HAMPSHIRE CONSTABULARY

Investigator's Notebook

Operation Title	OP ROCHESTER
Issue Number	1779
Date of Issue	22/8/05
Officer	Code A
Rank & Number	Code A

Investigator's Notebook

CRIMINAL PROCEDURE AND INVESTIGATIONS ACT 1996.

Officers have a duty to:

Record	Retain	Reveal	Review
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.

Index for Significant Entries

Telephone Numbers

Telephone Numbers Continued

SALEH AL-ASHIBAL. 5'9".

Cumberland Infirmary, Carlisle.

1400

Code A

162.

Code A

Code A IRAQ,

2 children
Married??
Materia??

Locum consultant physician since 1989.
1997 QA Hospital
Loc. Cons. Physician in Geriatrics.

Daily

Acute beds, outpatients clinic, day Hospital, Senior Reg, SHO's, HO.

Elderly patients, variable complaints or conditions, not surgical.

No recollection of patient, seen medical records. BJC.

from note she was admitted on ——— under Dr Mitchell Consultant...

letter. — Dr Ashbal signature.

162

29/5/97.

Thank you
further episode of LVF (left ventricular failure)

A1660

Still consented but better.
Immobile alert
9 will transfer to Gospel for assessment & continuing care

LVF. fluid on lungs.
Consented. →
Immobile – unable to walk
Alert –

3/6 – Transferred died on SK.

Letters related to above

Ward 2 – 1

Probably looked at notes & GP letter? possibly,
talked to nurses –

X ONLY VISIT

I was not ~~resp~~ involved in the patient.

A 1671
As per letter / ward round

A 1676
No knowledge of 274/275.

NIDDM
Non Insulin Dependent Diabetic Mellitus.

A 1675
Dr Miller responsible.

Q A to Consult.
can only go on notes.
Seen - 29/
Transferred - 3/

Request for SHO for Dr Miller.
to my Secretary.

F1 Admitted under Dr Miller Gen
Med ENDOCRINOLOGY,

Dagenham Med School 1970
MBCHB
MRCP 1983
1976 Reg. West Middlesex Hosp
Kings College.
1977 GP. Saudi Arabia
1979 — NHS SHO BRISTOL, FRENCHAY
82-84 Reg Med Chelt, Exeter
1989 Locum Consultant.

Code A

25/8/04

Dr JANE BARTON
INTERVIEW SHEILA GREGORY
~~FOATTED~~ FRAND JQ OFFICE.

0900 Commenced
Prepared statement.
Read by JAB,

High anaesthetic risk (@ Harley)

Dr Tandy's notes. (Harley)
Referral letter.
Admission.
Barthel 3-4 (2).
+ Medication if necessary.
'I would be consulted'
Antipsie (re lack of notes)
'would endeavour to make note if condition deteriorated.'
Dr Reid.
Dr Ravi.
13/9. Dr Reid ward round
20/9. Blood tests.
27/9. Mood + appetite ⇒
Thioridazine ↳ 'remove agitation'
Diazepam - visit?
Oramorph - visit?
Verbal request - signature
18/10. Dr Reid w/R.
22/10. Malnourished
27/10. Verbal request' partner.

Antipsie unchanged.

medication should be available
Dr Reid did not query prescription
12-16 NOV A/L

17/11 Nursing note
oramorph.
18/11. Nurse discussion with me.
3 doses given.
18/11 JAB entry.
might well now die.
19/11 Nursing note
think I was informed
—— " — concerned ....
21/11 Nursing note
22/11 Dr Reid w/R.
DIAMORPHINE SHOULD CONTINUE
Formicle no benefit.
No note from self or nurses..
0929 — corrections made.

0933 Interview concluded.

JB/PS/8.

Code A

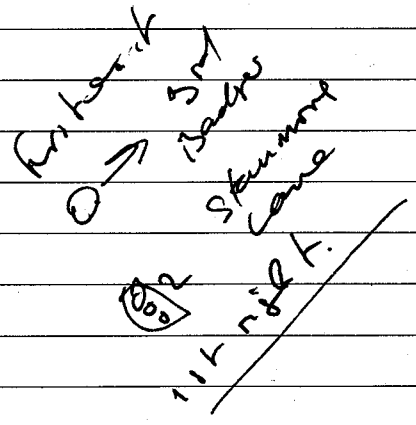
GRANT HEATLEY.

