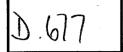
## **Other Document Form**

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

# <u>Operation Rochester</u> <u>Conference at Courtyard Marriott, Northampton</u> <u>14<sup>th</sup> June 2003</u> <u>MINUTES</u>

#### Present:



Professor Forrest Dr Ferner Dr Lawson Mrs Waters Dr Naysmith

# <u>A.M.</u>

DI NIVEN opened the meeting by welcoming the Clinical Team and thanking them for their continued work. He stated that the purpose of this meeting was to discuss and review the  $2^{nd}$  batch of 20 cases and resolve any contractual issues.

Julie BOND from the National Crime Faculty was present to talk through the contracts with the team, addressing any concerns.

DI NIVEN went on to say that Professor Richard BAKER had identified a further 16 cases of some concern, but assured the meeting that in order for the investigation to reach a conclusion a line may have to be drawn under an agreed amount. Further discussion would be required on how and when to tackle these additional cases.

The Clinical Team were left to consider the latest batch.

#### <u>P.M.</u>

The Clinical Team put forward their conclusions. For the purpose of the meeting the findings were categorised as either no concerns, 'middle', and of concern. Further elaboration of their findings were given where necessary.

**No Concerns** 

B.	JC	1	8	
<b>D</b>	10	4	^	

BJC19 BJC20

BJC24

BJC25

- BJC27 most of the team were comfortable with this decision though there were some discrepancies.
- BJC33 there were concerns that the team felt should be reported to the Coroner, but none relating to Gosport.
- BJC32 Died after high doses of Morphine, though the team felt this was probably of little concern.

### Middle

BJC34 – a few concerns, but only quibbles. 2A.

- BJC35 P222 of the original documentation is required as part of the page is is missing.
- BJC22 also an A2
- BJC23 named as Charles HALL. The team categorised this case as 2A Moving to 2B. They also pointed to a gap in the notes asking whether a drug chart was possibly missing.
- BJC36 Dr NEYSMITH asked if the date of the Hazard Notice could be Retrieved and what sort of Graseby Device was used along with the Date of retrofit.
- BJC26 this case was graded A2, with Mrs WATERS placing it at 2B.
- BJC37 care was described as 'inept not incompetent', questioning Giving opiates to opiate insensitive patients who would get none of The positive effects, just side effects.

### **Serious Concerns**

BJC28 – Clifford HOUGHTON

- BJC29 Thomas JARMAN, this was described as 'at the very least Negligence'.
- BJC30 Mrs LAVENDER (3B)
- BJC31 Catherine LEE (2B), some concerns but there were worse cases.

Professor FORREST summarised by saying that although in the previous batch there had been a number of cases of note, files in this 2<sup>nd</sup> batch raised higher concerns.

The Clinical Team expressed a desire to have sight, at the appropriate time, of the Wessex Protocol. DI NIVEN confirmed that this would be made available when it suited the needs of the investigation.