

Other Document Form

Number

T. 28.

Title E MAIL COPIES B/TN MATTHEW LOHN, STEVE WATTS, NIGEL NIVEN,
(Include source and any document number if relevant)

Code A ✓

Receivers instructions urgent action Yes No

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Further action no(s)

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| Receives | |
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When satisfied all actions raised Office Manager to endorse other Document Master Number Form

Code A

Watts, Steve
Sent: 19 September 2003 17:50
To: Code A
Subject: FW: FW: Operation Rochester

Owen,
 Please get a copy of this to Nigel, his mailbox is full.

Thanks
 SW

-----Original Message-----

From: Watts, Steve
 Sent: 19 September 2003 17:49
 To: Code A Niven, Nigel
 Subject: RE: FW: Operation Rochester

Code A Nigel,

Thank you for this, I note the comments of Matthew Lohn & agree that before we proceed we need a clearer action plan, outlining a strategy to QA the findings of the clinical team, with costings.

I would also like the issue addressed of the impact of any accounts from the families either in statement form, or in report form upon the findings.

Before we give the findings to the Families we must be sure that all the available medical records have been reviewed and in each case their comments have been taken into account.

I think that this is something that Matthew could do for us, whilst he is reviewing the findings of the clinical team.

SW

-----Original Message-----

From: Code A
 Sent: 18 September 2003 10:55
 To: Watts, Steve
 Subject: FW: FW: Operation Rochester

Sir,
 For your information.

Owen.

-----Original Message-----

From: Lohn, Matthew [mailto:MSL@ffwlaw.com]
 Sent: 16 September 2003 12:06
 To: 'Nigel Niven'
 Cc: Kenny, Owen
 Subject: RE: FW: Operation Rochester

thanks for the feedback from the 6th/7th.

My understanding of the action plan and costing exercise is as you set out below - apologies if my e-mail came over as rather didactic - it is just that the case has captured my interest!

Look forward to speaking tomorrow

Kind regards

Matthew

-----Original Message-----

From: Nigel Niven [mailto:nigelniven@msn.com]
 Sent: Tuesday, September 16, 2003 10:42 AM
 To: MSL@ffwlaw.com
 Cc: [Code A] hampshire.pnn.police.uk
 Subject: Fwd: FW: Operation Rochester

Mathew,

Thank you for your message. I am out of the office today (a family wedding!). I have noted the content of your email. For the avoidance of any doubt, when we parted company in Northampton our request to you was for you to prepare an outline of your thoughts as to how you saw how you could help us in the future - I think I referred to it as an action plan. Having got that action plan, we were going to consider and cost how we could make the best use of your expertise. We always intended the action plan to come first. I will contact you in the office tomorrow morning to discuss in more detail the issues you have raised within your email. Please feel free to contact me at this email address at any time. I would like to pass on to you

how impressed my team were with your contribution on the 6th & 7th and we all look forward to your continued support in the future.

Very best wishes

Nigel

>From: [Code A] hampshire.pnn.police.uk
 >To: <NigelNiven@msn.com>
 >Subject: FW: Operation Rochester
 >Date: Tue, 16 Sep 2003 09:59:14 +0100

>
>
>

>-----Original Message-----

>From: Lohn, Matthew [mailto:MSL@ffwlaw.com]
 >Sent: 15 September 2003 23:33
 >To: Niven, Nigel
 >Cc: [Code A]
 >Subject: Operation Rochester

>
>

>Nigel

>

>As promised last weekend I am setting out below the next steps to be
 >considered in the preparation and analysis of this case. I had been
 >expecting the statements and medical records last week but on speaking to
 >Dave Grocott learnt that the IT should be sorted out this week to enable
 >transfer of the material.

>

>Patient Profiles

>

>My proposals below make some assumption about the form of the records but
 >in

>any event for each patient I would like to build up a hard copy profile of
 >the material collated thus far. I would like to produce a 'file' for each
 >individual which would include a copy of their medical records together
 >with

>a copy of each individual expert's report and a copy of the summary report
 >produced last weekend.