Darryl MEEKING SEC 6929

Mark EDMONDSTONE.

Code A

A6 ward Harlow 15/12/98



Arthur Cunningham Code A

RAF Sunexdown

Code A

Julian Gwyn

Sue Smith Code A

Jenny Leary

~~Kirsty~~

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160

158 *

Wed. 21/ Sept.

City General. Cardiology.

Dr Ethis
Consultant Cardiologist.
City University Hosp

1996-1998 Medical Senior House Officer,
Gavin Miller – Consultant
Barry Meeking – Senior Registrar.

Emergency admission 1st/7nd to see new admissions.

Patient to consultant through your involvement of duty team.

No Specific memory of HS but do remember a lady patient with 'bar trumpet'.

17/5/97 page 157* seems to have been seen by a House Officer at 14ow.

At 19w 17/5. entry page 158.

SHO GH writes,
Barry Meeking continues, indicates that she was for our team & that I first saw her then, DM also with me & he took the entry.

SR REVIEW
THANK YOU
I NOTED HX (HISTORY)
& EVIDENCE CVF (WITH LEFT VENT. FAILURE)

ECG Q WAVES INF. (INFERIOR)
T WAVE INV. (INVERSION) laterally.
CXR (CHEST XRAY)
Bilateral effusions (finding of chest x-ray, sign of heart failure)
↑ UCBD (URINE CULTURE BLOOD DIVERSION)
fluffy hilars (?) = another sign.

Imp (impression) dehydrated + CVF.

Not a candidate for INOTROPES.
xx not for SSS xx (drugs to raise heart work rhythm)

Pt to be rehydrate as above. (monitoring)
Antibiotics cover. elevation of Signed (multiple admissions not what to be reversed.
provide infection treated for if anyway.

ECG (electro cardiogram) = record of electrical activity of heart = heart rhythm + pumping function.

Q waves = associated with a previous heart attack, particular paper recordings.

T WAVES = abnormality again could indicate previous heart attack.

UCBD = another sign of heart failure.

SSS = Age, history for outlook, non reversible condition even in a treatment.

Natalie – speak to CHRIS.
(SISTER Houseman) Bleep 110. (letter Rx – DJ Lees.)

19/5/97.

1500.

SHO. Intervs

(Mx) Manage as above.
means no changes to her treatment
she seemed to be getting better

SHO. (UNDATED Page 159.)

Code A

Probably 2/52 as seen daily
(check day of week!).

Page. 162

28/5/.

SHO BAKER 4

o/o will need CT care (continuing)

Code A

29/5: Thank you Dr Ashford.
Plan as above.
signed.

Code A

30/5

SHO

Code A

SHO

Well
ISQ
ct.

Well is a relative comment rather than absolute – again referring to when she came in.

Transferred to GWMH on 3/

Yvonne Fisher

Q2504 Code A

Code A

To GEOGH
Houseman.

Code A

Mon. 1045.

Knight A1

William Mark Code A

Code A Code A

Code A

1992 – 2002.

Consultant Physician – Head of Dept of Medicine.
Other changes

Royal Naval Hospital.
Royal Hospital.

Two Registrar Houseman.

Ditto as previous.

Stopped Breathing
110 – fast
Respiratory rate 24
temp 37°c.

resp. failure
moisture in lungs.
due to pneumonia

↓

This lady severely ill w.H inadequate breathing principally due to severe Heart failure.

Type 2 resp failure – breathing inadequate for body's needs.

Treatment

BIAP (Brand) – Code A

Furosemide – Code A

Diamorphine – Helps to relieve congestion in lungs.

pO2 – pressure of oxygen in blood
20.99

pCO2 – carbon dioxide partial pressure

much better – improved a lot

Echocardiogram – Ultrasound test of heart.

moderately severe mitral regurgitation
↓
leaky valve

aortic (aitch)

pericardial effusion – fluid present but no direct significance.

