can reassure you all that any press release made by the police will take into account the family groups both in terms of its content and timing of release. In all normal circumstances we would ensure that you would be contacted in advance when any significant news was being released, either by Peter Rushworth or Alexander Harris. That is our policy.

The difference on this occasion was that this press release was not made by the police but by the Strategic Health Authority (SHA). As you know, the SHA is a completely independent entity to the police. The content and timing of this release was arrived at by them, not us.

Continued/.....

- 2 -

In respect of the issues raised within that press release. It is our view that the police investigation must take precedence over all other enquiries. That view has been widely accepted by the other independent agencies. It also coincides with the poll conducted by Alexander Harris where the greatest majority of you wanted a police investigation to take primacy. In addition, we are satisfied that the decisions made by the SHA do not compromise our investigation in any way.

I hope this letter has explained the situation to you. Should you require any further information please do not hesitate to get in contact either via  or

Yours sincerely

**Nigel Niven**  
**Detective Inspector**  
**Major Crime Investigation Team**



## 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

21<sup>st</sup> February 2003

Ann Alexander  
Alexander Harris Solicitors  
Ashley House  
Ashley Road  
Altringham  
Cheshire, WA14 2DW

Dear Ann,

**Re: Hampshire & Isle of Wight Strategic Health Authority (SHA) Press Release.**

I am writing in connection to above matter. Firstly can I apologize for my delayed response to your email message of 18<sup>th</sup> February 2003. Both Owen Kenny and I were away in the North of England on related business.

I think it might be useful to clarify the situation in respect of this press release.

We were aware of the decision taken by the SHA and were satisfied that this decision could not adversely affect our investigation.

The final wording and the timing of the press release were entirely arrived at by the SHA and not by the police. The police had no prior notice of the imminent release of the information.

You are aware of the importance we have placed in developing and maintaining a positive and practical relationship with the families. You are also aware of the investment we have made in terms of staff and resource to achieve that goal. Whereas I can understand the distress and upset felt by some individuals, I think it is important to explain to them that there are some areas where the police have direct influence on events but, equally, there are some areas where they do not. We do not have control over the timing and content of press releases made by other independent bodies.

Continued/.....

- 2 -

It is because of the value we place on our relationship with the families that I have now written to them to explain that the press release of the 17<sup>th</sup> February was in content and timing, the product of the SHA and not the police. You can, however, be assured that any press release made by the police will always be made having previously taken into account due notice to the families and, indeed, yourselves.

I am sure once that point has been conveyed to all the families that we will be able to revert back to our previous positive position.

Finally, in your Email you make reference to the fact that you are representing the families interests free of charge. That arrangement and the consequences of it are not an issue for us. We intend to continue our liaison with your firm in a professional and committed fashion and by virtue of so doing, provide the greatest benefit to the families.

Please find enclosed a copy of the letter that has been sent out to your clients. If I can assist you any further please do not hesitate to contact me directly.

Yours sincerely

Nigel Niven  
Detective Inspector



Policy File - Decision No. ....

Time and date of decision:- 7/3/03

Officer making decision:- D/S to

Decision :- Summary.

As Henry has formally prepared a summary of case. This has necessarily written the identities of various individuals. This document was prepared to assist counsel.

This same document will be the basis of the presentation to the judge. It will, however, make any reference to any medical or other individuals removed with the exception of witness copy attached.

Reason :

As the at issue are concerned there are no suspects. We are investigating the circumstances in question & seeking to ascertain if a crime has been committed & if so, by whom. We seek to avoid contaminating other minds & will always emphasize the need to retain other minds.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

**Code A**



## **OPERATION ROCHESTER**

### **Investigation into the deaths of elderly patients at Gosport War Memorial Hospital**

## **BRIEFING DOCUMENT**

### **BACKGROUND**

The Gosport War Memorial Hospital (GWMH) is a community hospital which is managed by the Portsmouth Health Care (NHS) Trust. It is operated on a day-to-day basis by nursing and support staff, employed by the Trust. Clinical expertise is provided by way of visiting general practitioners and clinical assistants, consultant cover is provided in the same way.

Elderly patients are usually admitted to GWMH through referrals from local hospitals or general practitioners for palliative, rehabilitative or respite care.

### **POLICE INVESTIGATIONS**

Operation ROCHESTER is an investigation by Hampshire Police Major Crime Investigation Team into the deaths of a large number of elderly patients at GWMH. It is alleged that elderly patients who were admitted to the GWMH from as far back as 1989 for rehabilitative or respite care, were inappropriately administered Diamorphine by use of syringe drivers, resulting in their deaths.

This matter has been investigated by Hampshire Police on three separate occasions.

#### **First Police Investigation**

Hampshire Police investigations commenced in 1998 following the death of Gladys RICHARDS, aged 91 years.

Mrs. Richards died at the GWMH on Friday 21<sup>st</sup> August 1998

Code A

## Code A

Officers from Gosport C.I.D. carried out an investigation and in due course, a file was submitted to the Crown Prosecution Service.

In March 1999 the Reviewing CPS Lawyer gave the opinion that on the evidence available, he did not consider a criminal prosecution was justified.

On hearing of this decision, relatives of Mrs RICHARDS expressed their dissatisfaction with the quality of the police investigation and made a formal complaint against the officers involved.

The complaint made was upheld and a review of the police investigation was carried out.

### **Second Police Investigation**

A team of detectives from the Major Crime Investigation Team (Eastern) commenced the re-investigation on Monday 17<sup>th</sup> April, 2000. A lengthy re-investigation was conducted into the death of Gladys RICHARDS.

Professor Brian LIVESLEY, who is an elected member of the Academy of Experts, provided expert medical opinion. Professor LIVESLEY provided a report dated 9<sup>th</sup> November, 2000 of his findings in the case of Gladys RICHARDS. Professor LIVESLEY concluded that Mrs RICHARDS had been unlawfully killed.

Professor LIVESLEY provided a second report dated 10<sup>th</sup> July, 2001 during which he added:

- “It is my opinion that as a result of being given these drugs, Mrs. Richards death occurred earlier than it would have done from natural causes.”

As a result of Professor LIVESLEY's report dated 9<sup>th</sup> September, 2000, a meeting took place on 19<sup>th</sup> June, 2001 between senior police officers, the CPS caseworker, Treasury Counsel and Professor LIVESLEY. During that meeting, Treasury Counsel came to the view that Professor LIVESLEY's report on the medical aspects of the case, and his assertions that Mrs. RICHARDS had been unlawfully killed were flawed in respect of his analysis of the law. He was not entirely clear of the legal ingredients of gross negligence/manslaughter.

In August, 2001 the Crown Prosecution Service advised that there was insufficient evidence to provide a realistic prospect of a conviction against any person.

Local media coverage of the case of Mrs. Gladys RICHARDS resulted in other families raising concerns about the circumstances of their relatives' deaths at the GWMH. As a result of this Police selected, at random, four more cases for review. The cases he selected were those of:

Arthur Brian CUNNINGHAM

Alice WILKIE

Robert WILSON

Eva PAGE

Police sought the expert opinions of a further two Medical Professors. These were Professor FORD and Professor MUNDY. Police provided each of the Professors with copies of the medical records of the above four cases in addition to the medical records of Gladys RICHARDS.

Each Professor provided a report of their findings, and a brief summary from each is as follows:

**Professor FORD – Report dated 12<sup>th</sup> December, 2001**

Gladys RICHARDS

**Code A**

Arthur CUNNINGHAM

**Code A**

Alice WILKIE

**Code A**

Robert WILSON

**Code A**

Eva PAGE

**Code A**

Having reviewed the five cases, Professor FORD considered that they “raise serious concerns about the general management of older people admitted for rehabilitation . . . and that the level of skills of nursing and non-consultant medical staff were not adequate at the time these patients were admitted.”

**Professor MUNDY – Report dated 18<sup>th</sup> October, 2001**

Professor MUNDY did not report on the case of Gladys RICHARDS.

Arthur CUNNINGHAM

**Code A**

Alice WILKIE

**Code A**

Robert WILSON

**Code A**

Eva PAGE

**Code A**

The reports from Professor FORD and Professor MUNDY were reviewed and a decision was taken not to forward them to the CPS as they were all of a familiar nature to the RICHARDS case and would therefore attract a similar reply. A decision was then made that there would be no further police investigations at that time.

Copies of the expert witness reports of Professor FORD and Professor MUNDY were forwarded to the General Medical Council, the Nursing and Midwifery Council and the Commission for Health Improvement for appropriate action.

#### **Intervening Developments between Second and Third Investigations**

On 22<sup>nd</sup> October, 2001 the Commission for Health Improvement (CHI) launched an investigation into the management, provision and quality of health care for which Portsmouth Health Care (NHS) Trust was responsible in GWMH.

A report of the findings of the CHI investigation was published in May 2002. The report concluded that a number of factors (detailed in the report) contributed to a failure of the Trust systems to ensure good quality patient care. However, the Trust now has adequate policies and guidelines in place that are being adhered to, governing the prescription and administration of pain relieving medicines to older patients.

Following the CHI Report, the Chief Medical Officer, Sir Liam DONALDSON, commissioned Professor Richard BAKER to conduct a statistical analysis of the mortality rates at GWMH, including an audit/review of the use of opiate drugs.

On Monday 16<sup>th</sup> September, 2002 staff at GWMH were assembled in order to be informed of the intended audit at the hospital by Professor BAKER. Immediately after the meeting concluded a nurse who had been employed at GWMH since the late 1980s handed over to the hospital management a bundle of documents. These documents were copies of memos, letters and minutes all relating to the concerns of nursing staff which were raised at a series of meetings held in 1991 and early 1992 about the increased mortality rate of elderly patients at the hospital, the sudden introduction of syringe drivers and their use by untrained staff and the use of Diamorphine unnecessarily or without consideration of the sliding scale of analgesia (Wessex Protocol).

The existence of the documents was reported to the police and a meeting of senior police and NHS staff was subsequently held on 19<sup>th</sup> September, 2002 at Hampshire Police Support Headquarters. At that meeting it was decided that further police enquiries were necessary in light of the new information and an enquiry team would be assembled and based at Hulse Road, Southampton.

### **Third Police Investigation**

On 23<sup>rd</sup> September, 2002 Hampshire Major Crime Investigation Team commenced enquiries. To date, relatives of 62 elderly patients have contacted police with regards to the deaths of the patients at GWMH. A number of these relatives are part of a family group being represented by a firm of solicitors, namely ALEXANDER HARRIS of Manchester. Others contacted police through an NHS direct free phone number or directly, as a result of publicity. DC Peter RUSHWORTH has been appointed the Family Contact Officer to co-ordinate contact with families.

The current police investigation is being conducted in stages, as follows:

### Stage One

Enquiries into the documents and events of 1991. (Now completed)

In summary, the events of 1991 were as follows:

- A number of night-nursing staff at GWMH had concerns as earlier stated and held a private meeting to discuss the issues. They were conscious of an on-going case within the NHS of GRAHAM PINK, a Charge Nurse working in the care of elderly patients in Stockport, who was dismissed for “whistle blowing”.
- It was decided that three of the nurses would approach the hospital management and raise their concerns. The nurses raised their concerns with the Patient Care Manager.
- A series of meetings took place between management, medical and nursing staff.
- A final meeting took place in which the nursing staff were informed by both the hospital management and medical staff, that the problems raised were due to a lack of understanding by nursing staff concerning the use of Diamorphine. In addition, there was also a training issue in relation to syringe drivers.
- Although the nursing staff were not entirely happy with the outcome of the meetings, they felt that they had done everything they could in raising the issues, but in light of the PINK case, felt there was no more they could do, apart from retaining the documentation.

### Stage Two

Obtaining further expert medical opinions.

This stage has been commenced with the appointment of Professor Robert FORREST of the Sheffield Medico-Legal Centre. Professor FORREST has agreed to lead a team of medical experts in elderly patient care. Currently, medical records of the initial 62 patients are being copied onto computer discs.

A seminar/presentation is in the process of being organized, at which the police investigation will be outlined to the team of medical experts. Copies of the discs will be provided to each expert in order that their examination of the medical records may commence.

Subject to the findings of the medical experts, consideration will be given to further investigations (Stage Three), and the possible preparation of a file of evidence for submission to the CPS.

**Code A**



# Code A

Noted by Office Manager:-

Signature of Officer making entry:-

Signature of Officer making decision:-

to advise the I & A the following may  
 information from their last case to explain  
 the I & A with our explanations to them  
 below

Reason: The contingencies for the program  
 are being done not seen to assist  
 a view as to the evidence, given  
 why necessary to look to know our  
 the contingencies for the program  
 at court

the medical team & CMS to assist convey  
 the message in a by means  
 have a number of both the  
 medical. The two were seen to  
 given when medical factors/learn  
 protection - and that cervical was  
 a cervical that does not address  
 should the investigation provide a

Decision :- Family leave issues.

Officer making decision:-

Time and date of decision:-

8/3/03  
 SFD

04

Policy File - Decision No.: .....

Time and date of decision:- ..... 10/3/03

Officer making decision:- ..... D/S/O

Decision :- ..... MATRIX for CLINICAL team ASSESSMENT

Matrix is a form DRIVEN by the team of experts to assist the process

The team of experts will refer themselves as "the clinical team"

Reason :

To ensure the clinical team to chart & consider each case in a consistent & methodical manner

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**

**OPERATION ROCHESTER**  
**CLINICAL TEAM'S SCREENING FORM**

**Patient Identification****Exhibit number**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B				
Unexplained By Illness C				

**General Comments****Final Score:**


**Screeners Name:**  
**Date Of Screening:**

**Signature**



Time and date of decision:- ..... 12/3/03

Officer making decision:- ..... D/S/O.

Decision :- ..... EXHIBIT MANAGEMENT.

**Code A** (Exam/Disc) wishes to convene a meeting with the Investigators & exhibit officers in respect of the previous GWMH investigations.

One investigation is being conducted on Volume II. The previous was conducted on a MRJAP paper system

Reason: On a precautionary basis **Code A** wishes to meet with the colleagues to ensure the transfer is completed on a professional basis & that issues in continuity are avoided

To maintain a professional & efficient investigation in a way investigating officer

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

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

Policy File - Decision No.: .....

Time and date of decision:- ..... 19/3/03

Officer making decision:- ..... SFD

Decision :- ..... INTERVIEWING MEDICAL PERSONNEL

WHILE THE CLINICAL TEAM ARE CONDUCTING A REVIEW OF THE MEDICAL RECORDS THE TIME HAS NOW ARRIVED TO IF ALL THE IDENTIFIED STAFF

TO FACILITATE THE PROCESS THE DOCUMENTATION TEAM WILL EMPLOY AN AID-MEMOIRE.

