

Other Document Form

Number

1204

Title EMAIL JSUPT WILLIAMS / JCH SUTT WATTS ROCHESTER UPDATE

(Include source and any document number if relevant)

Receivers instructions urgent action Yes No

Document registered / indexed as indicated

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Statement readers instructions

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Examined - further action to be taken

Further actions no(s)

Code A			
		O/M	SIO
		Indexer	

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

Code A

From: Williams, David M
Sent: 18 November 2004 10:51
To: Niven, Nigel
Cc: K [Code A]
Subject: FW: OP ROCHESTER update..15/11..

Nigel..

Trust you had a productive trip to Amsterdam and didn't have to spend too long on damp cold station platforms..

Please find below Steve WATTS response to issues flagged during Mondays meeting..

I am considering releasing categories and numbers within the media release accompanying the latest information to Cat 2 FGM's..

I know that you have an alternative view..

Please let me know the rationale for your objection to this so that I can forward on to Steve WATTS for consideration..

Thanks.DW.

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

From: swatts1@strategiccommandcourse.com [mailto:swatts1@strategiccommandcourse.com]
Sent: 17 November 2004 09:36
To: Williams, David M
Subject: Re: OP ROCHESTER update..15/11..

David,

Thanks - yes all is well I hope with you too.

RE the below;

1. Look forward to hearing date of the next interviews of Dr Barton.
2. RE the request from the SHA thru Simon TANNER. I agree that we must do all that we can to cooperate as much as possible consistent with maintaining the effectiveness and integrity of the investigation. Indeed even if there is likely to be a detrimental effect on the investigation, but safety can only be maintained by taking that action then we will need to consider it carefully.

Do we know exactly what use the information is to be put and to whom it will be disseminated, it may be that if we can get an assurance that it will only be seen by a few, and that further dissemination will be in a sanitised form then that would be a way forward.

I have to say at this time, in the interests of safety I am minded to pass the information to Dr Tanner subject to strict confidentiality agreement and an agreement as to its use and dissemination.

I agree that we should consult with CPS and the Force Solicitor in order to take their views into account. Please let me know the outcome. If there is to be a meeting with CPS, I would like to attend if I am around.

3. What is a F@GHT document ?

Was it a prescription protocol that was being used at the material time ?

Do we need to consider giving this document to the experts and disclosing to Dr Barton ?

4. Re the internal panel re Devine, has this been seen by the experts ?
5. I agree that once we have the final results from Matthew Lohn that we inform the families as before. I suggest that we write to them again confirming how they wish to be informed. Please inform me when we are ready to go with this.
6. Agree with a press release to coincide with the information release.
7. Im rather frustrated with Matthew re his variability ! However, better safe than sorry !

My initial view, having looked at Matthew's remarks is that this can only be resolved by being included in the cases given to the 'gods', but am open to discussion when you have the full report from Matthew.

Regards
SW

On 15/11/2004, "david.m.williams@hampshire.pnn.police.uk"
<david.m.williams@hampshire.pnn.police.uk> wrote:

>SW..
>
>Trust all is well..
>
>OP ROCHESTER continues to progress..
>
>Geriatrician Dr BLACK has been sent case number 5 CUNNINGHAM, and will
>have completed his initial assessments by Christmas if he continues at
>the same pace.
>
>Pallitive Care DR WILCOCKS is slower.. I have asked Dave GROCOTT to
>chase him up, given that he has previously agreed that he will complete
>the first five cases by Christmas.
>
>Jane BARTON returns from her leave at the end of this week so we expect
>to hear from her and Ian BARKER soon re an interview date in respect of
>the PITTOCK case.Disclosure of papers was made during her last
>interviews.
>
>We have now received a request from the SHA (Simon TANNER director of
>public health) for full information about the progress of the
>investigation in respect of individual cases, including the details of
>all patients, and the outcome of the review in terms of closure or
>onward referral. I had previously asked for this request to be made in
>writing.
>
>Dr TANNER asks for this information 'in the ongoing interests of
>patient safety and clinical governance.' he assures that it would be
>treated in the strictest confidence.
>
>My observation is that such information, in detail may be subject of
>civil litigation between Anne Alexanders clients and the Healthcare
>trust to which of course the SHA have an interest.
>However, the names of the cases and outcome in general have or are
>about to be disclosed to Anne Alexander and family group members in
>respect of category 2 and 3 cases, so it seems to me that we would not
>have a problem in revealing those names and categories to the SHA, as
>well as Mathew LOHNS feedback.. The families will have received this..
>This approach would ensure equality of arms.. I will run this past the
>CPS and perhaps ask the force solicitor to ask Counsel to review the
>position again given that we have moved on.. What do you think?..
>
>We have recently recovered from the CHI a F@GHT a document that
>basically authorises double doses of diamorphine to be written up in
>advance on cases of acute pain.. This may explain some of the unusual
>prescribing practices undertaken by DR BARTON..
>
>I can confirm as per our discussion last week that we do have a copy of
>the internal Healthcare Trust hearing in respect of the death of DEVINE

