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Your Ref.

13th October 2004

Mr D Horsley
H.M Coroner
Room T20, Guildhall
Guildhall Square
Portsmouth, PO1 2AJ

Dear Mr Horsley

Re: **Operation Rochester – Investigation into deaths at Gosport War Memorial Hospital**

I write further to our meeting of the 9th September 2004. You may recall that at this meeting I provided you with a verbal update as to the present stage of our investigation. I reiterated that we were investigating the deaths of 88 patients at the GWMH. To assist us in this investigation we commissioned a team of clinical experts to review the medical records of these patients and provide us with an analysis and categorisation of treatment.

The categorization fell into 3 sections. The treatment of patients that fell into category 1 was considered to be acceptable. The treatment of patients that fell into category 2 was considered to be sub optimal but did not present evidence of unlawful criminal activity. Category 3 cases were considered to warrant further detailed investigation to determine whether unlawful criminal activity could be identified.

I was able to tell you that we had written to all those patient families who fell into category 1 and notified them of the findings. The category 3 cases are, as I described, subject to continued investigation.

The particular purpose of this letter is to inform you of the process we have adopted in respect of the category 2 cases, of which there are in excess of 50 cases. The actual figure will depend on some quality assurance work still be conducted by our independent medical/legal advisor. I make further reference to this issue below.

Code A

Copy sent to Policy Dept.
Approved A, B & C
12/10/04
12/10/04

I informed you that we intended to submit 19 category 2 cases to the General Medical Council (GMC). This was as consequence of being asked by the GMC to supply them with information relating to cases where concerns existed within the treatment of patients. During debate with the GMC it was decided that it would be in the public interest to disclose, eventually, all category 2 cases.

The 19 cases duly served on the GMC related to cases where the analysis and quality assurance process had been completed and where the patient's families had agreed, in writing, for the submission to take place.

A condition of the service of papers upon the GMC was dependent on there being a written agreement in force between both the police and the GMC. The conditions of such an agreement were prepared in conjunction with the Crown Prosecution Service (CPS).

I have enclosed a copy of a letter dated 26/8/04 (appendix A) from the GMC agreeing to our terms of reference.

I also indicated at our meeting that we intended to serve the same information upon the Nursing & Midwifery Council (NMC). To this end we have met with Elizabeth McAnulty of the NMC and discussed similar conditions in respect of any such disclosure. I have enclosed a letter dated 12/10/04 (appendix B) which outlines our proposed conditions. The verbal indication received from the NMC is that these conditions will be met.

The specific information we are providing to both regulatory bodies consist of a full copy of each of the patient's medical records, a précis of the analysis of each of the Key Clinical Team (KCT), a summary of treatment from our independent medical/legal advisor and a report containing the concerns of family members.

I am aware that my colleague Detective Superintendent David Williams has recently sent you an Operation Rochester Situation Report dated 27/09/04. This report would have served to bring you up to date with key aspects of our investigation. Within this report at paragraph 6, reference was made to a meeting we were intending to hold with our KCT on the 9-10/10/04.

I am able to tell you that this meeting did indeed take place. A review was undertaken of certain cases. As a consequence, some limited work needs be done which to allow us to arrive at a final figure in respect of the category 2 cases. When this has been so completed we propose to serve all of the remainder of the category 2 cases on both the GMC and NMC.

Notwithstanding the above paragraph, it may be of use to you to be supplied with a schedule containing details of patients and their present categorisation (appendix 3).

You will of course fully appreciate and understand that the information I have provided you with should be treated as confidential. Whereas some of the information provided is within the public domain, most is not.

I hope the above information and enclosed appendices are of some use to you. Should you require any further information or have any query regarding this investigation, please do not hesitate to contact me at the above address.

Yours sincerely,

Nigel Niven
Detective Chief Inspector
Operation Rochester