THIS WILL BE DEvised & SIGNED BY THE SFD & A COPY ONLY ADVANCED HERE TO

ALL INTERVIEWING WILL BE DONE AS A WITNESS BASIS & WITH THE RECORDS & CONCERNS OF THE

Reason: INDIVIDUALS NAME BEING RECOGNIZED.

TO WHERE BEST EVIDENCE IS SECURED IN A CONSISTENT & PROFESSIONAL MANNER. REAL NOTICE WILL ALLOW STAFF TO EXHIBIT BEST EVIDENCE & PROFESSIONAL BODY ADVICE.

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

Signature of Officer making entry:- ..... Code A

Noted by Office Manager:- ..... Code A

## **Operation ROCHESTER**

### **Aide-memoire for interviews with staff at GWMH 1988-2002**

**Name:**

**Post held:**

**Btn dates:**

**Responsibilities**

**Ward(s)**

1. **General patient care**
2. **Use of syringe drivers (including any concerns etc)**
3. **Use of Diamorphine (including any concerns etc)**
4. **Training in syringe drivers**
5. **Knowledge of any matters connected with the Police investigations**
6. **Knowledge of any matters connected with internal investigations**
7. **Rumours/any other information**
8. **Details of medical staff you know of, including visiting GPs.**



07

Policy File - Decision No.: .....

Time and date of decision:- ..... 14/4/03

Officer making decision:- ..... SIO

Decision :- ..... VICTIMOLOGY Practices.

WITHIN THE INVESTIGATION A VICTIMOLOGY  
PRACTICE WILL BE UNDERTAKEN BY AN  
ANALYST IN RESPECT OF EACH OF THE  
DECEASED

Reason : IN ORDER TO IDENTIFY COMMONALITIES  
WITHIN THE DECEASED INCLUDING PHYSICAL,  
GEOGRAPHICAL FINANCIAL & CIRCUMSTANTIAL

Signature of Officer making decision:- .....

**Code A**

**Code A**

Signature of Officer making entry:- .....

16/4/03

Noted by Office Manager:- .....

Policy File - Decision No.: .....

Time and date of decision:- ..... 15/4/03

Officer making decision:- ..... D/S/O.

Decision :- ..... FCO duties.

On the 14/4/03 a meeting was held with S/O & D/S/O with ANN MAXWELL on the case being reviewed. Issues being evenly & consistently managed to FGM's by Ofc RUSSELL. Additionally Ofc RUSSELL's spare capacity is being shared with Ofc ORZ.

Decision - **Code A** to continue as FCO District (his) involvement in Ofc ORZ. It is considered that his deployment on ORZ will still allow him to act as FCO due to the limited time actually needed to perform FCO duties. This will be reviewed to ensure that the proposal works effectively.

A Bulletin will be prepared by D/S/O Ofc for benefit of FGM's. This will provide information on relevant events within investigations.

Reason:

Only information on Bulletin will be conveyed to FGM's & will be shared by post with all FGM's

**Code A** will only meet with FGM's by prior appointment & with agreement of D/S/O or Ofc. He will continue to be available for contact by FGM's. If a short at any point

Signature of Officer making decision:- .....

Signature of Officer making entry:- ..... **Code A**

Noted by Office Manager:- ..... C.S.T.



Time and date of decision:- .....

Officer making decision:- .....

*Cont.*

Decision :- .....

To comment beyond the scope of Bulletin on existing common knowledge we must refer to D/SZO or OIG before a response is given

The management team are satisfied that **Code A** will be able to continue

to provide the same level of service in the role as FCO whilst co-employed on a part time basis based on the fact that in recent weeks his spare capacity has been employed within the MIR doing non FCO duties & that has not, in any way, detracted from his FCO function.

The management team do not intend to raise concern within the team by notifying them of **Code A** shared deployment.

**Code A**

**Code A**

*16/4/03*

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

Time and date of decision:- ..... 26/4/03

Officer making decision:- ..... SIO

Decision :- ..... Victimology Policy

Following the meeting with the clinical team on the 26/4/03 & the discussion re victimology issues SIO now takes the view that we should hold off on any further work in that regard.

Reasons

- 1. The clinical team are themselves identifying commonalities across patients who cause them concern
- 2. Professor Baker may himself identify such issues in his work
- 3. In any event we will need the clinical team to have input into defining the variables to be analysed. This would divert them at this time from their core work

Reason: ..... have to have input into defining the variables to be analysed. This would divert them at this time from their core work

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

Signature of Officer making entry:- .....

Noted by Office Manager:- ..... Code A 29/4/03



Policy File - Decision No.: .....

Time and date of decision:- ..... 8/5/03

Officer making decision:- ..... J.S.E.D.

Decision :- ..... APPROVED

As per 15/9/03 page 08 A decision was made for the benefit of the FGM. A copy is retained with LITA working notes. Both J.S.E.D & NM Alexander have had sight and to J.S.E.D.

Reason :

To ensure FGM are kept consistent with progress & developments of investigation

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. Operation Rochester

Tel. 0845 0454545

Fax. 023 80599838

Your Ref.

8<sup>th</sup> May 2003

Dear

Re: Operation Rochester – Bulletin

Please find herewith a copy of our Operation Rochester Bulletin. Its purpose is to provide some details as to the conduct and progress of our investigation. You will see from reading it that the idea for it arose from a suggestion from Ann Alexander. We considered it a good idea and would value any feedback you may wish to offer.

I would also like to flag up at this early stage a proposed family group meeting to be held at the Southern Support Police HQ at Netley, near Southampton in the early Autumn. At this meeting we would seek to provide an update to you all in person and, perhaps more importantly, provide you with an opportunity to ask questions of us.

The meeting is likely to take place on either a Saturday or Sunday afternoon at the lecture theatre at Netley which can only seat 128 people. Some consideration may need to be given to limiting attendance to only two people from each family. A buffet will be provided and should such a need arise, we may also be able to offer transport from Gosport. This invitation will also, of course, be extended to Alexander Harris.

Additional details regarding this meeting will be sent to you in due course. If you have any particular view on this matter, or indeed any other, please do not hesitate to contact the Operation Rochester Team.

With best wishes,

**Nigel Niven**  
Detective Inspector



## **Operation ROCHESTER**

### **Investigation Update Bulletin for Family Group Members – 30<sup>th</sup> April 2003**

#### **Investigation Team**

The Operation ROCHESTER investigation team are continuing our enquiries from the Major Crime Investigation Unit in Southampton. The intention of our investigation remains the same. We are seeking to establish whether any crime has taken place and if so by whom. We will pursue our investigation with open minds, with integrity and professionalism. Our investigation will follow evidence and we will not prejudge events. All areas of liability – should such exist – will be considered, whether personal or corporate.

#### **Clinical Team**

On Saturday 8<sup>th</sup> and Sunday 9<sup>th</sup> March 2003 the investigation team met with a team of five medical and nursing experts, the Clinical Team. During these meetings the Clinical Team were fully briefed on the Police investigation and were provided with hospital medical records in respect of all sixty two cases, which are currently being reviewed. The medical records had been copied to DVD for ease of search and reference.

The Clinical Team were then tasked to individually analyse each set of the medical records and to provide an expert opinion on the care and treatment of the patients concerned. A matrix was devised by the Clinical Team to assist in the assessment and evaluation of each case. A further meeting was arranged for Saturday 26<sup>th</sup> April, by which time the Clinical Team estimated that they should have analysed the first twenty sets of medical records.

On Saturday 26<sup>th</sup> April the investigation and Clinical Teams held a meeting as arranged. The purpose of this meeting was to discuss the cases which had, to date, been analysed and to ensure that the agreed matrix for evaluation was effective. The Clinical Team are working as expected and there are no problems with their systems of assessment. A further meeting will take place with the Clinical Team towards the end of June and it is estimated that all sixty two sets of medical records will be analysed by early Autumn 2003.



### **Other Enquiries**

The investigation team are currently tracing, interviewing and taking statements from all medical and nursing staff who have worked at the Gosport War Memorial Hospital since 1988. As can be imagined, this is also a massive task as it involves interviewing hundreds of people. However, it is essential to the enquiry that we obtain as much information as possible. It is anticipated that these interviews will be concluded by the time the Clinical Team have reached their findings.

### **Coroner**

On the 11<sup>th</sup> of March 2003, Detective Chief Superintendent Watts and I met with Mr Kenroy ( HM Coroner South East Hampshire) and Mr Horsley. Mr Kenroy is soon to retire from his current post and will be replaced by Mr Horsley. The purpose of the meeting was to provide Mr Kenroy with an update as to the progress of the investigation and to fully brief Mr Horsley as to the case.

### **Alexander Harris**

On the 14<sup>th</sup> March 2003, Detective Chief Superintendent Watts and I met with Ann Alexander at her office in Altringham. During this meeting we were able to discuss a number of issues and I am sure by now that those of you represented by Alexander Harris will have seen the minutes. It was during this meeting that Ann Alexander raised the idea of producing a short bulletin in order to keep each of you apprised as to the direction of the investigation. We considered this to be a good idea. It was recognized by both Ms Alexander and ourselves that considerable care would need to be taken in order to ensure that the integrity of the investigation was not in any way affected by its content. As you will no doubt understand, a balance must always be struck between keeping relatives informed and not – at the same time – reveal anything that could compromise the integrity of the investigation.

### **Conclusion**

I hope the above has proved to be of some interest. This bulletin is not intended to replace any other channel of communication. Each and every one of you are more than welcome to contact should you wish to do so; Code A who will be able to convey any issues you have into the incident room, and I know that Ann Alexander is also available to act as a conduit for her clients.

With regards and best wishes

**Nigel Niven**

Policy File - Decision No.: .....

Time and date of decision:- ..... 13/5/03

Officer making decision:- ..... D/SZO

Decision :- ..... FCO - TOR AMENDED

Further to 15/4/03 para 8-9 the  
TOR in respect of **Code A** have  
been varied to take account of  
prevailing circumstances & needs  
AMENDED

Reason :

To support investigation of  
training good members as the  
policy

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

Signature of Officer making entry:- .....

Noted by Office Manager:- .....



# HAMPSHIRE CONSTABULARY

## MINUTE SHEET (No. 1)

H.Q. Ref. No.

Div. Ref. No.

**CONFIDENTIAL**

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DCI Antczak,

Please find herewith the varied Terms of Reference (TOR) in respect of Code A Code A. In essence, our need to employ him full time now longer exists. Prior to him being released to go on to Operation Danforth his non FCO duties were completed. We are keen to emphasize that we will still need to retain Peters support as our Family Contact Officer. His role remains of importance to the investigation. We have been able to streamline the involvement we are having with the Family Group Members. We are content that he will be able to fulfil his function with minimal disruption to his new N/FCU duties.

**Nigel Niven**  
**Detective Inspector**

**CONFIDENTIAL**



**Operation ROCHESTER**  
**Risk Assessment**  
**Updated Terms of Reference – DC RUSHWORTH**

Below are the updated Terms of Reference (TOR) for the employment of DC Peter Rushworth as Family Contact Officer (FCO) on Operation ROCHESTER. These terms of reference fully comply with [Code A]'s current risk assessment as prepared on 30/12/03 (copy attached).

**Background**

[Code A] commenced employment on Operation ROCHESTER in December 2002 on a restricted duty basis. Between then and 25<sup>th</sup> April 2003 he performed various administrative duties in addition to his role as FCO. On 17<sup>th</sup> March a request was made for [Code A] to be released for a period of 6-8 weeks to assist with Operation ORB (Danforth), commencing 22<sup>nd</sup> April 2003 (later extended to 28<sup>th</sup> April). It was agreed that he should continue his ROCHESTER FCO duties on a limited and part time basis. As a result of this agreement his administrative duties were tailored to be completed by 25<sup>th</sup> April.

**Current Situation.**

Contact with Family Group Members (FGM's) has now reached a stage where regular update bulletins are distributed to them and group meetings will be arranged for them as and when deemed necessary by the SIO. It is therefore no longer necessary to employ a FCO other than on a part time basis. The duties involved include providing a single point of contact with FGMs and occasional administrative functions. Notwithstanding the reduced demand for his duty time, [Code A] remains a valued member of the ROCHESTER team. He is not being released from the team. The below TOR reflect the changed demand for [Code A]'s duty time.

**Terms of Reference**

1. Monitor mobile phone (provided and funded by ROCHESTER) whilst on duty for the purpose of receiving calls from FGMs and answering general queries within the scope of the regular Bulletins. All queries beyond the scope of the Bulletins are to be referred to the SIO, D/SIO or OIC as appropriate.
2. Meetings with FGM's can only be made by prior appointment and with agreement of D/SIO or OIC.
3. Maintain FGM contact spreadsheet at Western MIR (WMIR) on a weekly basis. Time of attendance at WMIR to be arranged through Northern Force Crime Unit (NFCU) management. It is anticipated that this function will be able to be completed within a morning or afternoon. Transport to Western MIR to be arranged in compliance with current Force policy and procedures.

4. Conduct any other administrative duties when required, subject to consultation with NFCU management.
5. Attend meetings as and when required by SIO.

I am acutely aware of the pressures placed upon Force Crime Unit resources. I have consequently tried to strike a balance between the needs of Operation ROCHESTER Family Contact obligations and those said demands. In addition, account has quite rightly been taken of Code A's individual situation and in particular his risk assessment. I am quite sure that DC Rushworth's determination to contribute to the goals of the organisation will continue albeit now primarily employed at Fleet.

**Nigel Niven**  
**Detective Inspector**  
**Operation Rochester**

Policy File - Decision No.: .....

Time and date of decision:- ..... 14/5/03

Officer making decision:- ..... SIO

Decision :- ..... PACE ORDER

on the 14/5/03 SIO & D/SIO met with Ann Alexander, Mr Alexander that a friend of Mrs Charles Lois Rogers was a solicitor for the Sunday Times & had information that may assist Police.

In accordance with our media Policy SIO arranged for us to meet Lois Rogers & ST lawyer Patrick Curran at NSY today.

The ST is possessing information that may assist investigation. This would only be made available to Police under a PACE order.

Therefore a PACE order will be applied for

**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:- .....

Officer making decision:- ..... *CONT.*

Decision :- .....

*Reason*

We were required to read a  
 tape recording made by Mr Rogers. It  
 appeared to contain speech from Mr Brown  
 & possibly Dr Arden. Whereas Dr Arden  
 is not a suspect potential cause of  
 enquiry did arise from the tape  
 & Mr Rogers notes. In order to ensure  
 all reasonable cause of enquiry are  
 covered it is necessary to have the  
 potential evidence. Mr Rogers is leaving  
 fragments of in order to ensure that  
 process is completed with Mr Rogers  
 present - should that need arise - that  
 the other side process should start  
 now before Mr Rogers commences interviewing  
 case.