1. TFT — replacement for underactive thyroid
2. Salbutamol - [multiple] - enlarge tubes in lungs.
3. Ben. [asthma treatments]
4. Atrovent [Ditto 2.]
5. - Tablet to help heart failure.

Type see Caddie

Page 48
WMS Index on Bed Pan

16.12.9
Ward round WMS

Continue as currently.

satisfied with treatment

5.00pm previous
is now - oxygen / bipap + drugs with good effect

continued up to discharge.

17/8
21/ ✓ —

Drug charts
Nursing notes.

Previous admission not quite so bad

BDP — Bach.

Ipratropium — Atrovent

Peak flow — wind speed when blowing out

15/12/98 Nursing Note

SHO Andy? BAKER army Captain

Natalie. 1200.

No recollection.

Junior House Officer. + Registrar.
Grant Hattie SHO D. Meeting.
Dr MacRae.

Dept of Medicine.

Emergency from A+E or GP.

Admission Bureau could have
normal working hours. please my name.
after 1700 I would take calls.

I would be first Dr to see
her on ward.

Note Admission letter from Dr REES.
addressed to self, missing bag +
infection, short of breath confused
disorientated, unable to cope at Willow
Cottage — past medical problems.

17/5/97.
1400

EA via GP

HARD OF HEARING
* CONFUSED *

Page 155

* Known to Dr TAYLOR

Pc (Presenting Complaint)
SOB (Shortness of Breath)
Confused
? UTI (looking to confirm cause of SOB)
Rest Home unable to cope

HPc (History of Presenting Complaint)

Hx from GP letter
(Unable to communicate with patient so took history from GP letter.)

No Hx available from patient
Recent UTI.
Very deaf
Confused & disoriented
Unable to do M.M.T. (Mini Mental Test)
(Hard of Hearing & confusion)

PMx (Past Medical History)
Gout
NIDDM
CCF (Congestive Cardiac failure)

D Hx (Drug History)

Zestril 2.5mg bd (twice daily)
Bumetanide 1mg OD (once daily)
Aspirin 75mg od
allopurinol 100mg 1 day.
? Mellerit 25mg nocte prn.
(wait sure from Dr's writing on GP letter)

Page 156

S Hx (Social History)
Lives in Rest Home.

O/E On Examination
alert, disorientated & confused.

Vomit x1 - bright yellow approx 50mls
(Probably in presence of staff or nurse)
Temp 36°. ax.
Dehydrated. xxx

CVS (Cardio Vascular System)

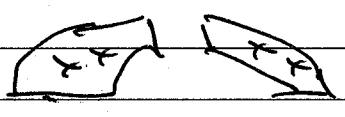
P. - 108 irregular apex (Rest of chart)
Always Rest / 88 irregular at radius (wrist)
little bit fast.

BP - 140/100 (Blood Pressure)
JVP - Irregular ↓ (down)
HS Heart Sounds Normal
Mild Swelling of Ankles.

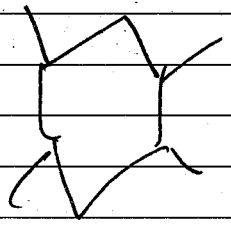
Topics on chart

Resp. Percussion Note
— resonant (normal)
Difficult to auscultate due to patient talking.
A few crackles in mid r lower zone L → R
greater on left than right.

wind pipe



GI. (Gastrointestinal)



Abd. soft
? tender to palpation generally (nothing critical).
BS (Bowel Sounds present).

MS. (Musculoskeletal)
Moving all 4 limbs. Plantars downgoing on examination of feet showing normal response.

Summary
98 year old lady confused + deaf admitted with increased confusion. ? UTI + ? chest infection
+ AF (Atrial fibrillation Irregular Pulse)

Page 157 cont.

Impression

2 UTI

? chest infection / bronchs.

+ AF.

Ix (investigation)

FBC ✓

U&E (then Clearly to creatinine)

Glucose

LFT (Liver function tests.

Blood Cultures

ABG Arterial Blood Gas on air.

CXR / AXR chest or Abdom x ray

ECG – (late on ECG ISS irregularly irregular)
Pre later.

