



# Investigator's Notebook

**Operation Title**

ROCHESTER

**Issue Number**

1785

**Date of Issue**

26/9/05

**Officer**

Code A

**Rank & Number**

Code A



## Investigator's Notebook

### CRIMINAL PROCEDURE AND INVESTIGATIONS ACT 1996.

Officers have a duty to:

<b>Record</b>	<b>Retain</b>	<b>Reveal</b>	<b>Review</b>
Record all information relevant to an investigation, not otherwise recorded in any form, at the time of obtaining or as soon as practicable after that time.	Retain means keeping all material obtained in a criminal investigation which may be relevant to the investigation (includes surrounding circumstances of the case) and failure to ensure this, may result in a failed prosecution.	Reveal means ensuring the CPS are aware of all material relevant to the investigation. The CPS will disclose material to the defence if in their opinion it might undermine the case against the accused. Failure to reveal material may result in a failed prosecution.	Review, there is a continuing obligation to "4R's" any material that comes to light prior to and during trial.

These books will be issued against signature to all officers engaged on an investigation at its commencement.

At the conclusion of the investigation all books will be surrendered to the Disclosure Officer who will certify their return.

They will be filed with the case papers.

These books should record all notes made, for example:

- conference and other rough notes
- telephone numbers etc.
- notes relating to a witness i.e. statement preparation, the witness name must be linked with those notes.

To assist the Disclosure Officer, an 'S' should be placed in the margin alongside any obvious sensitive entries i.e. Informant, OP's, Police intelligence and Police/witness address/phone numbers. **NO** other document to be maintained except Pocket books, which will still record evidence.







Dr Jewell RSES.

at least 1979

June 1990,

Fit at met 1990

Fallen - neighbors - some alarm.  
living alone nine neighbors

1991 CCF

refused hospital - treat at  
Rome - digoxin + furosemide.

lot better next day. walking →

Diuretic → furosemide.

Neighbors looked after her.

June 1991 furosemide cut down.

Sept 91 routine.

Oct 91 Diarrhea. OK

March 92 'routine'

'Marellon out bed

Nov 92 fell Anematom a leg.

Dec 92 collapsed on floor to OAT  
a partner.

Resided in Willow Cottage 2H.

May 93 eye infection

Oct 93 chest infection colleague.

March 94 - - -

May 94 back pain.

- - - Small stroke.

Nov 94 Park -

Dec 94 SOB - furosemide →

Jan 95 - little worse  
wouldn't go to hospital  
geriatrician.

Heart  
not  
1984  
AF

hb Resp.  
Meet future drug  
LISINAPRIL . ACE Inhibitors .

14/2/95 D/W Dr Lloyd  
for advice re SOB  
LISINAPRIL →  
Dantrolene

May 95 arm infection  
skin infection  
June staph. abs.

Resp Tract Infection Dec 95  
3/Jan/96 chest infection

Jan 96 Ref red right wrist  
to 2A Orthopaedics.  
? Sceptin Arthritis

6/3/96

12/12/96

19/12/96

11/2/97

22/4/97

May 97

6/5

12/5

**Code A**

TLC only. Very poorly.

c/l.p - Heart Failure  
Dmit Rich Hope could help

17/5 was down, day  
Dehydrated -  
NOT able to provide nursing  
care.

↓  
QA.



Roderick Campbell SCOTT

**Code A**

Malcolm SCOTT

Code A

**Code A**

Orthopaedic Surgeon GMC Ref 2719975

Helena SERVICE

Code A

**Code A**

Nat Health Service No.

Code A

Died 5/6/97

0845 600

Code A

Lindsay

~~QA Social Services  
Senior Practitioner  
Nephrologist  
Pathologist~~

**Code A**

ACM 05

~~Hedge Fund.~~

Code A

~~145657~~

~~Julia Glynis Manager~~

Code A

Code A

~~re Arthur Brian CUNNINGHAM~~

Code A

1998

Code A

(Asst welfare officer)  
Jenny

1000 -

~~DI Nich~~

Code A

Code A

~~Daryl MEEVINK~~

1 / 10 / 95 Full phone call.  
from

13 / 1 / 95

joined 1978.  
Senior

June 1988. end of HARMED.

24 / 2 / 86 at home.  
seen by Dr previous night.  
Pillow up chest,  
cough mixture / paracetamol.

19 / 4 / 86 at surgery  
pencil lower back  
1 bottle / lincomin

25 / 7 / 87  
Corynebacterium  
eye drops / ointment

19/6/88 At home

Breathes / chest  
antibiotics

23/12/89 At home

chest infection  
antibiotics / cough mixture

1/9/90

27/10/90

29/1/91

16/2/91

7/8/91

# Code A

8/9/93

10/12/93

19/4/94

22/6/94

2/8/94

renew

1/9/94

31/10/94

# Code A

2

(amm)  
cable

day  
return

incl.

13/1/95.

11/10/95.

16/4/96

7/11/96.