Reason :  
 Signature of Officer making decision:- .....

**Code A**

Signature of Officer making entry:- .....

Noted by Office Manager:- .....



Time and date of decision:- 27/5/03

Officer making decision:- D/S/O

Decision :- MEDIA policy.

ON THE 25/5/03 AN ARTICLE APPEARED IN THE SUNDAY TIMES WRITTEN BY LOUI ROBERTS. THERE WAS NO POLICE COORDINATION WITH THE ARTICLE INDICATED. (COPY ATTACHED)

WE AS MEDIA DEPARTMENT WE HAVE BEEN ASKED TO CONFIRM

1. NUMBER OF ARTICLES
2. OCCURRENCE & PROPOSED DATE OF FG/M MEETINGS.

Decision.

WE WILL CONFIRM ARTICLES BEING INVESTIGATED AS 61 (ORAL 62 CASES - 1 SURVEY) & THAT EXA MTS WILL BE MADE IN THE CASE.

ADDITIONALLY TO ENTER THE STRATEGIC POLICE

REASON: PRIORITY ARE ADVISED IN ADVANCE. COPY OF AUTHORIZING ORDER ATTACHED.

WE WILL ADVISE THE FG/M IN THE NEXT BULLETIN THAT WE DID NOT COORDINATE WITH THE ARTICLE.

Signature of Officer making decision:-

Signature of Officer making entry:-

Noted by Office Manager:-

of MEANS, WHICH MAINTAINING INTEGRITY

Code A

**Niven, Nigel**

---

**From:** Niven, Nigel  
**Sent:** 27 May 2003 11:01  
**To:** Code A  
**Subject:** RE: Query from The News

Code A

Please see the below

"Hampshire Police are investigating the deaths of 61 patients who died at the Gosport war Memorial Hospital. Throughout the investigation the families of the patients have been kept updated and this process will continue. It is proposed that a meeting will be held in due course on a date yet to be decided."

**Before** this goes out can you ensue that we notify the media relations staff for the Strategic Health Authority. Kevin should have the details within his Rochester file. There will be no further release in respect of this case.

Thanks  
 Nigel

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

**From:** Code A  
**Sent:** 27 May 2003 09:50  
**To:** Niven, Nigel  
**Subject:** Query from The News

Nigel,

As per our telcon, Nicholas Brooks, the health correspondent from The News, has called regarding the article which appeared in the Sunday Times (25/05).

His questions are:

- 1) Can we confirm that we are investigating 62 deaths?
- 2) Can we confirm that the families were invited to a meeting later this summer to be updated on the inquiry? Can we say when that will be?

Please find S.Times cutting attached.

Cheers,

Lucy.

<< File: GWMH Times cutting.jpg >>

Code A

**Media & Communications Officer (Southampton)/  
 Acting Manager  
 Media Services  
 Hampshire Constabulary  
 Currently on 79-1420 Ext: 01962 871057**

# Police probe 62 deaths at hospital

**Lois Rogers**  
Medical Editor

POLICE are investigating the "suspicious" deaths of 62 patients in a single hospital, the biggest inquiry of its kind in Britain.

Relatives of the patients who died at Gosport War Memorial hospital in Hampshire believe they were given unnecessarily high doses of morphine and other powerful drugs which led to their deaths.

Many of the families cannot understand why relatives, who in some cases were expected to leave hospital within days, were instead fitted with syringe drivers — automatic injection systems that can deliver regular heavy shots of painkillers. They believe a policy of heavily sedating people was practised at the hospital.

Police sources confirmed this weekend that officers were investigating 62 deaths over four years. Dozens of nursing and medical staff are being interviewed.

Alarm about drug cocktails administered at the hospital was first raised after the death of Gladys Richards in 1998. Her family alleged she had been unlawfully killed but a police inquiry petered out.

Ten other families came forward with similar complaints and the Commission for Health Improvement reported last July: "It is clear that had adequate checking mechanisms existed . . . this level of prescribing would have been questioned."

Last autumn Liam Donaldson, the chief medical officer, announced that Richard Baker, professor of clinical governance at Leicester University, was to investigate.

Last week the families were invited to a meeting later this summer to update them on the inquiry. Many are angry that the police and health authorities have persistently failed to investigate their complaints fully.



Policy File - Decision No.: .....

Time and date of decision:- ..... 4/6/03

Officer making decision:- ..... D/S/O

Decision :- ..... Clinical Team - Coordinator

MS Julie Bond is employed as the Business manager at the JWH/BCO University Medical - Local Centre, with responsibility in respect of staff forrest. She has provided assistance in advancing the contract issues in respect of the clinical team (CT)

I have decided that this issue is progressing & on going & it is only reasonable to award MS Bonds services on a more formal basis. I have asked her to become the CT coordinator. This role is intended to

Reason: support staff forrest in his capacity of team leader. She will be able to progress the contract issues from a knowledgeable & independent perspective.

It is appropriate that payment be made

Signature of Officer making decision:- .....

Code A

Signature of Officer making entry:- ..... [Signature]

Noted by Office Manager:- .....



Time and date of decision:- .....

Officer making decision:- ..... *ONT*

Decision :- .....

for that service, but at a rate less than the professional & T members. Mr Bond will be required to attend C/T meetings & facilitate the process. He will be expected to work with D/C Tension to advance contracts to the point of signing & adhering as policy.

Reason: To obtain external skills to facilitate both contract development for C/T & provide coordination role. This will add to the transparency & integrity of our policy.

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:- .....

20/6/03

Officer making decision:- .....

N/O

Decision :- .....

Clinical team - Paul Forrest.

Paul Forrest is the team leader of the Rochester Clinical Team. He has, however, a vast experience at side line investigations. This inevitably impacts on his ability to complete care work as anticipated. This has provoked a review of our process. It has become apparent that such a review has identified an opportunity to improve the process. Professor Forrest has 2 specific roles 1. Team leader 2. Toxicology.

His role in assessing the 62 cases is, to some extent, secondary to the rest of the C/T. 2 key issues arise in respect of any patient treatment. Was that treatment appropriate. If not, did it cause harm or damage. The 1st issue is subject primarily to the assessment of the C/T. The 2nd issue will be more the care assessment of Professor Forrest.

Reason:

Signature of Officer making decision:- .....

Code A

Signature of Officer making entry:- .....

Ops 1.

Noted by Office Manager:- .....



Time and date of decision:- .....

Officer making decision:- .....

Decision :- .....

Professor Forrest has also had some operating difficulties with the technology.

Reason

Professor Forrests Role will be Refined as

- 1. Team leader, coordinator
- 2. NOT to provide ANALYSIS of the 62 case records BUT
- 3 to be part of CT members to coordinate Review & Writing & thereby maintain knowledge of case
- 4 to Report on those cases identified by the C/T as being worthy of such a Review.

Reason: to provide Reports/Statements.

Dr Wilson & Ms Bond will adjust his contract to reflect various Role. All contracts will be subject to Policy when prepared.

**Code A**

Signature of Officer making decision:- .....

Signature of Officer making entry:- ..... *CONF.*

Noted by Office Manager:- .....

Policy File - Decision No.: .....

Time and date of decision:- .....

Officer making decision:- .....

Decision :- .....

*Reason*

To ensure children remain safe  
 focused in appropriate fashion in  
 areas of expertise. our process  
 is developing & will be flexible  
 to meet needs of investigation whilst  
 remaining transparent, efficient  
 & professional

Reason :

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:- ..... 8/7/03

Officer making decision:- ..... D/S/O

Decision :- ..... Agreed Decision No 2

ATTACHED IS FGM No 2, ALSO  
COVERING LETTER, ALSO SENT OUT NOT  
NOT ATTACHED A FGM machine  
Why stop

Reference was made in THE MEDIA  
SECTION TO THE SUNDAY TIMES  
ARTICLE OF 25/7/03 (AS PER  
MEMO OF 27/7/03)

Reason :

MAINTAIN POSITIVE & INFORMATIVE  
COMMUNICATION WITH THE FGM

Signature of Officer making decision:- .....

**Code A**

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. Op Rochester

Tel. 0845 0454545

Your Ref.

Fax. 023 80599838

8<sup>th</sup> July 2003

Dear

**Re: Operation Rochester – Bulletin No. 2**

Please find attached the second bulletin regarding Operation Rochester. You will recall that when I wrote last time I explained that the idea for it arose during a meeting we had with Ann Alexander. You will, of course, understand that there are necessary constraints on what we can discuss with you. That said, the last bulletin seemed to be well received with no negative or adverse feedback.

I would be grateful if the enclosed booking form for the proposed meeting could be completed and sent back as soon as possible. A freepost envelope has also been enclosed for that purpose. Those who indicate that they are going to attend this meeting will receive additional information and directions in due course.

If I can assist you any further please do not hesitate to get in contact .

Yours sincerely

**Nigel Niven**  
**Detective Inspector**  
**Operation Rochester**

## **Operation ROCHESTER**

### **Family Group Members Investigation Update Bulletin No. 2 dated 7<sup>th</sup> July 2003**

#### **Investigation Team**

The Operation Rochester Investigation Team has relocated to Park Gate Police Station. Address and our contact details are as follows:-

Operation Rochester  
Park Gate Police Station  
64 Bridge Road  
Park Gate  
Hampshire  
SO31 7HN

Direct dial telephone numbers:- 02392 892632 and 02392 892633.

Fax:- 02392 891950.

Whenever the office is unoccupied an answer phone service will be in use.

#### **Clinical Team**

On Saturday 14<sup>th</sup> June 2003, the Investigation Team met with the Clinical Team, as mentioned in the bulletin of 30<sup>th</sup> April 2003. The Clinical Team had completed reviewing the second set of twenty patient records. As before, we are satisfied that the process is working as expected. Our next meeting with the Clinical Team is scheduled for the weekend of 6<sup>th</sup> and 7<sup>th</sup> September 2003, by which time we anticipate that the Clinical Team will have conducted their initial analysis of all of the 62 sets of patient records.

#### **Proposed Family Group Meeting**

In my letter to you of 8<sup>th</sup> May, which accompanied the last bulletin, I made mention of a proposed family group meeting to be held in the Autumn. I can confirm that the date of this meeting is Thursday 11<sup>th</sup> September 2003, and it will be held at the Southern Support Police HQ at Netley. These premises can be found a short distance off junction 8 of the M27. (For reference, this is the very next junction down from the meetings previously held at The Solent Hotel, Whiteley, off junction 9).

This meeting is intended to provide a general update as to our investigation and seek to indicate its future direction. Another important reason for the meeting is to allow you all an opportunity to ask questions of the team. Although the meeting will be held shortly after the Clinical Team have finished their initial review of the 62 sets of patient records, I would like to emphasise that we will not be revealing any information about any specific cases.

Attached to this bulletin is a booking form. I would be grateful if you could fill it in and return it as soon as possible. A freepost addressed envelope has been enclosed for this purpose. Capacity is limited therefore consequently attendance will regretfully be limited to two people per patient. For those who cannot travel independently, we will consider arranging transport from Gosport. Out of necessity, this will be on a very restricted basis.

A light buffet will also be provided.

### **Other Enquiries**

The Investigation Team are continuing their enquiries to trace, interview and take statements from all medical and nursing staff who have worked at the Gosport War Memorial Hospital since 1988. As I indicated within the last bulletin, this is a massive undertaking but we are making steady progress and we are currently on track.

### **Media Interest**

This enquiry continues to attract a great deal of media interest. Our policy has been, and remains, that we will not speak with the media except to pursue our investigation. You may have seen an article in the Sunday Times recently which made reference to a 'Police source' confirming some fact or other. I can tell you that no such source exists. Indeed, I took this point up with a Sunday Times Lawyer who indicated that the phrase was probably added by the editorial desk to give the article some currency. In respect of this issue - I think the point has been well made previously by Ann Alexander - this is a major investigation and every effort should be taken to avoid any form of potential compromise. I am therefore all the more grateful for your continued thoughtfulness and discretion.

### **Conclusion**

As I indicated in our last bulletin, this is not intended to replace the other existing means of communication. As before, I would invite you to raise any query you have via [ Code A ] and, for her clients, via Ann Alexander.

With regards and best wishes

**Nigel Niven**  
**Detective Inspector**  
**Major Crime Department**



Policy File - Decision No.: .....

Time and date of decision:- ..... 9/7/03

Officer making decision:- ..... D/S/O

Decision :- ..... Clinical Team Meeting

It is proposed to hold the next clinical team meeting at the Marriott Hotel, Southampton on the 6/7-9. The country will be pre-booked without certainty.

This is the reason for an 02 cars therefore it would be appropriate to have the Reserve team present

Reason :

To manage the process of analysis in a professional 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:- ..... 10/7/03 .....

Officer making decision:- ..... D/SID .....

Decision :- ..... SIA & PET UPDATE .....

I HAVE DRAWN A LETTER TO  
UPDATE THE STATUS OF THE SIA & PET  
AS ATTACHED

Reason :

to ensure key positions members  
of police service are updated to  
an appropriate level

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**

**Niven, Nigel**

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**From:** Niven, Nigel  
**Sent:** 10 July 2003 10:35  
**To:** Code A  
**Subject:** Operation ROCHESTER



FGM Bulletin 2.doc

This is now a letter. Can you check, address, colour print also can you put our address as being Park Gate  
Thanks.

**Dear, Mr Gareth Cruddace, Andrew Samules, Dr Simon Tanner same address at the  
SHA Millbrook – Mr Pickering Fareham & Gosport PCT**

**Re Operation ROCHESTER – Gosport War Memorial Hospital**

I writing to provide a brief update in respect of the above investigation.

You will recall from my previous correspondence of the 30<sup>th</sup> April 2003 that we have employed a number of experts who act as our Clinical Team. I reported to you that we had met with this Clinical Team on previous occasions and that the process of reviewing patient records was well under way. I am able to tell you that we again met with the Clinical Team on the 16<sup>th</sup> of June 2003. At this point they had completed, on schedule, the review of the second batch of 20 sets of patient records. We are satisfied that process is working well and the Clinical Team are now reviewing the last batch of patient records. It is proposed to meet again with the Clinical Team in early September to discuss their initial findings.

We are also arranging a meeting with the Family Group Members. The proposed date is the 11<sup>th</sup> September 2003 at the Police Support Headquarters at Netley. The meeting is intended to allow us to provide those present with an update and also allow questions to be asked of us. Alexander Harris, the lawyers for a significant number of the Family Group members will also be allowed to attend.

The investigation team have recently relocated to the below address.