MSU –

Sputum

dentist take big breath in

CX – poor inspiration
Patchy consolidation
(Patchy infection)

AXR – loaded bowel
(constipated.)

Plan.

① IV intravenous access.

② IV fluids & oral fluids

③ Monitor urine output

④ Intravenous ABTUROXIMAB (antibiotic)

⑤ MSU

⑥ BM; twice daily

⑦ 36% oxygen

⑧ 4° OB (& hourly observations)

⑨ sats monitor. (on finger measures oxygen in blood

(13) SHO / Reg review
(14) Start dig. DIGOXIN
2×250 mcg loading dose
for irregular apical heart beat.
(15) Log, apericts.

Results Probably later same day
or next morning.

Urea	14.4	(Elevated)
NA	Sodium 149	Slightly above
K	Potassium 3.6	low normal
Gluc	8.7	
Cr	Creatinine 151	Elevated
Bili	Bilirubin 13	
Protein	66	
Albumin	39	
Alkaline Phos.	76	
AST	23	ACETYL Transaminase.

ABG on Air

H+	35.6	Partial Pressure.
PCO_2	5.6	Carbon dioxide
PO_2	6.7	Oxygen
HCO_3	28.4	
BXS	4.6	Base
O_2 sat	88.5%	Oxygen saturation

HD	11.3	Slightly down
WBC	6.7	
Platelets	305	

18/5/97. (WL)

SD by Dr Miller.

Apyrexial (normal)
Mildly dehydrated
More alert than on admission
P - 80 JVP down
BP 125/80
chest clear
Plan - continue IV fluids + regular oxygen
IV cefuroxime. (antibiotic)

19/5/97.

SD HO.

Much better, but very deaf
sitting in chair talking ++
Temp 35.8 (normal)
BP 130/80
P - 90
P. Discontinue I/V when oral intake was adequate
Change to oral antibiotics.
Repeat BUSS - (Bloods)

Mobilise before home.

20/5/17.

SB SR.

Sleeping in chair.
Some shortness of breath at rest.
Appreciation
BI 120/80 . P. 88.

O/E In AF.
Slightly dry.
Restart slow I/V fluids
Push oral fluids
Continue digoxin.
Check TFTs (Thyroid function tests)
Check BMs; (Blood sugars).

Results.

WBC 11.2. Slightly raised due to infection.
creatinine + urea improved.

Jason Hewett.
4254535 BRISTOL
BM 1995.

22/5/97 S.B JBBM

Apyrexial
P - 80 irregular
BP 120/80
JVP down
A few basal crackles (bottom of lungs)
BO. ✓ (Bowels open)

Plan: Fluids

Continue antibiotics till tomorrow
Home soon.

23/5/97.
Apyrexial
Continued at rest
1.88 irreg.

Plan: continue I/V fluids till oral intake improved
check digoxin levels
Plan for Home next week.

F - T4 Thyroxin 11.5
TSH Thyroid stimulating Hormone
1+6. 1.6. (In normal range)

hx:

98 yr old lady emergency admission by GP, with problems of confusion, shortness of breath, possible UTI + chest infection.
In addition found to be in atrial fibrillation (rapid irregular heartbeat).
She also had known problem of NIDDM, CCF & gout, and was very deaf.

DRUGS

269 Day Chart.

LISINOPRIL (written by Pharmacist)

① ZESTRIL (for CCF)

Route Oral Dose 2.5mgs 17/s
0600 1800

⑥ BUMETANIDE (CCF)
Oral 1mg 0600 17/s

③ Aspirin (Heart)
75mg. 0600

④ ALLOPURINOL (Gout)
Oral 100mg. 2200.

⑤ CEFUROXIME Antibiotic chest infection
IV. 750mg 0600 (then 2200. then discontinued for 48 hrs
Not ~~getting better~~ ~~correct~~ ~~ct~~.
~~Seems~~ to be a page missing

⑥ DIGOXIN irregular heartbeat
Oral 125 mcg 18/s. 0800.

273 17/s. 1630 250 mcg two loading doses
18/s. 0630. 250 mcg. get it into system

PRN Drugs

THIORIDAZINE

MELLERIL — Confusion

O 25mg 17/1
Nocte PRN

PARACETAMOL — If needed.

