

Other Document Form

Number

D689

Title: REPORT BY DC TUNISON RE CONTRACTS 10/6/02

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No

Document registered / indexed as indicated

No(s) of actions raised

Statement readers instructions

Indexed as indicated

No(s) of actions raised

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.



HAMPSHIRE CONSTABULARY

CONFIDENTIAL

Station : SH

Division : S

Department : MCIT

Date : 15 June 2003

Subject : Op Rochester Contracts

Addressee :

DI Niven

CC I Code A Mr Glanfield

Sir,

After discussion with the Clinical team at our conference in Northampton on 14th June 2003, I am pleased to report that the continued goodwill that has been built between both sides continues. The Clinical team have had a chance to review the contracts drawn up, but understandably wish to seek independent advice on whether or not they should proceed on the terms and conditions set out in the contract. This is to safeguard their position and to ensure that any indemnity that is required is properly in place with either the Medical Defence Union or the Medical Protection Society. Irene Waters has confirmed she is covered by the Royal College of Nursing.

To that end there will be some delay in the return of the contracts. I suspect that there is nothing that will cause any fundamental alteration to the contract but would ask that BAPS consider any alteration put forward by or on behalf of the Clinical team.

The remuneration that has been agreed remains at an acceptable level. Initially there were some concerns from the Clinical team that a fixed fee might prove disadvantageous to the experts as it was difficult to estimate how long the review would take prior to having done any work on the notes. The experts now agree that the initial estimates have come in about par for the course. The Clinical team will continue their work under the agreed terms.

The team do feel that the work they have undertaken to date is very much a "screening process" and if the investigation is to continue to a second phase of a more in depth review on specified cases a further remuneration package will have to be negotiated. It is estimated that each specific case would require a days reading and a day to prepare a written report. I am of a view that considerable savings have been made to date on the fixed fee basis and that the Force has been able to control the finances dedicated to this enquiry. I suspect that the Clinical team will wish to proceed to phase two on an hourly rate.

There is no doubt that that the work achieved to date has been done so on a goodwill and trust basis. The experts will shortly be raising invoices for the work they have done, and although I do not foresee any major contractual issues I have explained it might be the Force will not raise payment until the contracts are returned having been signed.

CONFIDENTIAL



Continuation Sheet No : 1

G.31.B

I submit this report for your information.

Code A
Operation Rochester.