Operation Rochester  
Park Gate Police Station  
64 Bridge Road  
Park Gate  
Hampshire  
SO31 7HN

Direct dial telephone numbers:-  and

Whenever the office is unoccupied an answer phone service will be in use.

The Investigation Team are continuing their enquiries to trace, interview and take statements from all medical and nursing staff who have worked at the Gosport War Memorial Hospital since 1988. This is a significant task but we are making steady progress and we are currently on schedule.

I hope this update is of some use to you. As always, should you require to discuss any issue please do not hesitate to contact me.

Yours sincerley

**Nigel Niven  
Detective Inspector**



Policy File - Decision No.: .....

Time and date of decision:- ..... 5/8/03 .....

Officer making decision:- ..... O/S .....

Decision :- ..... Budget .....

A Significant Review (SA) team met  
A.D. to send the Patient Access  
Analysis by the Clinical Team &  
STADS.

I have prepared a flow chart  
explaining the payment process  
attached

Reason :

To ensure an understanding of the  
payment making process, in an open  
& simple manner, covering all the  
aspects of the process

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**



Time and date of decision:- ..... 14/8/03 .....

Officer making decision:- ..... SIO .....

Decision :- ..... Field Final Waterworks - Matthew Lohr .....

Matthew Lohr is a partner of Field Final & Waterworks, the SIO has identified the investigative usefulness of employing Mr Lohr to assist & advise the investigation team. Mr Lohr is both married & legally qualified. His role is separate & distinct from that of the CPS, whose decisions in respect of prosecution are unimpeachable. Mr Lohr will assist in investigation & interview strategy as directed by the SIO.

D/I New & D/I Henry will visit Mr Lohr & provide him with a briefing & specialist costumes

Reason:

The circumstances of the GWMH require the investigation team to act in a professional & ethical manner, and to obtain evidence within the relevant field. To employ specialist advisors to assist is both sensible & in line with current national practice.

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

# Code A



Time and date of decision:- 26/8/03

Officer making decision:- SJO.

Decision :- MEG - SJO

1. It has been decided to inform Mr Tom Barker, Solicitor to Dr Jane Barton that it is likely to be necessary to interview her again at some point in the future.

2. In view of what was agreed to hold a forum in the autumn, the date is to be the 11/9/03. The Dec intends to be present in order to brief some of the attendees as to the progress of a PID matter. Mr Watt will leave with the Dec to establish clear TOR.

Reason :

1. The investigation is a long term matter with a necessity. It is both a matter of & remains not to update the actions carried out as they are relevant & reasonable

2. To ensure clear demarcation with reference to previous issues & of resolution

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:- ..... 1/9/00

Officer making decision:- ..... S.E.B.

Decision :- ..... F/W Pres.

D/E never visited F/W interview with on the 14/8/03 & provided a quotation. An LOR subsequently provided a draft contract with charges etc.

The J/S has authorised D/E man to negotiate with Mr Cohen as to his proposed fees in order to secure some economies to the public purse.

Reason : It is always appropriate to have best value. My decision premisses a recognition of the need to protect the public purse whilst mutually acknowledging the realistic cost of quality services.

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:- ..... 2/9/03.

Officer making decision:- ..... S/EO

Decision :- ..... LEGAL REPRESENTATION - DE NOTED

Today the S/EO & D/S/EO visited Mr Walker at his home 26/8/03. Mr Walker was cooperative for the duration

1. It was agreed that police would not object to non-informing Mr Walker on the visit provided we consider that advisable.

2. It was agreed that the would be working in the work subject to any alternative arrangements.

Reason :

To ensure that we act in a manner that is responsive to all without compromising work or 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:- ..... 3/9/03

Officer making decision:- ..... SIO

Decision :- ..... DCE ATTENDANCE TOR

THE SIO HAS spoken with DCE  
MADHAN & AGREED ATTENDANCE TOR  
OF REFERENCE.

REMARKS

Reason :

To ensure compliance regarding  
Attendance TORs received & any  
previous matters & ASD Complaints

**Code A**

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Niven, Nigel**

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**From:** Watts, Steve  
**Sent:** 03 September 2003 10:04  
**To:** Niven, Nigel  
**Cc:** ,   
**Subject:** DCC - 11/9/03

Nigel,

Further to our discussion, I have today met with Mr Readhead regarding his role at the Op Rochester Families meeting on 11/9.

He agrees that it would be inappropriate for him to speak in any way associated with the Investigation team, although he would like to be present when we address the families.

I have therefore agreed with him that;

1. He will be present when we address the families
2. We will leave after questions, Mr Readhead will remain & answer questions regarding the complaints issues.
3. Mr Readhead will withdraw leaving Ann Alexander to complete the evening whilst we all wait near the buffet.

I trust that you are happy with this, is it possible to amend the time table to accommodate please.

Regards  
SW



Policy File - Decision No.: .....

Time and date of decision:- ..... 7/9/03

Officer making decision:- ..... S/O

Decision :- ..... Clinical team meeting

The Clinical team is taking action  
Mr Matthew Lott is present. In discussion  
with S/O & D/S/O is that they agree  
to consider

- 1. Adopting a strategy that allows for the  
completion of the analytical work done  
by the clinical team (CT) to be reviewed  
consistently on a specific basis by other  
reviews
- 2. Cover missing/personnel resources
- 3. For Mr Lott to provide an action plan  
as to the possible deployment
- 4. To identify & conduct a review of  
clinical cases/ findings within the

Reason: CT matrix

- 1. To ensure effective consideration of CT  
product
- 2. To allow CT to complete analysis work I/D  
some projects were missing/unused
- 3. To advance investigation
- 4. To I/D maintain & quality assure process

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

**Code A**

Noted by Office Manager:- .....

Policy File - Decision No.: .....

Time and date of decision:- 11/9/03

Officer making decision:- D/SIO

Decision :- Family Group Meeting

The meeting took place as planned.  
M. was attended

Reason :

To ensure all relatives are updated  
to extent possible whilst protecting integrity  
of investigation & rights of others.

Signature of Officer making decision:-

**Code A**

Signature of Officer making entry:-

Noted by Office Manager:-



**Operation Rochester**  
**Family Group Meeting, Netley**  
**11<sup>th</sup> September 2003**  
**MINUTES**

The meeting was opened by Det. Ch. Supt. Watts who thanked the families for their attendance and support and explained the evenings agenda before handing to DI Niven.

DI Niven offered apologies for the absence of Code A and Ann Alexander.

The meeting was again reminded of the sensitive nature of the evenings discussions before DI Niven explained what progress had been made on this enquiry over the last year and the history of the investigation. (Script attached).

Det. Ch. Supt. Watts informed those present of the current position and what could be expected over the coming months. Points raised included:

- That the Investigation Team have interviewed a significant number of Staff, some of which expressed concerns, but many didn't.
- An explanation of the process used by the Clinical Team.
- That the Clinical Team have indicated a number of cases where they have grave concerns over the standard of care and the way they died. That figure cannot be revealed at this time and there is a larger number of cases where the Clinical Team concluded the patient had received optimal care and died from natural causes.
- The Investigation Team want to be 100% sure before being specific about figures to ensure the absolute final answer is given in relation to care of individual patients. This information will be forwarded at the earliest possible opportunity.
- Findings will most probably be forwarded via post to enable everyone to receive answers at the same time.

Det. Ch. Supt. Watts explained that the Clinical Team had been picked to represent a wide spectrum of clinical expertise, adding that a further team of experts will be required to focus on those cases of concern. A group view had been gained, as intended, but there was now a need for other medical experts to look in fine detail, and in isolation, at these cases for reasons of integrity and to eliminate the risk of suggestions of collusion or persuasion if this investigation came to trial. Det. Ch. Supt. Watts added that quality control is therefore required and to this end the Investigation Team had employed the services of Field Fisher Waterhouse Solicitors who are specialists in medical matters.

Before the end of this session the meeting were informed of what the next phase of the investigation would involve:

- Evidential Review to take place.
- Further interviews of Practitioners, possibly under caution.
- A highly experienced Tactical Interview Manager has joined the Investigation and will be working with Field Fisher Waterhouse.

Det. Ch. Supt. Watts went into the break by explaining that the job of the Investigation Team was to gather evidence ethically, thoroughly and professionally before presenting that evidence to the Crown Prosecution Service. It was then the decision of the CPS whether there was a case and whether it was in the public interest. He further explained that the strategy adopted had been discussed with the CPS and was regarded good practice, but the next process would not be completed before this time next year, adding that he apologised for the time scale but that this was due to the size of the investigation.

After a short break there was a Question and Answer Session in which the families could air any queries.

Q When you decided that there was some culpability, what are the reasons for getting a fresh set of experts and only looking at some cases?

A We need to quality assure our findings and make sure the notes were the right ones.

Q Those cases that are deemed no cause for concern, is it not fairer that the families are told now?

A Yes, we understand your concerns and we have thought what we would want in this situation. We are continuing our investigation and we will re-look at these cases to double check. I will give an undertaking to make absolutely sure of our findings before making them open.

Q I am concerned that Mr Niven mentioned the investigation covering the past 10 years, my father died 13 years ago.

A DI Niven: The reason you are here is because we are investigating your case. I was just talking in broad terms and rounding figures.

Q You mentioned that some cases were cause for concern and some showed no cause for concern or natural causes, why say that if you can't confirm individual cases at the moment?

A I apologise if I caused concern but we want to be certain before confirming any results. I mentioned a year, but it will be at least a year before any possible prosecution, you will know which are no cause for concern.

Q Are you saying that you don't feel confident with this team of Clinical Experts and their findings?

A One option would be to tell you the results now but we are carrying out a thorough investigation and we will double check those findings.

Q What about the statements we have provided are these considered or is it just the medical records that are being looked at?

A Your statements are being taken into account.

Q Will you take into account what we want to hear. Can you not tell us if there is cause for concern at this stage rather than letting us wait a long time?

A I understand what you are saying, we want to quality assure our results but we will review our position.

Q I appreciate that you may change your mind on these results, but why another team?

A DI NIVEN: This meeting is to provide an update of the investigation we are conducting. It will achieve answers, but we are insistent that we will quality assess what we have done so far. Before exposing anyone to our views of what has happened we are employing further experts to quality assure our results. This process has to be re-checked and it will be checked as vigorously as the current process. **IF** there was any prosecution, it would be a year into the future. Before that you will know what has happened to your loved ones.

Q I didn't expect definitive answers now, but how long do we have to wait?

A In terms of prosecution these things do take that long. In terms of knowing what happened to your loved ones it will be much sooner, but as Mr Watts said, we do have to quality assure these things. To answer your question, it is going to take at least a year before any possible prosecution, but in the cases of no culpability you will know sooner.

Q I was told by an Officer that I would know by September.

A That was never going to be the case, we know much more as a result of last weekend, but this is a massive and complex case requiring quality assuring and lengthy legal processes.

Q Mr Niven mentioned that investigation process was refined 20 years ago, new systems introduced. My father died 5 years ago. There was a case recently north of the country where two nurses were found guilty within months.

A We have spoken to Officers in that case and there were issues within that case that meant it could be resolved far quicker.

Q The Press say it's similar.

A The press would say that by the nature of what they do. The issues within that one made it quicker to review.

Q Why quicker?

A This is a massive investigation with far more cases, this other incident involved 5 individual cases, circumstances were very different.

Q How many investigations like this are there currently running in this country?

A I don't know the figures on that.

Q Can you tell us how many, not mentioning individual details, how many concerns you have in this case?

A I cannot divulge any information relating to findings so far for the reasons mentioned.

Q The records that you have are copy's of what the Doctors and Nurses wrote at the time, is the quality of those notes good enough?

A We can only deal with the information we have in our possession.

Q Is your investigation based purely on what one or two Doctors or Nurses wrote in their notes?

A Plus statements taken from Doctors and Nurses.  
DI Niven: Some of the medical notes are of a poor quality but we have in effect really good copies of poor documents and if necessary can supply the original records. Record keeping within the hospital has been an issue that has been the subject of the CHI report and has been dealt with. Where copies are poor, originals have been gained. But in terms of record keeping, this is an issue taken into account.

Q Is there any progress from Professor Baker?

A DI Niven: I spoke to Professor Baker this morning and he has submitted his report to the Chief Medical Officer in which he will articulate any concerns. This should be available to us soon and when it is we will be able to consider his findings.

Q When will you get his report?

A DI Niven: Not too far down the line.

Q Alexander Harris on behalf of the families: will the Clinical Experts have chance to look at the Officers Reports?

A DI Niven: No, we asked them to look at the medical records as they exist

without clouding their minds. They have to focus and identify their issues, i.e. whether palliative care concerns etc. It is here that we have employed Field Fisher Waterhouse. They will scrutinise and quality assure those results. There will be a time when other concerns will be dealt with but in first instance we are just looking at the records.

Q Alexander Harris: but you will look at everything?

A DI Niven: Absolutely. We want to make sure that at each stage the system they use is recorded.

Q Will the CPS have to look at whether it is in the public interest? What does that mean?

A They look at whether there is sufficient evidence. Public interest, whether there is a case to be heard and it is of value to the interest of the public to carry out a case for prosecution, was mentioned for completeness and this shouldn't be an issue here.

Q You don't think it will be an issue?

A I can't pre-empt these things, but I can't see it being an issue.

Q Gillian McKenzie: In the Shipman case this was a major incident that came to light in August 1998 and in September Shipman was arrested. They got their act together, I can't say the same for this investigation. I am also concerned about the 1991 report where there were obviously some concerns from Nurses. In 1999 to 2001 two nurses came forward, the press contacted a Nurse and had a damning conversation with her. This journalist was called to Police Head Quarters but no statement was taken from him with regards to this information yet a statement was issued by the Police regarding this investigation. You never found out what that Press Officer or the Nurses allegations were. The Press Officer's name was Jonathan Carter, I have passed on his information to the Police but he was never cross examined.

A I will speak to you individually on this matter. I know Jonathan Carter, I have spoken to him before and I have no recollection of speaking to him on this case?

DI Niven: I have not spoken to him regarding this at all. This investigation didn't start as a result of the 1999 report but rather due to the publicity provoked by Professor Bakers involvement. Then the 1991 documents were handed in and then there was publicity which brought a lot of you forward.

Q Gillian McKenzie: on the 16<sup>th</sup> of September Ann Alexander approached Hampshire Constabulary who said they wouldn't take the case on, two days later they decided to take it on. There are a number of things the public are not aware of and I want to make sure they are made aware.

Q In relation to administration of drugs, did staff have the right to administer or was there a process of double checking?

A This varied. We can't give details. We can't specify on individual cases.

Q I don't want you to give individual answers, but want to know if you have come across this during this investigation?