O 1g

Oxygen — Breathing

35% via mask.

David Russell Jones.

① A — CONSULTANT

Statement Notes Daryl MCKELLING.

97 Dr MACAR Con · Gen Phys.
Self Sen Reg. Diabetes / Hormones.
Grant SHO
Dr Lister HO.

158.
161

Medical Admissions.

Murrell — acute LVF
Dehydration
Probably ↓ chest infection
give ~~diuretics~~ antibiotics +
Fluids. Got better.

digoxin / rapid irregular heart rate slows rate regulates it

Episode
LVF on 162.
improved.
Unchanged + presumably well,
"off legs"
transferred to Hon Consult after ward bed.
Geriatrician amend Rx + deemed Rx appropriate for GWH

158.

SK Rev

① Confirm LVF - documenting evidence.

Not a candidate for inotropes, intravenous drugs to stimulate heart (more powerfully) not a good treatment for Rx age, fast/irregular heart beat + previous heart disease.
XX not for SSS XX

Lack of 99 past Hx of
Cardiac Heart disease,
Chronic / Successful rescue remote.

Plan Rehydrate on above
Antibiotic cover
(Chronic chest infection)
Managing actively, still trying to
get her better.

27th -

Page 161

C/O arm weakness.

O/E Left arm

Plantar downgoing suggests arm
weakness not related to a stroke. no
obvious ends.

Plan Social Service referral.

darryl. meeting @ Code A

Code A

Code A

Code A

Code A

Code A

DR JASON HEWETT

Code A

Phoned 23/11/05. MESSAGE LEFT ON ANSWER PHONE.

Code A

North Tyneside PCT.
Hexham

Code A

Contractors Services

Code A

Non Com Trust
Patient Information Dept.

Code A

North Tyneside Hospital ✓

Code A

Code A ✓

1400 - 1505.

1800 —

~~1600~~

David CATHAN Code A (S'BOLD)

1600

Mrs HAIG Code A (H'GATE)

Reading.

1505 —

1535 —

Sub-units.
Church
Church site - rear.
Storehouse.

LS 22 4LJ

Leeds Bradford LS19 7TU

NEGS 8XF
3 miles

1915 STONEHOUSE

97 fractured patella (kneecap)
— · — Sternum (breast bone)

1999.

19/3/99 Pages 66 & 67

Thyroid carcinoma.
Examined by Captain WOODS
Blood tests OK
~~ECG~~ OK & IV fluids and by mouth on next day

Does patient have over
signs of fractured proximal right
femur (top bit) written up for fluids but not given

20/7. Anaesthetic Assessment ✓ seen
No fluids should have IV
Delay theatre until bottom comes to test
OK for anaesthetic later on
15/16 afternoon.

Surgery on 20/3 by Dr ARVIN.
Spinal anaesthetic.
Fracture table.

6869 then 79/80

Page 82

MMS WR

22/3/99 - 24/3 - 25

Harley Command
Consultant Orthopaedic
July 96 — Dec 99

1999

Self Registrar ARUNDEL
Captain WWM ? a Junior Doctor.

Week on call for — for
pick up trauma patients
servicemen + civilians.

Made my case

Consult, on 19/7
Admitted to orthopaedic ward,
worked up for surgery.
Slight delay for surgery due to
fluid.

Post OP
3 units of blood — not to have

Round up

Self / Reg / Ward Dr / Nursing Staff

22/3.

WR MMS

Poor Oral / fluid intake
Apyrexial — (normal temp)
Need check HB today (Haemoglobin)

a little low

Normal

HB	11-1	NA	134
WBC	8.02	K	4.9
Plat	216	Urea	10.9
		Creatinine	11.5
		NA Sodium	
		K Potassium	

Blood results nothing of huge concern.

Fluid chart post 01 shows no concern.

24/

WR MMS

Skin very thin & fragile in lower legs.
Need to elevate
Do not use teds Thrombo embolic deterrent anti DVT.
Would benefit from PT band to rehab.
~~Letter~~ Note to Dr LORD written. In PT Office HO on that ward. on my behalf.

25/3.