29/5/99

# Code A

DOB. 29/5/40, Cyprus. 5'8"

**Code A**

Sheila Gregory

Y20 J

Served Y20 C

Y20 I

Ruby Lake

Captain FMT HARBAN

Page 68/69 73/74/75

~~Woods~~ 1233/35/36/37

Code A

Francis M HARBAN

Code A

**Code A**

And Ryder.

H. WOODWARD 2000

Mihelle SEARLE,

Human Resources

Building 80

R.H.H.

for bulk

PO 2288.

Code A

OLD BOW LANE CHURCH ROAD, LOWER ACONDSBURY.

BS 32 4DT

4



RE CAPT SCOTT

Morphine page 72

Page 80.

Letter Page 11 from Dr Keid  
14 ?

Head Chart page 19 - 24

Nursing Notes page 25 - 28

Chart 29 - 34

Ar Chart 35

Drug Record ~~36~~ - 41  
1997-98 42-59 letter from MMS

Pre-Op Care Plan 60-61

Pre op Check 62

Nurse Chart 63

Ar E 64

ECG 19/3/99 65

Capt Wood 66-69

Clinical Notes

Amblyopia 70

Ar E 71-72

Op Notes 73-78

Annual Notes 79-85

1995/97 86-91

Haematology etc reports 92-102

97/98 103-134

22  
44  
1/99

1630

22

# Code A

GMC 4254535

JASON

# Code A

\* DRUG RECORDS \* TEAM MEMBERS

NO MEMORY  
NO RECORD OF PATIENT

Helena Service admitted 17/5/97  
Seen by Dr Natalie Lisbon

HO To Grant Nestle's <sup>set reg</sup> SHO  
Daryl <sup>SHO</sup> Nestle's key  
Natalie } HO  
Self }

Patient picked up when we were on call.

26/5/97

ATSP Asked to see Patient - Nurse probably on call.

NURSES COMPLAIN.

- ① NOT WEIGHT BEARING ON TRANSFERING TODAY
- ② floppy ③ HAND.

c/o ANIC  
feels fine  
UNAWARE OF REDUCED USE OF LEFT HAND.

o/e USING ③ ARM LEFT

More increased but moving

Range & Time reduced (C) Area

Biceps tone ++ (exaggerated)

	UA	RA	LL	RL
Tone	↓	→	→	↑
Power	4/5	4.2/5	4/5	4/5
Coordination	↓	→	→	→

Reflexes

Triceps & Biceps tone ↑ on (C)

Legs L = R

Sees →

Imp CVA/TIA

- Pean
1. CONTINUED
  2. MS/O treated

HX cont

2-10  
 CHANGE NVD II - X NORMAL  
XI ↓ on R  
XII normal

CARD

CUS PULSED & REGULAR  
 NO murmurs heard  
 HS 1/11 + 0. NORMAL

RES

RS CHEST CLEAR  
 BS VASCULAR NORMAL

300 EXAMINATIONS ?  
GAT7 NOT CHECKED

27/8/97

WR SR (Drinking)

Co/o NO WEARINGS

O/S (C) AER WEAR  
PROMOTED ↓  
(INDICATOR NO STAFF)

READ

Source Searched Referral  
RM ASAP.

SR & SHO & HO, NURSING STAFF

2/6/97. WR. H.O.

WR

NO CHANGE

AWAT GUMH.

READ CHASD SED.

3/6/97

WR DI M. UAN

WRONG LATIONS

WR

AWAT AWGUBAS??

WR.

Good load TODAY.

Continued - Off for 400,  
Advanced evidence  
suggested Resp. Tract Inf  
Atrial fibrillation  
& Cardiac failure

Treated -

Improved but during  
admission noted to have  
problems with obvious lower  
function's left hand & continued  
deterioration with weight bearing  
coordination confined to  
weak left arm,  
suggesting a recent stroke or  
TIA  
No drugs prescribed

Initial -

Sofia University 1990 - 1995

B.M.

Swindon Prison Margaret

Surgeon M.O Feb 96 - Aug 96

Salisbury District Hb Aug 96 - Feb 97

Home Physician

May 97 Locum M.O Sur/Med

Feb 1998 SHO - Chelsea & Westminster Hosp.

Aug 98 A&E.

Aug 98 - Aug 99 SHOM Medical on above.

Aug. 1999 Locum SHO until Oct 99

Staff Grade A&E Barnstaple General.

May - July 2001 Portsmouth St Mary's  
SHO Paediatrics

July 2002 Wexham Lane Hosp

Covered Book full  
2004

heat feature  
physiotherapist

Tuesday 6<sup>th</sup> Dec

Royal Worcester Hospital

20/3/99  
1200

ANASTHETIC PRE OP ASSESSMENT

92 year old lady for DHS HIP  
Admitted yesterday PM.  
Previously well - nil major medical problems.  
fell 19/3/99 @ 15.00 hr. Ate tea & toast  
6' fast 19/3/99  
\* Nil ORAL fluids since. Nil IV fluids  
ANALGESIA Voltadol 50mg given  
Paracetamol 1g. Nil else.