A I can't comment at the moment as this is subject to the investigation.

Q But if it is will it be a Hospital Management matter?

A Yes.

Q Would you consider notifying families in any other way than that suggested?

A Yes, we want your feedback hence this meeting. What we were looking for was the best method to ensure you all found out at the same time. Due to the size of the investigation to knock on doors would mean that some would get answers before others and it is a close knit community some of you know others and may not be happy to find out someone else has been told and you are still waiting. We are open to ideas on the best practice.

Det. Ch. Supt. Watts reiterates that it will be a thorough, ethical and professional enquiry and thanks the families for their support before introducing Claire Amos and Patricia Roe from Alexander Harris.

The Investigation Team depart the Lecture Theatre.

Policy File - Decision No.: .....

Time and date of decision:- ..... 12/9/03

Officer making decision:- ..... D/SFB

Decision :- ..... MEDIA

JANET MALCOLMSON HAS BEEN APPROVED BY  
REDACTED WITH NEEDS OF RCMP.

A PRESS RELEASE HAS BEEN RELEASED ON  
AN 'IF APPLICABLE' BASIS.

Reason :

TO MAINTAIN AN APPROPRIATE MEDIA  
SEARCH IN ACCORDANCE WITH OUR MEDIA  
STRATEGY

**Code A**

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....



**RESPONSE TO QUERY FROM NICK BROOKES AT THE GOSPORT NEW  
RE. A MEETING BETWEEN THE GOSPORT WAR MEMORIAL  
HOSPITAL FAMILIES' GROUP AND POLICE ON SEPTEMBER 11, 2003**

*For release on an if asked basis only*

Hampshire Constabulary can confirm that police met the Gosport War Memorial Families' Group last night (September 11) at Netley Police Training Centre.

The purpose of the meeting was to update the families on the progress of the police investigation.

Hampshire Constabulary is committed to ensuring relatives are kept fully informed at all stages of our inquiry. However, we would stress that last night's meeting was private and that the discussions which took place remain confidential at this stage.

Ends

**Code A**

Date and issue number: 1323 of 12/9/3

Telephone: ( **Code A** )

*For information of Media Services Officers only*

*DI Nigel Niven should be appraised of any queries regarding this investigation.*

Time and date of decision:-

19/9/03

Officer making decision:-

S/O

Decision :-

Interview LHM

1. AN ACTION PLAN NEEDS TO BE PREPARED AS PER MATING 7/9/03 WHICH MUST CLEARLY SET OUT THE PREPARATION
2. THE UML COMMIT TO ADDRESS ISSUE OF HARMFUL CONDUCTS LIKE THAT IN STATEMENT OR RABM FORM IN ANIMAL OR ANY IMPACT THEY MAY HAVE ON FINDINGS.
3. TO ENSURE ALL THE WORKING STAFF HAVE BEEN ADVISED AS PER MATING 7/9/03 & ALSO OVERLAY TIME WITH 2 ABOVE

2 & 3 TO BE CONSIDERED BY UML COMMIT WHEN DOING 1 ABOVE

Reason :

TO ENSURE ALL INFORMATION IS CONSIDERED,  
TO PROVIDE CREDIBILITY ASSURANCE & TO  
BE COMPLIED IN CHM AGREEMENT AS  
S/O'S POLICY

Signature of Officer making decision:-

**Code A**

Signature of Officer making entry:-

Noted by Office Manager:-

Policy File - Decision No.: .....

Time and date of decision:- ..... 24/9/05

Officer making decision:- ..... D/S [Signature]

Decision :- ..... MEETING WITH MATTHEW COHEN

Meeting held with Mr Cohen Manchester  
24/9/05. COES considered  
minutes attached.

Reason :

to return investigation

Signature of Officer making decision:- .....

**Code A**

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

## Operation ROCHESTER

Notes of meeting with Mathew LOHN in Manchester 24<sup>th</sup> September 2003

Present:

Mathew LOHN

Nigel NIVEN

Code A

NN briefed ML on contents of family group meeting 11/09.

### **Clinical team:**

Current clinical team have been employed to provide an analysis of case notes and provide a filtering system. This process will continue and be key to any future 'disengagements' of cases. They will continue to be employed as the key team, but if any case was later considered to be appropriate for any form of proceedings, then a separate team of experts will be used. Teams to be referred to as 'Key Clinical Team' and 'Clinical Review Team.'

Peter LAWSON and Ann NAYSMITH will be used to further refine certain cases.

ML indicated that IF Dr NAYSMITH had not been part of the key clinical team she would have been ideal for the Clinical Review Team

ML recommended Professor Irene HIGGINSON as Palliative care expert.

### **Patient Profiles:**

OK handed to ML patient record DVD's and clinical team briefing pack.

Further 20+ cases, including 16 identified by Professor Richard BAKER to be copied to DVD and passed to current clinical team for review in same manner as first 62. NN will visit team members individually and brief them.

Consideration will be given to cold calling FGM's of 16 cases identified by Professor Richard BAKER.

Arrangements are in hand for patient records to be digitally printed from DVD's by Hampshire Police graphics department. Hard copy prints will at a later stage be compared against original files for quality assurance.

Records of comments made by individual clinical team members and the conclusions of the clinical team to be obtained.

ML stressed the importance of the written records recorded by Professor FORREST during the discussion held during the review process, as they are a record of his management of the group.

NN outlined the Policy in respect of Professor FORREST.

ML will review cases using medical records, clinical team comments and Officers Reports and will devise questions for Peter LAWSON and Ann NAYSMITH.

ML will review cases which currently fall into categories 1A and 2A as a priority with a view to disengaging cases of no concern asap.

Agreed timescales:

**Friday 17<sup>th</sup> October** - Hard copy files, including additional information from experts, to be generated by.

**Saturday 6<sup>th</sup> December** - Clinical team meeting to be held for review of additional 20+ cases.

**Other issues:**

ML requested copies of previous issues of Wessex Protocol as current issue is not relevant as it dates from 1999. OK informed him that we are having difficulties obtaining previous issues despite speaking to the author but we will endeavour to obtain issues from 1987. ML suggested the Royal Society of Medicine library, of which he is a member.

ML suggested obtaining information on patterns of prescribing, identifying peaks and troughs and prescribing pattern changes. Drug charts should be checked through for dates and amounts of diamorphine prescribed.

ML suggested contacting the Prescription Pricing Authority (PACT) for data.

Report of Professor BAKER to be reviewed when obtained for references to the volume of diamorphine consumed.

Causation discussed. Toxicology needed – consideration to be given to exhumations in order to establish levels of diamorphine. OK stated that 3 of the 3B cases are burials and contingency plans have commenced in respect of these.

NN mentioned that Ian Barker – legal representative for Dr Jane BARTON – had been seen and informed that we are likely to need to interview her again but this may not be for some time.

ML suggested obtaining copy of Interim Audit from GMC.

NN will arrange meetings with Chief Executives of the Primary Care Trust and the Strategic Health Authority to discuss current state of investigation including the IOC in respect of Dr BARTON.

Issues of costs in respect of ML discussed.



**Code A**

Time and date of decision:- ..... 29/9/03

Officer making decision:- ..... SIO

Decision :- .....

- 1. Arrange to meet with
  - A. GMC
  - B. SHIA/PCT


To meet at earliest phase of investigation  
 2. Circumstances have changed that we are now in a position of having an indication of potentially sub-optimal or culpable actions in respect of Patient Death. We need to appraise them of the situation without compromising the investigation so that they may take action they feel fit, in consultation with ourselves. At this point the CMO will not specifically be advised unless he asks to be, having been informed by the SHIA, if they so choose to do.

Reason: 2. Persist to have sign of Prof Baker's report. Should this be by direct reference to CMO, SPH to SIO first.

3. 16 cases have been identified by Prof Baker as giving him cause for concern. There are at least four (4) other cases that have come to notice. These should be analysed by

Signature of Officer making decision:- .....

Signature of Officer making entry:- ..... CONT.

Noted by Office Manager:- ..... 

Time and date of decision:-

Cont

Officer making decision:-

Decision :-

Client team uses the same Model. and is essential - we are going to do this on 6/12/03. (m) will have a further DVD) to be made.

4. The current Client team will be helping at the Key Client team. Further efforts will be Appointed as the Convener of 7/9/05 to examine the cases of cancer. They will be working at the Client Review team & Simon. Martin John will coordinate / identify these experts

5. Peter Landon & Ann Myles will perform specific work with the KCT as experts in Genetic & Prostate case laws may issue. The D/S to also consider Zed's work can have the additional benefit in the field or making. The KCT will continue to perform extra analysis

6. Martin John will review the cases currently organised as 1A with a view to making the decision:-

Signature of Officer making entry:-

Cont

Noted by Office Manager:-



Time and date of decision:- .....

Officer making decision:- ..... *CONT.*

Decision :- .....

to us recommending to inform families concerned as soon as possible.

7. Before a final decision is made in respect of any case, it must be reviewed in the context of any information provided by the families.

8. We will coordinate the process of informing families as to the categorizing their loved ones falls with Alexander Harris. A meeting is proposed to be held with them. 30/9/03

9. There is a need to maintain contact with the KGM's. In the absence of Code A

Reason: *FO* has agreed that Code A, a trained *FO* will be appointed as *FO* to ensure KGM. As an initial contact she should discuss with families how they would like to be informed of what category their loved ones fall into.

Signature of Officer making decision:- .....

Signature of Officer making entry:- ..... *CONT.*

Noted by Office Manager:- .....

Policy File - Decision No.: .....

Time and date of decision:- .....

Officer making decision:- ..... *Cont.* .....

Decision :- .....

10. SIO agrees we need to have  
issue of extenuation of these buried  
Decisions categorized as 3's: Prior to  
being so a clear strategy for informing  
managers will be developed.

11 - (D/SIO) De Robinson will also  
identify whether KRM have any update  
in respect of their concerns to assist  
us take best evidence to I/O experts.

12 Extraordinary work needs to be  
completed in respect of printing of  
patients records. Check/IT in  
part of case. Each very significant  
in such terms.

Reason:

Reason A 1-12 agreed in minutes

Signature of Officer making decision:- .....

**Code A**

Signature of Officer making entry:- .....

Noted by Office Manager:- .....



Policy File - Decision No.: .....

Time and date of decision:- ..... 30 / 9 / 03 .....

Officer making decision:- ..... SIO .....

Decision :- ..... GMC. ....

An inter Agency meeting was held at the HQ office of the GMC with Linda Quinn.

There was a need to discuss and try to inform them of the preliminary nature of Chinese team.

Minutes Attached

Reason :

To ensure all parties are kept informed of investigation at appropriate to protect Area Safety.

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**

**Notes of meeting held at the offices of the General Medical Council, 178 Great Portland Street, London. 0930 30/9/03.**

**Present**

**Linda Quinn (LQ) - GMC**

**Steve Watts (SW)**

**Nigel Niven (NN)**

SW commenced the meeting by providing a general background to our investigation. He put in context the case of Gladys Richards and made reference to the work of Liversly, Munday and Ford, the random sample of 4 additional cases. He mentioned the handing in of the 1991 papers. SW further explained that the investigation related to 62 cases. This were brought to police attention as a result of the publicity created when the matter of the 1991 papers was made public in conjunction with the tasking of Professor Baker by the CMO. SW explained the methodology of the Clinical team, their respective disciplines and the creation of the DVD's. The CT assessment ended some weeks ago and the FGM were updated 11/9/03. SW explained our relationship with Alexander Harris and that Ian Barker of the MDU was also spoken to and informed that it was likely that we would need to interview Dr Barton at some point in the future but it would not be for some time yet.

SW explained that we were due to visit the Strategic Health Authority on Friday 3/10/03 to inform them also of where our investigation has reached. The rationale for the meetings was to provide the information to the extent we could and scope the way ahead.

LQ asked whether Disclosure was a problem

SW said that it was and explained why

NN asked about Dr Barton's present position

LQ made reference to PPH and PPC (full title mentioned but not recorded). LQ explained that Dr Barton still practices but not within the GWMH. and then discussed issues and procedures.

SW then explained the system used by our CT and definitions as per our result chart. After stating that the percentages were proximate and no intended to be exact said that there were roughly 25% where the care was optimal, 50% where the care was sub-optimal and 25% where the care cause grave concern. SW explained he was seeking the GMC's view as to the way ahead taking into account the circumstances. SW emphasised that we where discharging our duty to inform the GMC and other partners. The public safety was our paramount concern.

LQ explained that the GMC would need more information than just provided if they were to go to a IOC.

NN explained process in terms of any interviews later held and that disclosure by others outside of interview structure may well have negative impact on the interview progression.

LQ then summarised the discussion and asked whether the GMC would be provided with further information in detail.

SW said it may be possible and any request would be given consideration. He then explained the limitations that we were expected to work within. He raised the issue of how information provided would be dealt with and asked made reference to a generalised summary, or SW / NN being able to give verbal evidence.

LQ acknowledged the difficulties involved and explained how GMC hearing run.

SW emphasised that we would always act in a manner that showed fairness to all and summarised our open and transparent investigation. He again emphasised our duty to place the safety of the public first.

NN explained that a balance needed to be struck between protecting the public and ensuring that any investigation is conducted professionally and in an unhindered fashion. Our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton. At the moment our results are raw and are to be subject to quality assurance by FWW and other experts. Any request for formal disclosure would need to be put into writing with an assessment as to risk included so the fullest consideration can be given to the matter. The point was made that the results only relate to the GWMH. Dr Barton is no longer allowed to practice there and appears only to be working within her general practice.

LQ then asked about the role of Judith Chrystie and Mathew Lohn role with the matter.

SW explained the roles of Lohn and the wholly separate role between him and his employment by the police and that of Chrystie for the GMC.

LQ explained that she would need to speak with her senior whose office we were in at that time.

SW explained again that the meeting was intended to raise awareness at this early stage and to allow for consideration to the way ahead.

Business cards were handed over and the meeting concluded at 1015.

Policy File - Decision No.: .....

Time and date of decision:- ..... 30/9/03

Officer making decision:- ..... SIO

Decision :- ..... Meeting with Ann Alexander

The SIO/D-SIO met with Ann Alexander & Liza Elton on afternoon 29/9. This was at the request of Ann Alexander.  
Minutes attached.