>

>Expert Analysis

>

>Building on the work by the experts there then are three distinct strands
 >of

>analysis depending on the classification:-

>

>1. In respect of those cases classified as a '1', I would like to review
 >their file to ensure that the decision taken is capable of justification

>and
>the harshest of external scrutiny. Assuming the expert opinions stand such
>analysis it may be possible to look at some form of exit strategy for this
>group by the end of this year.

>
>2. In respect of those cases classified as '2' a review will need to
>ensure
>that there is consistency of decision over the period of analysis so as to
>ensure that no case should have otherwise have been classed as a '3'. It
>is
>possible that the sub optimal treatment classified in the '2' category may
>be in fact negligent - or at least worthy of further scrutiny to ensure
>this
>should not be the case. If a case is ratified as properly being classed as
>a '2' the exit strategy will need to be determined to explain why sub
>optimal is not criminal. The recent case law on the test to be applied
>when
>analysing what elements are required for gross negligent manslaughter
>assists in confirming the requirements for objective analysis.
>Interestingly there is a recent report of the DPP being judicially reviewed
>earlier this year for failing to take a case forward on a gross negligent
>manslaughter basis.

>
>3. For cases where the a '3' has been assigned in the initial review by
>the
>team then further work will need to be undertaken on each of these cases to
>determine whether there is a demonstrable causative link between the
>negligence and the ensuing outcome including an analysis of the hastening
>effect of any treatment. Further expert opinion will be needed to
>understand the degree of negligence and to what extent it could be said to
>be criminal or otherwise.

>
>Expert assistance

>
>We discussed in Northampton the rationale behind involving new experts and
>the work that could be continued by the current team.

>
>I would favour continuing to use Peter Lawson and Ann Naismith to validate
>the exit strategies and to review and justify any of the cases that we do
>not consider stand initial analysis as detailed above. I also understand
>that a further ~20 cases have been identified since the experts were first
>instructed and these also need to be reviewed. Since a view has been taken
>as to the role the current team of experts will have for the future (see
>below) I would not consider it necessary in the first instance for all five
>members of the team to consider the cases and produce a summary in the
>same

>way as has occurred to date. Again, I would favour that Lawson and
>Naismith
>review the records independently. If a case is identified as being serious
>then a nursing review could be obtained from Irene Waters.

>
>For the future we agreed that all serious cases should be considered by a
>fresh team and their reports prepared independently. I have made some
>preliminary inquiries to ascertain who may be available to undertake such
>work if it proves necessary. In particular in addition to a expert in
>palliative care it would be preferable to identify a consultant
>geriatrician
>who had experience of caring for patients in a community nursing home in
>addition to their duties.

>
>Prescribing

>
>In addition to the work that has been undertaken in respect of the
>individual patients thus far I would advise that some work is undertaken on
>the pattern of prescribing of opiates at GWMH by the doctors involved in
>this inquiry. There were themes of criticism that were evident from the
>comments of our experts which may be worth pursuing to see if any other
>particular case should be reviewed.

>
>Other Documentation

>

>The experts in Northampton identified missing papers from the notes that
>were reviewed. These will need to be found and added to the files before
>we
>can be certain that for those cases which are proceeding to an exit
>strategy
>there is no further information which has to be reviewed.

>
>Once I have had an opportunity to review the relevant statements taken I
>may be able to identify further material to be obtained. Also, although I
>have been provided with a copy of the Wessex protocol it is not the edition
>that was extant at the time of these matters being reviewed and back copies
>will need to be obtained along with contemporaneous copies of the British
>National Formulary.

>
>I look forward to hearing from you once you have had an opportunity to
>consider the above proposals

>
>Kind regards

>
>
>Matthew

>
>Matthew Lohn
>Field Fisher Waterhouse
>Direct L
>Email: m Code A
>www.ffwlaw.com

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