>(as referred to in Dr BARTONS statement..)

>
>Mathew LOHN has completed his review of the 2's.. We expect his reports
>this week... We can then consider the release of this information to
>the families, probably along the same lines as before using the same
>text which was pretty well received by all and only attracted half a
>dozen or so minor queries all of which we were able to answer..

>
>I will consider a media release to follow this information being passed
>to FGM's, incorporating the views of the Healthcare Trust and the SHA
>which I will forward for your final approval. Mathew has raised further
>issues in respect of 3 category 2 cases (after indicating that there
>were not any) the cases of Phyllis and Frank HORN and Catherine ASKELL..
>Which we may need to refer finally back to the KCT (I would suggest in
>writing)for final resolution.. I will let you know what the issues are
>when I have Mathews report..

>
>Finally please find attached a mail from Mathew in respect of the
>RICHARDS case.. Again we await his full report on this to consider
>final determination.. He suggests either return to KCT or refer to
>experts BLACK and WILCOCK..your view on this would be appreciated..

>Regards..DW.

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

>From: Niven, Nigel
>Sent: 15 November 2004 13:31
>To: Williams, David M
>Subject: RE: Gladys Richards

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

>From: Lohn, Matthew [mailto:Matthew.Lohn@ffw.com]
>Sent: 15 November 2004 13:01
>To: Niven, Nigel; Nigel Niven (E-mail)
>Cc: Long, Tina; Kenny, Owen
>Subject: Gladys Richards

>
>Nigel

>
>I have now had an opportunity to review the statements of Gillian
>Mackenzie and Leslie Lack/Richards.

>
>Having analysed the material together with the Medical records and the
>Key Clinical Team comments I believe this case warrants further
>scrutiny.

>
>Unlike the other officer reports, the statements provide detailed
>allegations into the clinical care provided to Mrs Richards. Whereas
>there is wide agreement Mrs Richards was in pain on her final return
>from Haslar, Dr Barton is reported as treating her as a terminal case
>rather than manage the pain from her hip. The allegation is that all
>supporting hydration is withdrawn and a diamorphine syringe driver
>commenced. This is different from the version of events recorded in
>the notes which focuses primarily on pain relief. There is agreement
>that the daughters wanted the their mother to be pain free recorded in
>both the statement and notes but the alleged comments made by Philip
>Bede and Dr Barton are only recorded in the daughters' statement.

>
>The case could be taken forward in one of two ways. Either the matter
>could be remitted back to the Key Clinical Team for further scrutiny or
>reviewed by the two new experts ('the gods'). Having considered the
>matter carefully I would on balance favour sending back to the KCT.
>They are familiar with this case and as noted when they last considered
>the facts this case is one of the better suboptimal cases - 'nearer a 1
>than a 3'.

>
>Since the statements provide alleged insight into the thinking of Dr
>Barton, this may alter the classification. I am not optimistic that

>there will be a significant change since Mrs Richards was acknowledged
>to be very frail. It may lead to some criticism tho that GWMH did not
>give Mrs Richards a fair chance and effectively decided Mrs Richards
>was going to die and they would treat her as such.

>
>I attach my previous report for information which for the moment
>remains unchanged.

>
>Regards

>
>Matthew

>
>MATTHEW LOHN
>Partner
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> Code B

>www.ffw.com

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> <<MH_9992_1.doc>>

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