Reason

- 1. Expressions raised by Mr Alexander re potential conflict with Mr Lohan & VFW. To be discussed with Mr Lohan, Mr Crockett & Mr Clark of CPS
- 2. Unnecessary verifications & update process in respect of VFW's concerns to ensure it is complete & accurate. This will be done by **Code A** as per 29/9/03 para 3 & para 11. This will not be by Security Report to Team as OR may consider data not suitable for viewing by team - arranged by D/SIO
- 3. Consider providing copy of minutes to VFW's - this needs to be discussed

Reason :

**Code A**

Signature of Officer making decision:- ..... Liza Elton - This needs to be discussed

Signature of Officer making entry:- ..... Liza Elton SIA

Noted by Office Manager:- ..... **Code A**

**Code A**



**OPERATION ROCHESTER MEETING  
30<sup>TH</sup> SEPTEMBER 2003  
AT  
MAJOR CRIME DEPARTMENT  
CONFERENCE ROOM  
HULSE ROAD, SOUTHAMPTON  
14:00 HOURS**

**Present:**       **Detective Chief Inspector Watts  
Detective Inspector Nigel Niven  
Ann Alexander – Alexander Harris, Solicitors  
Lisa Elkin – Alexander Harris, Solicitors**

**Ann Alexander said that she had requested the meeting to discuss some issues that were not raised at the last Family Meeting and other concerns.**

**A discussion took place on the best way to inform clients of the outcome of their particular case to reduce trauma. It was agreed that this would be agreed by both parties to accomplish this as some clients can be difficult. Det. Chief Supt. Watts envisaged that there will be some conflict and that the families needs should be taken into consideration.**

**Ann Alexander asked to what extent are the CPS involved. Det. Chief Supt. Watts confirmed that the CPS are involved and had previously assessed the evidence as it then stood. He explained the process conducted thus far and the fact that we have now moved onto another phase and the intention is to return to the CPS to discuss this and the way ahead.**

**Ann Alexander asked are the CPS aware of the types of experts that are being used. Det. Chief Supt. Watts replied that he is not sure whether they know that a Nurse is one of the experts. Ann Alexander said are they aware of further experts being used. Det. Chief Supt. Watts said not at this point in time. Ann Alexander expressed concern that the CPS are not involved in the pro-actively i.e. gathering of evidence and that they have Special Case Workers. She raised concern on the use of Mathew Lohn**

**DI Niven explained that when a meeting was last held with the CPS a strategy was agreed. It was this same agreed strategy that we were discussing now. It was part of this strategy to update the CPS as once the experts had concluded their analysis and as to the way ahead proposed by the police. This was the stage we were now at.**

**Ann Alexander said as far as Field Fisher Waterhouse is concerned are the CPS aware of this. She also asked have they been involved before. Det. Chief Supt. Watts replied not in Hampshire but they have in other Forces. Ann Alexander asked were the Police satisfied that there would be no conflict between Field Fisher Waterhouse.**



Det. Chief Supt. Watts said he has no concerns. Ann Alexander went onto say that acting for both sides in some instances cannot happen. She has concerns about prosecution against the medical experts and that Mathew Lohn might be bound by Field Fisher Waterhouse.

DI Niven referred to the contractual obligations in respect of Mr Lohn and the police.

Det. Chief Supt. Watt's said he will consider the matter and inform Ann Alexander of the outcome.

Ann Alexander asked why the families couldn't be told straightaway. Det. Chief Supt. Watts replied that all cases will be discussed with the CPS. Additionally, for us to be 100% sure of the position of individual cases before any families are informed.

DI Niven reiterated that this is the sort of decision that will need to be discussed with the CPS. This is standard practice in cases like this and we will also discuss with the CPS how the families are going to be told. DI Niven said in cases that are discontinued we would invite Alexander Harris to be involved in identifying the best way for this to be achieved. Det. Chief Supt. Watts went onto say that all families should be informed at the same time, some might need further investigation so the process could be made longer.

Ann Alexander asked whether the experts have access to the reports/statements that had been made. Det. Chief Supt. Watts informed her that their task was to review the patient records and this what they have done. He explained further how Mr Lohn may assist the process. Ann Alexander said that some of the families haven't made statements, and if it was decided to eliminate the case would statements be taken then. Det. Chief Supt. Watts indicated there wouldn't be any point.

He went onto say that the families could be contacted to ensure that we have a full account of their concerns they are completely happy with our understanding of them.

DI Niven informed Ann Alexander that **Code A** is the new Family Liaison Officer. It is already planed she will visit all FGM's and ensure that we have full and up to date accounts of the concerns they have in respect of their relatives care. Ann Alexander asked is **Code A** fulfilling this role full time. DI Niven explained that it will not be her sole function. Ann Alexander said is there any time scale. DI Niven replied she will be fulfilling this role until the investigation is concluded. Ann Alexander said that some of her clients had raised concerns about **Code A** DI Niven expressed surprise as the feed back he had received about the officer had been glowing. He stated that he would only expect to hear from Ann Alexander if there were genuine concerns of consequence and not otherwise.

Ann Alexander said in terms of medical records – some families have seen them and have made comments. As part of the process will the families be able to add

to them. She also asked if a case was discontinued would the Police have any objections if the families wanted to see the medical records again. Det. Chief Supt. Watts said no he couldn't see a problem with this. Ann Alexander said it would be very costly. Det. Chief Supt. Watts replied the records can be burned onto CD's he would seek legal advice with regard to this. DI Niven asked Ann Alexander how many people have mentioned concerns with regard to the medical notes. Ann Alexander replied about 12 families have shown concerns.

Det. Chief Supt. Watts said that this would be given further thought and Ann Alexander will be informed. DI Niven said the reproduction of notes in whatever form would have to be cost effective and suggested one hard copy or one CD per family.

Ann Alexander asked if the records were paginated. DI Niven explained the copying process and rationale. Ann Alexander said that any cases that Alexander Harris have dealt with in the past have had to be paginated and all documents put in order before given to experts who would not have accepted them otherwise. DI Niven replied maybe not, but our experts had been given the documents in the manner they had for a specific purpose. He confirmed that all medical notes have been looked at by more than one expert.

Ann Alexander informed the meeting that the bulletins that have been sent out have proven a success, and asked when the next meeting is likely to be held. Det. Chief Supt. Watts said the next meeting would probably be in December. Before the meeting concluded Det. Chief Supt. Watts clarified with Ann Alexander the points that needed to be looked at.

1. The issue of conflict of Field Fisher Waterhouse -- speak with the CPS.
2. All reports or statements are agreed by families.
3. Consider issues families having copy of records.

Meeting concluded at 15:30 hours.

Policy File - Decision No.: .....

Time and date of decision:- ..... 6/10/03

Officer making decision:- ..... SIO

Decision :- ..... Game Letters & Reply

Reference to the meeting held between Mr. [Name] & Mr. [Name] on [Date] & was about Game, a letter has been received from Mr. [Name] dated 2/10/03. The letter requests certain information to be provided.

Reference has been put forth today regarding the above position.

Best Regards

Reason :

Our Authority to provide information under these given circumstances depends on our Risk & Benefit & other is assessed to protect. Public Safety is always our paramount concern.

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**

In reply please quote **FPD/LQ/2000/2047**

**Please address your reply to  
Conduct Case Presentation Section, FPD  
Fax 020 7915 3696**

2 October 2003

Detective Chief Superintendent Steve Watts  
Police Headquarters  
Hampshire Constabulary  
West Hill  
Winchester  
Hampshire  
SO22 5DB

**GENERAL  
MEDICAL  
COUNCIL**

*Protecting patients,  
guiding doctors*

Dear Mr Watts

**Dr J A Barton**

I refer to our meeting on 30 September 2003 when you informed me of the stage reached in the Hampshire Constabulary's investigations in this case. I have now had an opportunity to discuss that information within the GMC.

In order for Dr Barton's case to be referred to the Interim Orders Committee (IOC), prima facie evidence is required which is cogent and credible and raises a question as to whether Dr Barton should have a restriction placed on her registration. This information would then be considered by a medical member of the GMC (the screener) with regard to a referral to the IOC. For example, if there is evidence that Dr Barton has been prescribing in an inappropriate and irresponsible manner, and the screener refers this to the IOC, it would be open to the IOC to place a condition on her registration restricting her prescribing. The Committee also has the power to suspend a doctor's registration.

The IOC may make an order when it determines that it is necessary for the protection of members of the public or is otherwise in the public interest or the interests of the doctor. As well as protection of the public, the public interest includes preserving public confidence in the medical profession and maintaining good standards of conduct and performance.

From the information that you provided on 30 September 2003, we consider that it is likely to be in the public interest that the matter is screened. However, we cannot give a final decision without further information.

Therefore could you please supply us with a detailed written summary of the evidence you have in this case to date, including any report prepared by the team of experts. The decision on referral of the information to IOC rests with the screener. If the information supplied is very brief, while it is likely that it would be passed to the screener, there is a possibility that the screener would not refer it to the IOC.

As we discussed on 30 September 2003, if Dr Barton's case is referred to the IOC, the documentation you provide will be disclosed to her and her legal representatives.

Could you please confirm whether the 62 individual cases scrutinised by your team of experts include the five which are already known to the GMC, as follows:

- Gladys Richards;
- Arthur Cunningham;
- Alice Wilkie;
- Robert Wilson;
- Eva Page.

We are grateful to you for keeping us informed of the progress of your investigation, and would ask that you continue to do so.

Please let me know if you require any further information from me before responding to this letter.

Yours sincerely

**Code A**

**Linda Quinn**  
**Conduct Case Presentation Section**  
**Fitness to Practise Directorate**

Direct Line: **Code A**

Fax: 020 7915 3696

E-mail address: **Code A**



*D/S K...  
For file*

Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

**Tel:** 01962 871404

**Fax:** 01962 871130

**Telex:** 47361 HANPOL

**email:** stevewatts@hampshire.pnn..police.uk

**S Watts MSc DPM MIMgt**  
Detective Chief Superintendent  
Head of CID

Your ref:

Our ref: SW/chm

6<sup>th</sup> October 2003

Ms L Quinn  
General Medical Council  
178 Great Portland Street  
London W1W 5JE

Dear Ms Quinn

**Re: Gosport War Memorial Hospital - Operation Rochester**

Thank you for your letter dated 2 October 2003, following our meeting on 30 September 2003 regarding the above matter.

I note your comments, in particular the processes by which the GMC may consider the matter of registration.

The summary which we provided you in respect of our investigation, indicated that a team of clinical experts had examined hospital records in respect of 62 patients at Gosport War Memorial Hospital, under the care of Dr Barton. In a significant number of those cases, the experts take the view that there was negligent care and that the causation of death is unclear. As my colleague DI Niven and I explained, much further work needs to be done to validate and develop these very provisional findings. We took the view, however that the GMC and the relevant Strategic Health Authority should be appraised of this information.

As we explained to you, our primary concern always is the safety of the public. That said, we are also expected to investigate serious allegation such those involved here in a professional and ethical manner. We therefore have to strike a balance between conducting our investigation in the appropriate fashion whilst realistically assessing the risk to the public. Put simply, our ability to disclose information would need to be based on an assessment of the risk that was presented now by Dr Barton.

Our investigation has only considered cases up to 1998 and all relate to the treatment of patients at the Gosport War Memorial Hospital. All the cases of concern raise issues in respect of the use of opiates. My understanding at the present time is that Dr Barton is not allowed to work at the Gosport War Memorial Hospital, and is not authorized to prescribe opiates.

On the basis of the above, I think more assessment needs to be conducted to quantify and clarify the risk that Dr Barton continuing to practice currently presents to the public safety. I would emphasize that our investigation has only concerned itself with issues within the Gosport War Memorial Hospital and not in any other area of practice by any medical staff. You will be aware that Professor Richard Baker was tasked with conducting some analysis by the Chief Medical Officer. His remit would have been wider than ours and although I do not know the outcome of his research, I would imagine any conclusions he has reached might assist you in your deliberations.

It is probable that we will need to interview Dr Barton at length. The interview process is predicated upon a detailed strategy which will include a careful consideration of the information supplied to Dr Barton prior to interview. I note that your letter indicates that any information supplied to the GMC will in its totality be supplied to Dr Barton. Any uncontrolled disclosure to Dr Barton has the potential to detrimentally impact upon the investigation, and I therefore would be reluctant to disclose further information until the above issue of risk has been given thorough consideration.

If I were reassured that material would not be passed to Dr Barton or her representatives, I would be willing to consider, at a future time, providing a more detailed disclosure of information to the GMC. We would be more than happy to discuss with the GMC 'Screener' how we may best achieve the maximum disclosure without a detrimental impact upon the investigation.

Finally, in answer to your question, I can confirm that the patients that you name in the second page of your letter of 30 September were included in those reviewed by the team of clinical experts.

I look forward to hearing from you so that we may progress this matter together.

Yours sincerely

Steve Watts  
Detective Chief Superintendent  
Head of CID

Policy File - Decision No.: .....

Time and date of decision:- ..... 7/10/03 .....

Officer making decision:- ..... SIO .....

Decision :- ..... KVVW - Conflict of Interest .....

After an issue was raised by Ms Alexander on 30/9/03 concerning a potential conflict of interest ~~with~~ <sup>in</sup> ~~the~~ ~~area~~ with Matthew Lotw, FRC of GMC - a meeting was arranged with SIO, D/SZO D'Sweeney & Matthew Lotw & Judith Christie of FRC.

The point was discussed. The view was forwarded by Mr Lotw was that there was no real conflict.

He indicated, however, that he would not any longer represent (FRC) the GMC in that matter.

Reason :

To ensure maximum transparency & maintain public confidence, this will be put into writing.

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:- 7/10/03

Officer making decision:- JED

Decision :- Meeting with CPS

A meeting was held with the CPS at Lodge Hill. Mr Dykes and Mr Smith & Paul Clark were present.

Minutes Attached.

CPS updates as to findings of the clinical team. This amounts to the 11 phase of plan and review with CPS case year being reviewed.

Reason :

To ensure CPS are updated at this key stage

**Code A**

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

## Operation ROCHESTER

### Meeting with CPS Tuesday 7<sup>th</sup> October 2003

Present:

CPS: Robert Dryborough – Smith (RDS)  
Paul Close (PC)

Police: Steve Watts (SW)  
Nigel Niven (NN)

**Code A**

SW - Outlined purpose of meeting i.e. to update CPS regarding situation, where we are, what we've done and where we are going.

NN - Summarised the case/investigation to date. He reminded the CPS as to previous meeting and the agreed strategy in gathering together a team of experts. Again as a reminder - he stressing that the purpose of the investigation is to establish if an offence has been committed and if so by whom. He referred to the police decision to employ Matthew Lohn (ML) of Field Fisher Waterhouse (FFW) and briefly outlined his terms of reference i.e. refining work, quality assurance, assisting to identify experts.

RDS - Asked how big is the group of potential offenders.

NN - Explained that it appears predominantly Jane BARTON but other people may be associated within the same treatment.

SW - Stated that there may be peripheral people to consider.

