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Code A

**From:** Williams, David M  
**Sent:** 11 November 2005 08:51  
**To:** Grocott, David  
**Cc:** WATTS, Steve; Code A  
**Subject:** OP ROCHESTER Experts and Interviews.

David..

Thank you for your continuing excellent work in respect of OP ROCHESTER expert witnesses and management of interview strategy.

Mr WATTS.. For your information, a significant proportion of the expert medical evidence has been secured, it seems that Dr WILCOCK has serious concerns around the provision of care and level of negligence in respect of patients PACKMAN and SPURGIN, this view being supported in the case of PACKMAN by Gastroenterologist Dr MARSHALL..

PACKMAN and SPURGIN are emerging as the strongest cases in respect of any potential prosecution..

Consultant Dr REID's involvement in this cases is concerning, particularly in the light of comments he recently made within the witness interview regarding the Gregory case.

I have taken the decision to place on hold any further witness interviews with DR REID, whilst we review his status, it may be more appropriate to afford him the protection of the criminal caution before we interview him further.

This investigation is reaching a critical stage, I will therefore be looking to negotiate a delay in Dave GROCOTTS posting to Fareham on 22nd November in order that he can complete this important work..

Regards.DW.

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**From:** Grocott, David  
**Sent:** 10 November 2005 17:53  
**To:** Williams, David M  
**Cc:** Niven, Nigel; Code A  
**Subject:** Expert update 101105.doc



Expert update  
 101105.doc (44 K...eference.doc (41 KB)



Victim

Sir,

Please find attached a review of the expert witness reports to date. I have also included an up to date chart regarding some of the more pertinent issues surrounding each victim.

In addition to these reports the TIM interview strategy update is as follows.

We have interviewed Dr Barton voluntarily under caution in respect of 9 victims. The final interview is planned for the 1st December. She has to date made no comment in respect of each case but presented a prepared statement that she has read out at the start of the interview.

Dr Barton has also been interviewed in respect of her generic care of patients and provided a prepared statement.

Dr Barton was also specifically challenged about her care of Elsie Devine. This interview was designed against a series of core questions, again Dr Barton made No comment.

I have prepared the first "Challenge interview" set of core questions in respect of Ruby Lake. These questions have been prepared based on my knowledge of the investigation and use of various expert reports. The core questions run to 17 pages. The preparation of each set of questions is fairly time consuming and I believe quite complex. I have considered and tried to compress the the questions but on examination of each case I believe we must follow a similar line.

I am mindful of the implications of the changes to PACE that will affect us as of January 1st and am trying to incorporate the changes in our changing investigation. In addition there are likely to be further investigative interview considerations should the culpability of other individuals be questioned

Dave Grocott  
TIM



## **OPERATION ROCHESTER**

### **Expert Witness update**

Sir,

This report is an update on the current position in respect of expert evidence for the 14 Cat 3 cases for Rochester.

At present we have appointed two resident experts in the field of palliative care and geriatrics. Dr's Wilcock & Black. They have been reviewing the case papers of all 10 Cat 3B victims during the last 12 months. The current position is as follows.

Dr Black has completed a total of 10 cases to date. (This includes reviewing the case of Gladys Richards) He is currently working on the final 3B case Robert Wilson. I anticipate that he will finish this review within the next month.

Dr Black will then review the 10 prepared statements made to date by Dr Barton in relation to her interaction with each of the patients. On conclusion of each review he prepares a separate report that assists me in the compilation of core questions around investigative interview strategies.

Dr Black will then review the statements made by healthcare professionals in respect of each case to determine whether his views change in any way.

To date Dr Black has completed this complete process in relation to the cases of Devine, Lavender & Code C and he is nearly complete in respect of the case of Lake.

In discussion with yourself and D/Insp Niven it is proposed that Dr Black once he has completed all of his work in relation to the Cat 3B's he is then directed to review the 4 Cat 3A's to ensure that the same independent review process for these serious cases is conducted.

Dr Wilcock works in a slightly different way to Dr Black due to increased demands on his time within his own sphere of expertise. The result is that it

takes somewhat longer for Dr Wilcock to prepare his reports. The current situation with him is as follows.