CONCERNS (for next 24 hrs)

(NON  
steroidal  
ANTI-inflammatory  
drugs.  
Volutrol, aspirin  
etc

- ① Nil fluid intake in > 24 hours.
- ② Nil urine output since yesterday's fall
- ③ Use of NSAIDS on empty stomach, elderly patient with hypovolaemia
- ④ Minimal analgesia. low circulating volume.
- ⑤ IV ACCESS L ANTI-CUBITAL FOSSA
- ⑥ Nil blood sugar analysis.

Plan

- ① HARTMAN'S (fluid) low vol. stat
- ② ↳ 16G cannula sited (L wrist) 10hr 10min
- ③ Cyclizine 5mg + Morphine 2mg iv in titrate to response
- ④ BM 500g
- ⑤ Stop Voltadol
- ⑥ Delay theatre until better rehydrated

36.17

1400

REVIEWED

- ① Hartman Punched
- ② BM 40
- ③ Staff 1st
- ④ Marketing 2nd → pt of Distribution
- ⑤ pt - 10' d - 150m

order / 2 hour

part

operator

taken away before

dispatched

→ for ground GA @ 14.30

36.272

Cylinder on 38.29 also H<sub>2</sub>  
on previous page.

TV

40.41 20/2 covered off - the flow  
size: 2 Room actually left  
then covered off

←  
Hartman 20

D/SACIND change to Berlin a flu  
ground stage on way to

BSD

DISTRSTA

S/ALCAL

23

4046209

8075

HOUSAND

63718A

LANDGRAAF



Page 73

HISTORY

ANASTHETIC

Gen 60 year ago - (General Anesth.)  
for teeth & gums.

MEDICAL

- 1. NIL ASTHMA SO2, MI., chest pain  
Hem-Hemier
- 2. H.H. - TAKES GAVISCON - AFTER EVENING MEAL  
- NIL REGURGITATION
- 3. BAGETS DISEASE - LBP low back pain  
CURRENT HEALTH  
NIL URTI. (No cough/cold)

MEDICATIONS

GAVISCON

ALLERGIES

NIL FOOD/DRINK ALLERGIES

PREMEDICATION

(None)

NIL BY MOUTH

FOOD	B'FAST	19/3/99
DRINK	H <sub>2</sub> O	B'FAST 19/3/99

relax  
ft.

ADMINISTRATION

ALWAY!

count part for good  
understand grade 1 for take into lung

RESTRICTOR

chest close

CARDIOVASCULAR

H2  
1 + 11 Normal Heart Sound  
ECG. 1 X IAC leads for Atrial Contraction  
Voltage criteria for left ventricle  
OTHER  
(super clauding) Hypertrophy  
(high blood pressure) for 5 years.

INVESTIGATIONS

HB 12.2  
NA (Boli) 158  
U (Boli) 4.0  
(MOLAR) Urea 7.9  
BM 4.0  
Blood  
TECHNIQUE

SPINAL  
(Better part of)

ASSESSMENT for ANAESTHESIA

URGENT

MR. DEAN ANAESTHETICIST. 1 full fit

A.S.A. STAT 5

① Initial system down

② Significant pain in lower

③ Significant back pain

④ Significant back pain

COMMENT: NIC ORAL FUIDS FOR 24 H

NIC IN FUIDS SINCE ADMISSIO 24 HOURS.

NEEDS KIDNEY TEST.

with some pain on pressure note

THREATS MAN

page

70 indicates unlikely I was  
not present  
Dr BJD (Consultant)  
wrote up - I would have normally  
have written this.

As I was training, I would have  
performed the spinal injection

---

Army Capt. July 98 - Aug 99 - DA.  
Senior M.O. Anaesthetic / IC.  
Senior Consultant.

FRASER @ theatre, screaming, not

Specialist Reg. - Anaesthetic / IC  
with WRM.

~~\*~~

Ar @ 1330, should have  
read fluids on 19<sup>th</sup> but it appears  
that she may not have.

fluids were written up but given  
by Nursing Staff.

Concerned insufficient fluids  
& pain relief, blood sugar low.

dehydrated / not weed /

voltant not advised for someone  
not eaten & drunk, damage  
kidneys & stomach (pan).

this is why I covered it off.

Not safe for her to go to  
theatre.

More fluid / better pain relief.



improved sufficient to operate.

DHS

Orthopaedic procedure for  
broken hip, large <sup>metal</sup> screw placed  
through to stabilize broken hip (femur)

4/4/71. Coventry, 61'

Helen WOODWARD

Code A

Code A

Code A

Janean WOODWARD

Code A

Code A

Reyes

Metro

Code A (NURSES)

Code A

- o right
- o driveway
- o

o T. Centre. 3rd exit  
 total Garage turn right before  
 Westward Ave.

NCEPOD  
 National Confidential Enquiry into Peri-operative  
 Death, Patient Outcomes & death

www.ncepod.org.uk

49  
 42  
 +7

on

State 423

DB | 2013

DB | 2011

Bank Certificate

INTERLUDE

~~NE13 8BZ~~