RDS - Asked that due to the time taken and envisaged - why are we not concentrating on highly (concern) cases first, why not prioritise?.

SW - Explained the strategy and stressed the importance of telling the families one way or the other asap. He explained that the next stage is to look at highly likely cases.

RDS - Asked in respect of the FFW lawyer – what aspect is he advising?.

SW - Stated ML's particular skill in medico – legal issues. He is both medically and legally qualified. He will advise on areas of evidence gathering.

RDS – Commented that ML is not a prosecution lawyer the Police are going outside for advice rather than to the CPS.

NN - reiterated the role of ML in assisting the police in the investigation phase – not the prosecution. That will always be a matter for the CPS. For example, that he will advise on the interview process. He explained the role of ML and FFW within the NCOF and within the MOU and MIM structure



RDS - Agreed that he can see the benefit of formulating questions and asked if possible for CPS to be copied in on advice from ML e.g. Causation – to see what he's saying. He expressed concern that ML will give advice which will later be conflicting with CPS advice.

NN - Stated that we wish to quality assure all information we deal with. We will be more than happy to consider this. When specific issues arise, it might prove useful for the police to ask both CPS and ML for advice to secure the maximum perspective.

SW - Stated that ML is here to provide guidance on the investigation. At the end of the day a file will be submitted to CPS and we will stand by your conclusion.

RDS - Stated that CPS would like to be kept up to speed with legal advice from ML.

PC - Asked if Professor Robert Forrest (RF) is being instructed.

SW - Explained the role of RF.

PC - Stated that he thought RF would provide heavy weight evidence.

NN - Explained role of expert witnesses, including RF which was process agreed upon with themselves at our meeting at Ludgate Hill in December 2002. He explained again the filtering system.

SW - Explained the next process of analysing hirer order cases by a new team of experts in isolation rather than holistic.

PC - Asked if the medical team had stated that the cases of concern are prima facie Manslaughter.

SW and NN - Answered No and both gave further explanations of the role of the medical team.

PC - Asked will the Police Officers be the same or will we get a new team.

NN - No

RDS - Asked if we had used causation as a heading.

SW - Explained the matrix system being used by the medical team.

RDS - Stated that if you can't prove causation to criminal standard you're lost anyway.

NN - Discussed causation and the investigation process. The police purpose is to gather the facts – we are not seeking any particular outcome.

PC - Stated we've got to go on to 3c & 3d and potentially 3e.

SW - Stated that there are examples of cases of clear concern i.e. entered hospital with expectation to leave in a few days and died.

PC - Asked what is there connecting cases for example - Dr BARTON, is she common?.

SW - Stated that Dr BARTON is common in connecting cases.

PC - Were any of them expecting to die in hospital.

NN - I general terms - some were expected to die. Some were not There were cases where there was no explanation on notes to suggest any other cause of death.

RDS - No PM's.

SW - None.

NN - For the avoidance of any doubt - In respect of FFW - they are there to assist us investigate. The decision making process has and will always rest with yourselves. We do not seek to substitute the CPS. The results of the experts is in it's infancy and should only be viewed as a filtering process as had been explained.

RDS - One other question - Has CHI conducted a further review.

SW - Explained the CMO's instruction to CHI not to conduct review until completion of Police enquiry.

SW - Explained the current situation regarding the GMC. Dr BARTON is no longer allowed to prescribed opiates.

**Code A**

Policy File - Decision No.: .....

Time and date of decision:- ..... 9/10/03

Officer making decision:- ..... SIO.

Decision :- ..... CMO Letters - Abuse Report

On the 3<sup>rd</sup> October 2003 the CMO  
wrote to Mr Watts re approving the  
Report of Agent Baker.

On the 9<sup>th</sup> /10/03 Mr Watts advised  
some letters copies attached

Reason :

To obtain Report of Agent Baker  
to ascertain content & act as  
applicable.

Signature of Officer making decision:-

**Code A**

Signature of Officer making entry:-

ENTERED 16/9/03

Noted by Office Manager:- .....

From the Chief Medical Officer, Sir Liam Donaldson



3 October 2003

Richmond House  
79 Whitehall  
London  
SW1A 2NS

Tel: 020 7210 5150-4  
Fax: 020 7210 5407

liam.donaldson@doh.gsi.gov.uk

**In confidence**

Steve Watts  
Detective Chief Superintendent  
Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire SO22 5DB

*Phone Office 22/10/03 @ 1114 - Kelly to  
JW (d system - via  
Mike Evans*

*Dear Des Watts,*

As you may know, I have recently received the report prepared by Prof Baker into a number of deaths at Gosport War Memorial Hospital.

**Code A**

We have decided that it would not be appropriate at this time to make a decision to whether or not to publish the report. However, I understand from Professor Baker that the police have asked for a copy of the report.

In principle I have no objections to letting you have a copy of the report. My only concern is that it should remain confidential in the light of our decision, based on legal advice, to postpone a decision on publication. I should therefore be very grateful to receive your assurance about this, subject of course to the needs of your criminal investigations.

At this stage we are not providing any further copies apart from to Dr Simon Tanner at the Strategic Health Authority who will need to consider the report in the context of continuing patient safety. (A final decision is being taken on this after I have received advice from the Department of Health's lawyers.) I intend to provide an oral briefing to the General Medical Council.

A copy of this letter is being sent to Professor Baker.

Kind Regards

*Spoke 1605 3/11/03*

**Code A**

*Caroline Kelly  
Notice No for  
Kelly Turner*

**SIR LIAM DONALDSON  
CHIEF MEDICAL OFFICER**

Hampshire Constabulary  
Police Headquarters  
West Hill  
WINCHESTER  
Hampshire  
SO22 5DB

**S Watts MSc DPM MIMgt**  
Detective Chief Superintendent  
Head of CID

**Tel:** 01962 871404  
**Fax:** 01962 871130  
**Telex:** 47361 HANPOL  
**email:** [stevewatts@hampshire.pnn.police.uk](mailto:stevewatts@hampshire.pnn.police.uk)

Your ref:

Our ref: SW/chm

9<sup>th</sup> October 2002

Sir Liam Donaldson  
Chief Medical Officer  
Department of Health  
Richmond House  
79 Whitehall  
LONDON  
SW1A 2NS

Dear Sir Liam

### **Gosport War Memorial Hospital**

Thank you for your letter dated 3 October 2003, concerning the report prepared by Professor Richard Baker in respect of deaths at Gosport War Memorial Hospital.

I am reassured that there is to be delay in any publication of the report. A publication of such a report could have, a potentially significant impact on the criminal investigation, and I would certainly need to view the report and have the opportunity to comment upon the potential effect before any publication was made.

I can confirm that it will be critical to our investigation to receive a copy of that report to consider in the context of our ongoing enquiry. I fully appreciate the sensitivity of such a report and can confirm that it will remain totally confidential to the investigation. It will not be copied, either in totality or extract to persons outside the investigation team, and only for the explicit purposes of the investigation.

For clarity, the 'investigation team' includes myself, Police Officers acting for me, and a small number of clinical and legal experts subject of contracts that include confidentiality clauses.

I note that Dr Simon Tanner of the Strategic Health Authority will be provided with a copy of the report. I have recently briefed him and senior colleagues in respect of the current status of



our investigation and the future strategy. I would be more than happy to provide a similar briefing to yourself, if you felt that would be helpful.

I hope that you are reassured by my comments as to confidentiality. If you are content, I would be very grateful if you could indicate when, and in what circumstances we can obtain a copy of the report. I am happy to send Officers to collect it personally if you feel it necessary.

Yours sincerely

Steve Watts  
Detective Chief Superintendent  
Head of CID

Policy File - Decision No.: .....

Time and date of decision:- ..... 16/19/03

Officer making decision:- ..... D/SIO

Decision :- ..... FKL - CONFLICT OF INTEREST

ATTACHED IS LETTER FROM VERA MCGRAW  
FOR NO CONFLICT OF INTEREST.

I HAVE NOW WRITTEN TO MS ALEXANDER  
CONFIRMING HER POSITION. COPY ATTACHED

Reason :

TO ADDRESS & RESOLVE RAISED ISSUE  
ON CONFLICT INTEREST TO MAINTAIN  
CONFIDENCE OF OUR ADOPTED PRACTICE

**Code A**

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....



THE EUROPEAN LEGAL  
ALLIANCE

FIELD FISHER WATERHOUSE

Our ref: MSL/2515880 v1

**Strictly Private & Confidential**

Detective Inspector Nigel Niven  
Hampshire Constabulary  
Western Area Headquarters  
12-18 Hulse Road  
Southampton  
Hampshire SO15 2JX

*Letter sent*

*to AH*

*Date 16/10/03*

7 October 2003

Dear Nigel

**Operation Rochester**

I write to confirm the substance of our recent conversation, and our meeting today, concerning conflicts of interest and set out my view on this matter now I have had the opportunity to review the position.

I understand that an issue has been raised with you as to the propriety of the involvement of Field Fisher Waterhouse in Operation Rochester. It has been noted that as a firm we have been acting both for the General Medical Council in their now dormant investigation into Dr Barton and for Hampshire Police supporting your investigation.

We have of course considered the issue as to whether a conflict issue would arise as a routine matter as we would with all our instructions. We are content that no conflict of interest has arisen in our work thus far. This situation is not unique; for example we have previously advised a Health Authority on the investigation of a doctor locally whilst simultaneously advising the General Medical Council on bringing proceedings.

That being said I am mindful of the importance to Hampshire Constabulary of this investigation and the need for it to withstand external scrutiny and maintain public confidence. In such circumstances and in order to remove any contention in the matter of our instruction, I have informed the General Medical Council that I will no longer act for them in respect of the case of Dr Barton. This action should not be viewed as a corrective measure but one where we are proceeding with excessive caution in view of the sensitive nature of the case.

Field Fisher Waterhouse 35 Vine Street London EC3N 2AA  
Tel +44 (0)20 7861 4000 Fax +44 (0)20 7488 0084 e-mail london@thealliancelaw.com  
www.ffwlaw.com www.thealliancelaw.com CDE 823

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Regulated by the Law Society. A list of the names of the partners of FFW and their professional qualifications is open to inspection at the above office.  
The partners are either solicitors or registered foreign lawyers.  
The European Legal Alliance is an alliance of independent law firms.

I hope this resolves the issue substantively.

Yours sincerely

**Code A**

**Matthew Lohn**

Partner

Direct Line: 020 7961 4050

Mobile:

Email: N

**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 0454545  
Fax. 023 80599838

Your Ref.

16<sup>th</sup> October 2003

Ann Alexander  
Alexander Harris Solicitors  
Ashley House  
Ashley Road  
Altringham  
Cheshire, WA14 2DW

Dear Ann,

**Re: Operation Rochester**

I am writing in connection with the meeting held with you on 30<sup>th</sup> September 2003, at Hulse Road, Southampton.

It was, I thought a very useful meeting which gave us an opportunity to discuss the matters that had arisen since our earlier meeting on the 11<sup>th</sup> September 2003, with the family group members.

You raised a point in respect of the Police employment of Mathew Lohn, of Field Fisher Waterhouse. You have a particular concern over a potential conflict with Mr Lohn's contribution to our investigation and Field Fisher Waterhouse's representation of the General Medical Council.

I am able to confirm that this matter has been discussed with Mr Lohn and we are content that no conflict of interest exists. However, out of an abundance of caution, Field Fisher Waterhouse have decided to no longer represent the General Medical Council in respect of this case.

If I can assist you on this or any other matter, please do not hesitate to contact me.

Yours sincerely

**Nigel Niven**  
**Detective Inspector**  
**Major Crime Department**



46

Policy File - Decision No.: .....

Time and date of decision:- ..... 10/10/03 (entered 16/10/03)

Officer making decision:- ..... SIO

Decision :- ..... MEDIA

AN ARTICLE APPEARED IN THE  
FORUM NEWS MENTIONING TO THE  
MP FOR LEAST SEVERE ASHES QUESTIONS  
IN THE HOUR AS GWMH  
ATTACKS OF THE MEDIA CALLED  
MURKIN AT THAT TIME

Reason :

TO ENSURE AN ISSUE OF  
FROM THE POINT WITH LIMITED  
STRATEGY TO PREVENT THE INVESTIGATION  
BEING COMPROMISED OR BEING ADVANTAGE  
TAKEN

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**

## **Update on Op Rochester investigation**

“The investigation into the deaths of patients at Gosport War Memorial Hospital is an ongoing inquiry which is very complex in nature.

“We have always known this was going to be a very time consuming inquiry and we made the families involved aware of this from the outset.

“We have been, and remain, committed to keeping the families fully aware of how the investigation is going at every stage and last met with them on September 11 to provide an update on our progress. We are liaising closely with the firm of solicitors which represents many of the families involved, and are also keeping the General Medical Council, the Strategic Health Authority and the Crown Prosecution Service apprised of developments.

“We are content that the investigation is being progressed as expeditiously as possible.

“Hampshire Constabulary remains committed to conducting a thorough and complete investigation of these deaths.”

Ends

**Code A**

Date and issue number: 1502 of 10/10/3

Telephone: 01962 871057

Policy File - Decision No.: .....

Time and date of decision:- ..... 17/10/03

Officer making decision:- ..... SIO

Decision :- ..... MTC, D/SIO

A MTC WAS HELD AT THE SIO, D/SIO  
O'HANRAHAN. THE ISSUE OF PRINTING  
PATIENT RECORDS & DATA CONVERSION TO  
DVD WAS DISCUSSED

Reason:

1. WORKER WOULD CONTRACTOR TASK. COSTINGS ATTACHED. SUBJECT TO DISCUSSION WITH BAPS TO ENSURE INTEGRITY OF PROCESS.
2. THE PATIENT RECORDS OF THE CASE 12/D BY NAME TO BE PRINTED ON DISC & SUBMITTED TO VCT WITH AIN ON 6/10/03.
3. SINCE WE HAVE CONDUCTED AN INITIAL REVIEW OF RECENT DATA CASES WE WILL NEED TO IDENTIFY THESE QUESTIONS FIRSTLY, THERE IS A URGENT IMPERATIVE TO DO SO. SECONDLY, THESE QUESTIONS MAY HAVE RELEVANT EVIDENCE BASE ON THEIR VARIANCES.

Signature of Officer making decision:- .....

Signature of Officer making entry:- ..... CONT.

Noted by Office Manager:- .....