Dr Wilcock has completed a total of 5 cases. He has also reviewed 4 of Dr Barton's statements. In order to accelerate part of his work so that we can prioritise the resources that we have at our disposal, in agreement with you I adopted the following approach.

Dr Wilcock is allocating a week to review a case and provide the police with a two-three page executive summary as to the issues within each case. To date he has completed this process with Packman & Spurgin. This initial report is providing an overview. (Dr Wilcock will still complete a full report on each case in the fullness of time so that the police can demonstrate that each case was treated in exactly the same way)

I anticipate that Dr Wilcock will have therefore completed a review of each case by the end of November. On conclusion of this stage of work I have tasked him to address and review the statements made by Dr Barton. In the same way as Dr Black I receive a report that allows me to develop investigative interview strategies.

I met with Dr Wilcock on the 8<sup>th</sup> November. His initial views of the Packman and Spurgin cases is both demonstrate negligent conduct such that the dosages of drugs administered either would have contributed more than minimally, negligibly and trivially to the death of the patient, or **did** contribute to the death of the patient. In addition he has raised concerns about the care provided by other healthcare professionals. I have requested that in his complete reports he identifies issues of culpability against any individual in line with our guidance to medical experts.

Independent of one another both experts have stated that we need to seek evidence from other experts in specific fields to address certain issues. The additional experts can be specifically focused in certain areas of work and therefore the additional costs will be reduced as will the time taken to complete the work.

**Consultant Orthopaedic Surgeon**

(Spurgin) to address areas of concern around "compaction syndrome" and the treatment of a patient with surgical complications following a broken neck of femur repair.

**General Practitioner- Clinical Assistant**

To report on the anticipated and accepted level of work, including supervision and management, of a clinical assistant working in a stand alone localised hospital.

**Toxicologist – Diamorphine specialist**

To review and report on the specific circumstances of each case. Determine the combined toxicity of the administered drugs and comment on whether or not the dosages were causative to the death of an individual patient.

I am actively seeking suitable experts in the above fields to progress the investigation.

**Consultant Haematologist**

(Devine) there are outstanding issues in respect of certain aspects of the treatment proffered to Elsie Devine. Each expert has however provided a full report. In light of counsels initial views that Mrs Devine's case does not merit a criminal prosecution I have not seen the need to incur unnecessary expense and so have not appointed this expert.

I believe that there is still a considerable amount of work to be completed by a number of experts however significant progress has been made in recent months.

**Code A**

Case No	Name	ID Ref	Died	Consultant	Death Certificate Cause of Death	Dr Barton Interview	Black report	Wilcock Report	
1	SPURGEN Enid	BJC/45	Apl 1999	Dr Reid	Cerebovascular accident	15/09/05	June 05	Nov 05 overview	
2	GREGORY Sheila	BJC/21	Nov 1999	Dr Reid	Bronchopneumonia	25/08/05	Oct 05		
3	LAKE Ruby	BJC/67	Aug 1998	Dr Lord	Bronchopneumonia	14/07/05	Aug 05	Aug 05	
4	WILSON Robert	BJC/55	Oct 1998	Dr Lord	Congestive Cardiac Failure Renal/Liver Failure	19/05/05			
5	PACKMAN Geoffrey	BJC/34	Sep 1999	Dr Reid	Myocardial Infarction	17/11/05	Oct 05	Nov 05 overview	
6	LAVENDER Elsie	BJC/30	Mar 1996	Dr Lord	Cerebovascular accident Diabetes mellitus	24/03/05	Mar 05	May 05	
7	<b>Code C</b>							<b>Code C</b>	
8	DEVINE Elsie	BJC/16	Nov 1999	Dr Lord	Chronic Renal Failure Glomerulonephritis	04/11/04	Jan 05	Dec 04	
9	SERVICE Helena	BJC/72	Jun 1997	Dr Ashbal	Congestive Cardiac Failure	27/10/05	Nov 04		
10	CUNNINGHAM Arthur	BJC/15	Sep 1998	Dr Lord	Bronchopneumonia	21/04/05	July 05	Sept 05	