(R) leg ↑ Swelling
Skin tissue - paper thin - very fragile
Haematoma developed - broken down
Dress ✗ Velonet (dressing, penetrates raw wounds + burns)
Elevate

Ready for Gen when bed available
Need great care of skin

No sign pat Rx.
Bleeds on pre op
U&E's on pre op

Trauma meeting end 0800.
Every case discussed, xrays ✓ ok ✗ decide on operation required.

Post Op.

3 units → Elderly Medicine GWMH

Skin condition ..

DRUGS

Pre Op Morphine 1200 2mg. into vein.
Cyclizine - stop sickness.
Antibiotics

Lactulose – constipation

Brandy. 1 tot
24/3 25-1.

Diclofenac Anti-inflam. PN + relief

Paracetamol

Morphine
Intramuscular.
20/3 x2
21/7 x1

Temazepam – to night time sleep
x2.

Dynamic Hip Screw –

Malcolm Mitchell SCOTT
STONEHOUSE.

ta. Scott@tiscali.co.uk.

Consultant in Orthopaedic
North Tyneside

Code A

Married.

CSY/SAB/10

(983104111133)

LIS WICKS Contracts officer.

Code A

1045 30/1/06.

Adrian CHAMBERLAIN Code A
Contracts Manager

Inger HERBERT (PCT).

adrian.chamberlain2 Code A

4 in a team usually
HO / SHO / Reg. / Consultant

Call — referral GP's comments etc.
Ortho sometimes not.

SHO takes referral make the plan.

(1) Entry Explanation

Post Op review 20/3/98.

Light /

Thigh size / indicates haemorrhage.
bruising / blood clots in tissues.
Adequate urine output /
passing enough water meaning
kidneys not damaged.

x2 Separate collections means
possibly two areas of haematoma
— not connected.
Sensations were normal.

Trouble shoot & problem avoid.

Compartment Syndrome.

Pressure builds up in part /
body pressure builds as vessels /
blood vessels, nerves, tissues
ischaemic — starved of oxygen.
Not every one, but look for
in case.

If it did occur – true emergency, treat by release of pressure.

Hypovolaemia – low blood volume. Would it show up as loss of blood into bedsheet etc, basically internal bleeding, in thigh.

Plan was for myself to note this potential + to ensure that nursing staff are aware of the potential + to call me should the determine + to come back to see her.

FBC – watch out.

Idea was to check at next visit that we had adhered to the plan.

Page 14/15

Entry refers to part that fluid balance my instruction, regarding the [redacted] of pt were not followed through + discussed this with Fergus HALLAM My intention was to speak to Miss SCOTT about a pending complaint re nursing staff.

Justin Woods (R [redacted] Code A

4/3/99

1½ litres later. two previous units.

Buccal MUCOSA moist. — not crying dry.

(Urine output adequate to drive kidneys.)

Catheter wasn't working properly

JVP — normal.

Acute pre-renal failure (possibly kidneys malfunctioning).

urea → electrolytes ↑ check!

Lungs — lungs, watch out for pulmonary oedema

N.A.D. (No abnormalities detected.)

CVP — central venous pressure (catheter)

more efficient.

would allow us to target therapy more aggressively.

No evidence of hypovolaemia.

Compt Syndrome not materialising.

TACHYCARDIA

A 2108

Sst Barker.

Booklet — Written ledger.

5-10 years..

Derek Scott,

Senior Clinical Manager

Main Theatres.

2209

Theatre Main only used last 6 months.

or so.

Speak to Derek Scott

Senior Clinincal Manager

Main Theatres

Code A

				DOB	Admitted	Op
116136 H	~~JR~~	~~11~~	Elsie Lavender	4/11/12	5/2/96	X
180798	JR	12	Shaka Gregory	12/7/08	15/8/99	16/8/99
	~~JR~~	~~13~~	~~" Robert Wilson~~			
219135	JR	14	Enid Spurgin	16/2/07	19/3/99	20/3/99
	~~JR~~	~~15~~	~~" Lena Pittock~~			
	~~JR~~	~~16~~	~~" Helena Service~~			
206772	JR	19	Ruby Lake	23/10/13	5/8/98	5/8/98

derek.scott@ Code A

derek john scott Code A