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Operation ROCHESTER Situation Report.

Monday 27th September 2004.

- 1. Evidential Medical Experts. Dr WILCOCK (Palliative Care) has completed his initial assessment of the first category 3 case Elsie DEVINE. He has adopted an approach to his expert analysis commencing with a full review of the medical, diagnostic and drug administration protocols relevant to the time period under scrutiny (1996-1999) followed by review of the relevant medical notes. Deputy SIO and Code A to meet with Dr WILCOCK on Wednesday 29th September to receive initial findings, to ensure full understanding of CPS legal guidance, and to discuss timescales for future work.
 - Dr BLACK (Geriatrician) is quickly progressing the work commissioned to him, and has completed his preliminary findings in respect of the DEVINE, LAVENDER and Code A cases. Dr BLACK has identified emerging themes in these cases including:-
- These represent some of the most complex cases managed in Geriatric medicine.
- Consultant assessment and supervision in these cases is generally poor. Consultants however will remain legally responsible for the ongoing medical care of their patients.
- Medical assessments and note taking are poor.
- All three patients at a time that a decision was made for palliative care were terminally ill, and decisions in respect of terminal care were discussed with family members.
- In all 3 cases there a large step to subcutaneous management containing significantly higher doses of Diamorphine and Midazolam than expected or needed. Patients died shortly afterwards their lives being shortened by a few days at most.

Dr BLACK will be reviewing initial findings against the witness statements taken from the healthcare professionals responsible for delivering care, and the medical protocols of the day. Dr BLACK continues to expeditiously review the medical notes sent to him in respect of the category 3 cases. Whilst his initial brief is to report upon the four prioritised category 3 cases, Dr BLACK will be sent the remaining category 3 cases in order that he may make his earliest possible assessment. His findings will inform OP ROCHESTERS continuing investigation strategy.

- 2. Liaison with GMC. An Interim Order committee hearing is scheduled for Thursday 7th October 2004. The evidence for the fresh hearing relies on 14 category 2 cases supplied to the GMC by Op ROCHESTER. This evidence will be supplemented by a statement from the SIO outlining the police investigation to date, but not detailing evidence relating to the category 3 cases which of course remain subject to criminal investigation. Contact has been made with the GMC today (27.9.2004) with a view to sharing information regarding family group numbers and ensuring a coordinated response to the release of information.
- 4. Investigation into priority cases Devine Lavender Pittock and Service. These investigations continue. Devine all but 2 statements complete. Lavender 50% complete. Pittock in progress. Service yet to be actioned. The statement taking of Healthcare Professionals has proven to be time consuming, particularly Consultants and Doctors. Some of these statements run between 30-70 pages. Whilst initially it was anticipated that much of this work would have been completed by the end of September 2004 this target will not be met. In any event the ongoing work of medical experts is

likely to continue for some time. The following stakeholders to be updated with the progress of the investigation:-

- Chief Medical Officer
- HM Coroner
- Family group members and representative solicitor.
- Fareham and Gosport Healthcare Trust.
- Strategic Health Authority.
- Ian BARKER Medical defence union.
- General Medical Council.
- Crown Prosecution Service.
- 5. Caution Interviews. Interview manager Code A has completed his draft interview strategy. Given that DR BARTON will be required to attend the GMC hearing of 7th October 2004 and will need to prepare for that process it is anticipated that police caution interviews will commence during the week Monday 11th October 2004.
- 6. Meeting with Key Clinical Team and Mathew LOHN 9th /10th
 October 2004. All parties have confirmed attendance. This meeting will principally resolve all outstanding work held by the KCT and in particular will discuss issues arising through the Q/A process conducted by Mathew LOHN. Issues have been raised by ML in respect of the categorisation of 7 category 2 cases, and the rationale for the KCT assessments in relation to these cases needs to be explored. In addition any issues arising from M/L's continuing work around the outstanding category 2 cases will need to be addressed. The content of this meeting will need to be accurately documented.
- 7. Family Liaison. DI BISSELL FLO coordinator is meeting with an FLO team on 28th September 2004 to brief them regarding the prepared strategy. Mrs McKENZIE daughter of deceased Gladys RICHARDS continues to complain regarding the alleged conduct of her sister Leslie LACK in that she allowed the coroner to be misinformed as to the cause of death appearing on her mothers' death certificate. Professional Standards dept are pursuing this issue (it was reported to them in 2002) it is not a direct matter for OP ROCHESTER although a statement has been taken from Mrs LACK confirming events. Anne Alexander, family group members

solicitor has asked for a personal update by the Deputy SIO within the next 3 weeks or so, this will be facilitated. Ms Alexander has also asked for copies of papers in relation to investigation of Category 2 cases to enable her clients to pursue civil litigation. This information will not be provided until the conclusion of any criminal investigation/inquest.

Det/ Supt D.M.WILLIAMS. Dep SIO OP ROCHESTER. 27th September 2004.