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Code A

From: Williams, David M
Sent: 20 January 2005 15:52
To: [redacted] Code A
Cc: Niven, Nigel; [redacted] Code A
Subject: Ripley Disclosure Issue.

Christine..

As discussed..

Thanks.
Dave WILLIAMS.
Detective Superintendent.



Christine
HOLLIS.doc (47 KB)



Detective Supt David WILLIAMS
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20TH January 2005

Christine HOLLIS
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Dear Mrs HOLLIS

Re your client James RIPLEY.

Further to your letter of the 23rd November 2004 and our recent telephone conversations may I now confirm that we have received counsels advice in respect of your disclosure request (multi-disciplinary team assessments) regarding your client James RIPLEY.

In essence, counsel has advised that disclosure should be resisted by police upon the following basis:-

Following initial multi-disciplinary assessment and further evidential assessment, there appears to be gross negligence in some of the category 3 cases.

This is therefore an ongoing investigation into potentially very serious matters and there continues a possibility that criminal charges will be brought against individual healthcare professionals and possibly at managerial/corporate level.

Dr BARTONS practice is voluntarily restricted by agreement with a governing body.

The Commission for Health Improvement have given a clean bill of health both at individual and structural levels.

There is no known continuing risk to the public at Gosport War Memorial Hospital.

Category 2 cases have been disclosed to the General Medical Council and Nursing and Midwifery Council alerting those governing bodies to the nature of sub optimal care. This has been managed under strict criteria without compromising the core of the investigation and thereby preserving confidentiality and preventing contamination of evidence and possible prejudice to the defendant.

Due to the similarity of issues between category 2 and 3 cases there remains the possibility that the facts of cases within group 2 might be relevant and admissible evidence on charges relating to group 3 cases as evidence of system under the similar fact doctrine.

Material has to date been disclosed to professional bodies under fairly stringent conditions.

It is impossible to determine the level of prejudice/contamination through disclosure sufficient to outweigh the public interest until the investigation is complete.

In the case of family group member disclosure (Mr RIPLEY) he is a potential witness, a survivor, as to system etc. Disclosure could contaminate, the express objective of the disclosure request is to save client expense, no aspect of public safety attached. The effect of disclosure at present is unquantifiable, medical records have previously been supplied therefore solicitors would be in a position to obtain expert medical advice.

Arguably it would be unfair to disclose to Mr RIPLEY, who seeks to pursue a civil claim against Dr BARTON without equal disclosure to the latter.

May I assure you that the position of disclosure in respect of the RIPLEY case will be kept under review as this investigation unfolds.

Yours Sincerely

David WILLIAMS
Detective Superintendent