**WORM Group Ltd**  
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For the attention of

DI Nigel Niven &

**Hampshire Constabulary**

**Secure Production Facility  
Babbage House  
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**Tel: 01264 320930  
Fax: 01264 320939  
Email: [enquiries@wormgroup.com](mailto:enquiries@wormgroup.com)**

**[www.wormgroup.com](http://www.wormgroup.com)**

## Estimation

Provided for Hampshire Constabulary 17<sup>th</sup> October 2003

For the preparation of the patient records image database (currently held on secure WORM servers) into 62 individual files. (1 File per patient)

### OPTION 1: (In House – Babbage House WORM Group)

For setting up pagination of each of the 62 individual files.  
IT - time involved estimated at 2 hours @ £85 per hour  
(Each file to be sequentially numbered without division) £ 170.00

For the separation of 60 patient records from the image database  
IT – time involved 5 hours @ £85 per hour £ 425.00

Routing to network printers and printing in black and white –  
eight complete sets of patient records 197,744 sheets £ 9012.88

For the filing and binding of patient records into individual binders  
Cost @ £9.50 per hour (estimated time 64hours (4 days – two staff) £ 608.00

For the supply of 1000 lever arch files @ £0.99p per file £ 990.00

For the supply of 200 WORM archive boxes for the delivery of  
lever arch files on @ £2.95 per box £ 590.00

***Estimate In House at WORM £11,795.88***

### OPTION 2: (External to WORM)

For setting up pagination of each of the 62 individual files.  
IT - time involved estimated at 2 hours @ £85 per hour  
(Each file to be sequentially numbered without division) £ 170.00

Provision of image database to print house – hand delivered and  
installed to print houses PC with member of senior  
WORM staff present. £ 680.00

For printing in Black and White 197,744 sheets £18,348.00

Member of senior WORM staff on site at print house for  
4 days @ £250 per day £ 1000.00

For the filing and binding of patient records into individual binders



Cost @ £9.50 per hour (estimated time 64hours (4 days – two staff)	£	608.00
For the supply of 1000 lever arch files @ £0.99p per file	£	990.00
For travel expenditure to print house (2 staff) for 4 days @ £6 per day per person	£	48.00
For the supply of 200 WORM archive boxes for the delivery of lever arch files @ £2.95 per box	£	590.00
<b>Estimate Out Source</b>		<b>£22,434.00</b>

**ADDITIONAL WORK:**

For the output of digital images to CD for each patient @ £15.0 per CD		
- 62 records (as currently held)	£	930.00
- 20 records (due to be delivered to WORM)	£	300.00
For the conversion of 20 patient records (based on same pricing structure as work produced in February 2003).	£	598.00

(Rates as set out below)

Preparation of documents for scanning @ £9.50 per hour  
Scanning in colour @ £55.00 per 1000 images  
Indexing of documents @ £6.95 per 1000 keystrokes

**The above prices are subject to VAT at 17.5%**

**V.A.T Registration Number: 788 7347 58**

Policy File - Decision No.: .....

Time and date of decision:- .....

Officer making decision:- *Cent.* .....

Decision :- .....

4. The revised process of identifying officers for informing families should continue, in respect of the best way of notifying them in which conveying their love and care. This can commence at D/K Robinson conduct the visit & be followed within the next bulletin. Speak writing with Alexander Harris for 16/17 or 18/19 December as very loose options

5. SZO has written to CMD re Bharan Report. D/E review will follow up correspondence.

Reason :

1-5 to advance investigation of various families

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:- ..... 27/10/03

Officer making decision:- ..... D/S/O.

Decision :- ..... Key Clinical Team.

1. The members of the Key Clinical Team will be visited in person to:-

A. Analyse & Risk Assess

B. Re-Briefing as to progress of analysis re Key Clinical Team

↓  
Review work by Consultant, Nephrologist & Histopath

↓  
Clinical Review Team.

C. Review next 20+ cases on DISC.

D. Prepare & supply notes of work done thus far.

Reason :

2. The D/S/O & D/C involved will perform this work

Reasons to work, talk & discuss  
Notes to advise identification

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

**Code A**

Noted by Office Manager:- .....



Policy File - Decision No.: .....

Time and date of decision:- ..... 3/11/03 .....

Officer making decision:- ..... D/SIO .....

Decision :- ..... BULLETIN No 3 .....

A 3<sup>rd</sup> BULLETIN HAS BEEN DRAFTED.  
WHICH ATTACHED. IT ADDRESS ANSWERS  
OF ISSUES AS PER SIO Policy.

ALSO ATTACHED IS LETTER FROM ANNE  
ALEXANDER DATED 16/10/03 & my Reply  
Dated 10/11/03.

Reason :

To ensure Family Club members  
of their legal REPRESENTATIVES ARE  
INFORMED, UPDATED & CONSULTED WHILE  
SIR INVESTIGATION CONTINUES.

Signature of Officer making decision:- .....

Signature of Officer making entry:- .....

Noted by Office Manager:- .....

**Code A**



# H A M P S H I R E C o n s t a b u l a r y

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

Our Ref. :

Your Ref. :

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

Tel: 0845 045 45 45

Direct Dial:

Fax: 023 8067 4057

Email:

03 November 2003

Dear Ann

**Re: Gosport War Memorial Hospital – Operation Rochester.**

Thank you for your letters of the 16<sup>th</sup> and 20<sup>th</sup> October 2003.

The purpose of this letter is two fold. Firstly, to supply you with Bulletin No.3. Secondly, to respond to the additional points raised in your letter of the 16<sup>th</sup> October.

You will see from reading the bulletin that it already addresses most of the discussion points raised during our meeting at Southampton on the 30<sup>th</sup> September 2003.

The bulletin concerns itself with introducing Code A as the Family Liaison Officer. It then explains then she will be meeting with all the relatives to:

- Identify the best way of notifying the relatives of the decisions, when they are reached.
- Ensure that our records of the concerns and information held by the relatives is complete and up-to-date.
- Explain and introduce the supply of patient records

In addition the bulletin makes reference to the role of the Victim Support Service. I hope that you find this bulletin as useful as the earlier editions.

In respect of your letter, you raise some points which arose from your meeting with your clients. I think has always been understood by both of us that there will be things that we would be prepared to discuss and some things we will not.

The former mainly relates to issues surrounding the Family Group Members, whether represented by you or otherwise. I think you will agree that we have both made tremendous efforts to ensure that we provided good and caring service towards these people and rightly so.





# HAMPSHIRE Constabulary

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However, it has never been our position that we will be expected to identify or explain operational decisions or matters of sensitivity. I will, of course, consider all of your questions and reply where I can.

Your question 1. in respect of the 1991 documents is an example of the latter which I shall therefore decline to discuss any further. Likewise your question 2.

3. As indicated within the bulletin, we have communicated with Judith Cousins of the Victim Support Service. I think it might be useful to encourage your clients to make direct contact with them so their individual needs can be considered. We shall certainly seek to have the VSS present at meeting we arrange and I am sure they will endeavour to attend those you organize. It might be prudent to make contact with them yourselves to open channels of communication.

4. In respect of the issue of patient notes, our clinical team identified that two sets of feeder notes were absent from the patient notes supplied to them. Those notes have been obtained, placed on disc and delivered to all of the Clinical Team. They will all feature in the patient notes provided to the families.

You lastly make a point regarding incorrect or inaccurate information being conveyed to Family Group Members, although no example was given. Every effort is made to ensure that accurate information is given. If mistakes are made and brought to our attention they will be rectified and due apology made. We have previously discussed such issues and the bulletin was introduced as a consequence. If you have any more recent examples please bring them to my attention.

I hope that this letter addresses the issues you have raised with me and that you find the bulletin to be helpful. I think that the relation between Alexander Harris and Operation Rochester is a constructive one which is making a positive difference to the service be are both providing.

If I can be of any further assistance please do not hesitate to contact me

Nigel Niven  
Detective Inspector  
Operation Rochester

## Operation ROCHESTER

### Family Group Members Investigation Update Bulletin No. 3 dated 2<sup>nd</sup> November 2003

#### Family Group Meeting 11<sup>th</sup> September 2003.

The Family Group meeting took place at Netley as per our last bulletin. In the main the feedback was positive. It is possible that we will hold another similar meeting again although not in the immediate future. Any intended meeting will be mentioned in good time in later bulletins.

#### Investigation Team

I announced at the Family Group Meeting that [Code A] is now our Family Liaison Officer. [Code A] will be contacting all you in the near future in order to personally introduce herself. Additionally, she will discuss with you three particular subjects.

**Clinical Team Findings** – At the meeting in September, Detective Chief Superintendent Watts mentioned that consideration will be given as to the most appropriate method of informing you of the Clinical Team findings. We feel that it is vitally important to include your views in this process. I will be writing to you in due course with some suggested options for how we can best do this. In the first instance, however, [Code A] will discuss the subject with you in person. Please feel free to inform her of any early thoughts you have on how this can best be achieved.

**Identified concerns** - At the beginning of our investigation many of you identified to members of my team what your specific concerns were in respect of the treatment your relatives received at the Gosport War Memorial Hospital. [Code A] has been specifically asked to discuss this matter with you during her visit. So far the analysis by the Clinical Team has focused upon the information contained within the patient records. Before any decisions are made in respect of any case, account will need to be taken of the information and concerns provided by yourselves. We therefore want to ensure that we have a comprehensive and up-to-date record of your concerns. This information will then be taken into account within the decision making process.

**Copy patient records** - We are aware that some of you have based some of your concerns upon copies of your relatives patient records you have obtained from the hospital authorities. Not all of you have had sight of these records. We believe that you should all have this opportunity. That way, we feel, you will be able to give the fullest consideration to the above matter in respect of identifying your current concerns. To that end, we are arranging to provide you with a copy of your patient records. We fully understand that for some this process will be too distressing and that you will not want sight of your relatives patient records. Consequently, I have enclosed a reply note with this bulletin giving you a choice. I would be grateful if you could endorse this reply note as to whether or not you wish to receive a copy of your relatives patient records. Also enclosed is a Free Post envelope. Please give this

matter some consideration and send your reply back in the envelope provided. As you would expect, providing such records is a costly affair. Consequently, I only intend to provide one set of patient records per relatives family. I would therefore be grateful if you could also indicate on the above mentioned reply slip which family member should be sent the patient records on behalf the family. If there is a reason why you feel more than one copy should be provided please indicate why in the 'Comments' box on the reply slip. (Please note that the postage has been prepaid and no stamp is needed)

### **Victim Support**

Some of you may recall that at the Family Group Meeting on 5<sup>th</sup> February at the Solent Hotel, we arranged for members of Victim Support Services to be present. Some of you spoke to them and some were given leaflets. We now feel that it is appropriate to remind you that the Victim Support Services are available to you and we encourage you to consider their use. We have arranged for Judith Cousins of the Gosport VSS to act as a central contact point and she can be contacted on **02392 528248**. Alternatively you can ring the Hampshire VSS HQ at Eastleigh on **02380 611177**. I have enclosed a VSS leaflet which outlines the services they provide which you may find interesting.

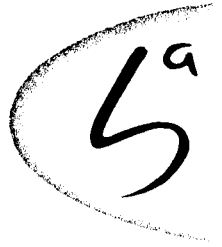
### **Conclusion**

The work of the investigation and clinical team is ongoing. Please be assured that the consultative process we have engaged with you is not in any way delaying the core investigation. The work of gathering and analysing information continues. It has always been our goal, however, to work with you, the relatives. We are committed to involving you in the process wherever appropriate and shall continue to keep you up to date of developments. We shall continue to liaise with Alexander Harris who represents some of you. Indeed, a number of the above subjects arose out of a meeting held with Ann Alexander in Southampton on the 30<sup>th</sup> September 2003.

Lastly, I would like to raise an issue in respect of the media. Notwithstanding what I have just indicated above, what we do share with you is intended to be confidential. Both Ann Alexander and I have previously explained the impact reporting could have on the outcome of our investigation. We ourselves have a strict policy in respect of the media and this investigation. I would like to take this opportunity to convey my thanks for the discretion exercised thus far. Clearly, our ability to share information with you will depend on that information being treated in confidence.

In the event of any query, please do not hesitate to contact us at our incident room at Park gate police station.

Nigel Niven  
Detective Inspector  
Major Crime Department

**Alexander Harris** solicitors

Our ref: RF/LE/31243/1/9516  
 Your ref:  
 Please ask for: ANN ALEXANDER  
 Direct dial 0161 925 5555

D.I Nigel Niven  
 Hampshire Constabulary  
 Western Area Headquarters  
 12-18 Hulse Road  
 Southampton  
 SO15 2JX

16 October 2003

Dear Nigel

**Gosport War Memorial Hospital**

I am writing following our recent meeting and would like to take this opportunity to thank you and Detective Chief Superintendent Steve Watts for giving up your time to see us.

In respect of further action that needs to be taken, the following was agreed;

1. You would speak to the CPS and Matthew Lohn at Field Fisher Waterhouse to discuss the potential conflict of interest
2. You would ensure that notes/statements taken from the relatives are agreed and are accurate. It would assist if you could clarify in writing why you do not consider it necessary to take full statements from the remainder of our clients.
3. You will consider how the medical records could be made available for relatives to review and make appropriate comments in order that the experts have as full and accurate picture as is possible when they are considering their views.
4. Any substantive concerns regarding Code A would be directed to you

You are aware that a further meeting was held with the clients that evening to discuss the outcome of our meeting and also for the relatives to have an opportunity to raise any further concerns that they may have. Further to that meeting I have been asked to raise a number of further queries with you and I would be grateful if you could give these due consideration.

1. In relation to the 1991 document, were the statements taken from the nurses taken under caution? If not please can you advise why not?

**Handling with care**

**Alexander Harris**, Ashley House, Ashley Road, Altrincham, Cheshire WA14 2DW Tel: +44(0)161 925 5555  
 Fax: +44(0)161 925 5500 DX 19866 Altrincham | E-mail: [info@alexanderharris.co.uk](mailto:info@alexanderharris.co.uk) Website: [www.alexanderharris.co.uk](http://www.alexanderharris.co.uk).

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2. To what extent and why do you consider it appropriate to have a liaison officer who is part of the investigative team?
3. Please confirm that members of the victim support team will be present at any future meetings and that they are currently available to provide support to all clients.
4. At our meeting you stated that all the medical records had been obtained and you will recall I made specific reference to those from Hasler Hospital. I understand from information provided to one of our clients that this may not actually be the case and I should therefore appreciate your confirmation in respect of our clients as to precisely which notes and records have been placed before the experts.

There is also a general concern that there have been a number of occasions where information has been given to a family member, which has later turned out to be incorrect or inaccurate. Please can you confirm that steps are being taken to ensure that this does not recur.

I trust that you will deal with the matters raised and I look forward to hearing your response in due course.

Yours faithfully

**Code A**

**ANN ALEXANDER**  
**MANAGING PARTNER**  
**ALEXANDER HARRIS SOLICITORS**

ann.alexander@alexanderharris.co.uk