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**OPERATION ROCHESTER**  
**POWER POINT PRESENTATION**

	<b>PP1</b>	
		<b>19:00</b>
	<b>PP2</b>	
<b>1.</b>		<b>STEVE WATTS</b>
<b>2.</b>		<b>Welcome to Netley, the Hampshire Constabulary Southern Support HQ.</b>  <b>Introduce Self.</b>
<b>3.</b>		<b>Do housekeeping – Fire Exits, Toilets.</b>
<b>4.</b>		<b>The purpose of this evening is to update you on the progress of the enquiry – what we have done, where we are now and where we are going in the future. It is important for the integrity of the investigation that the proceedings of this meeting are viewed by all of us as confidential, I look to your support in that.</b>
<b>5.</b>		<b>As I explained last time we met, for a variety of reasons I, and members of the investigation team, will not discuss a number of issues.</b>
<b>6.</b>		<b>We will not discuss other investigation teams, in respect of whom complaints have been made.</b>
<b>7.</b>		<b>We will not discuss any individual cases in this open forum.</b>
<b>8.</b>		<b>We will not refer directly to any individual members of medical staff who may be subject of the enquiry.</b>
<b>9.</b>		<b>But within those constraints we will be open and honest with you and do our best to answer your questions.</b>
<b>10.</b>		<b>You should all be in possession of an Agenda for this evening. I'll just go through that.</b>  <b>Go through and introduce Nigel, Investigation Team, DCC and Alexander Harris staff.</b>
<b>11.</b>		<b>Nigel will now give you a detailed briefing as to how the investigation has progressed and where we are now. I will then outline our future direction.</b>

	<b>PP3</b>	
<b>12.</b>		<b>NIGEL NIVEN</b>
<b>13.</b>		<b>Self Introduction.</b>
<b>14.</b>		<b>Thank Mr Watts for his words of introduction. Again thank the families for being there.</b>
<b>15.</b>		<b>What I hope to do this evening is provide you with an overview of the investigation. The questions I will specifically address are.</b>
	<b>PP4</b>	
<b>16.</b>		<b>What we achieved to date – AND</b>
	<b>PP5</b>	
<b>17.</b>		<b>How have we achieved it? In doing so seek to provide some explanation as to how we go about our investigations.</b>
<b>18.</b>		<b>Re-emphasise what Mr Watts said earlier. “The purpose of this meeting is to update you the families, and you the families alone and to this end it is important for the integrity of this investigation that what is being said this evening remains confidential”.</b>
	<b>PP6</b>	<b>Repeat Slide – What achieved to date?</b>
<b>19.</b>		<b>Operation Rochester is the continuing investigation into certain deaths of patients at the Gosport War Memorial Hospital. The current phase of the investigation commenced almost exactly one year ago, since then a dedicated team of Detectives from the Major Crime Department have worked on this complex and involved enquiry.</b>
<b>20.</b>		<b>Our objective throughout has remained the same. We are seeking to establish whether any crime has been committed and if so, by whom. We have pursued our investigation with open minds, with integrity and with professionalism. Our investigation will follow evidence and we will not such prejudice events. All areas of liability – should such exist – will be considered, whether personal or corporate.</b>
<b>21.</b>		<b>My team became directly involved with this continuing investigation last September. It may be useful to remind you of some of the relevant events of that time.</b>

22.		<p>You may well recall that during last Summer Professor Richard Baker was asked by the Chief Medical Officer to undertake some analytical work in respect of the Gosport War Memorial Hospital. This was duly reported in the Media. Partially as a consequence of that some documents were handed to by GWMH staff to the NHS Management.</p>
23.		<p>These documents potentially raised some issues in respect of the regime at the Hospital some years earlier and this in turn raised some question in respect of two GWMH Managers. Consequently my team were tasked with making enquiries in respect of these documents to establish where they fitted into the previous investigations. The two NHS Managers were provided alternative assignments elsewhere by the NHS whilst we went about our work.</p>
24.		<p>A considerable amount of work was then done to trace all the relevant staff connected with these documents and conduct such enquiries as was necessary to satisfy ourselves that no offences had taken place. This task was completed by the beginning of this year. We were content that no offences had been committed in respect of these documents. The NHS then allowed the two reassigned Managers to return to their former roles.</p>
25.		<p>However, whereas this task was completed within a few months – the publicity generated additional interest from the public. That was something we were prepared for and encouraged. In conjunction with the local Strategic Health Authority we had agreed to employ the services of the NHS Direct Helpline and arranged for that system – plus our own – to allow any concerned members of the public to get in contact with us. In the end over sixty (60) sets of relatives made contact with us. A lot of those individuals are sat in front of me now.</p>
26.		<p>We then made a point of speaking to you all in person. We established what your concerns were. We then gathered all of the patients records in respect of your relatives treatment at the GWMH and where relevant – feeder Hospitals.</p>
27.		<p>This in itself was a significant task. Which when completed provided a logistical problem in terms the mass of documents we had collected together. Frankly – we are used to seizing large numbers of documents. However, what lay ahead in this particular matter posed slightly different problems which demanded a different approach. What we did was to have all of the patients records copied onto DVD. This in itself was time consuming and at some cost. To get it done we had to employ a Commercial Specialist. The produce was nonetheless impressive. In my hand now is the equivalent to four tea chests size boxes of pages of patient notes.</p>

28.		<b>But what did lay ahead?</b>
29.		<b>In consultation with the Crown Prosecution Service we agreed a plan to employ a team of Experts to assist us with our enquiry. The team was to be lead by Robert Forrest a Professor of Forensic Toxicology. In his team he selected Experts in Palliative, Geriatric and General Medicine. A later addition to the team was an Expert in Nursing. Although they were employed by us they were required to ac independently in reaching their conclusions, they were instructed to approach the case with open minds.</b>
30.		<b>The first phase of the review process has been completed. Mr Watts will speak more of this in a moment. The Clinical Team have shared with us some of their provisional thoughts. I have so say that my team are now mini Experts in their own right in respect of a lot of the relevant medical and drug procedures. But we are Police Officers not Scientists or Lawyers. Therefore, to help us put the Clinical Team provisional thoughts in some Medical/Legal context – we have employed Experts from the Field Fisher Waterhouse Law firm based in the City of London. By doing this was have secured some of the top expertise in the land – not only within the Clinical Team we have employed but also within the legal world. This is intended to do one thing – that is to ensure that we have top quality advice and opinion in order to ensure that we can investigate your concerns to the fullest necessary extent.</b>
31.		<b>Whilst the clinical review process has been conducted the Investigation Team have been tracing and interviewing Nursing staff from the GWMH – past and present. Doing so has taken my team across the UK and Northern Ireland. That process is ongoing.</b>
	PP7	<b>“SO”</b>
32.		<b>How did we achieve it?</b>
33.		<b>When I started to speak with you I indicated that I would explain a bit about our general systems and methods of investigation we employ.</b>
34.		<b>Way, way back in history – I think it was 1982 or thereabouts there was a particularly save series of murders in the North of England. Eventually convicted of these awful murders was a man dubbed by the Media “The Yorkshire Ripper”, you will no doubt remember this case.</b>

35.		The investigation was subsequently reviewed by Sir Laurence Byford a former HMIC. He found that despite the great efforts of the Police at that time the systems they employed were incompatible, paper and too big to manage.
36.		A new system was created unifying all Police Forces within the UK with one method of working. MIRSAP, Major Incident Room Standard Actions and Procedures. Soon after followed the HOMES computer. Home Office Large Major Enquiry System.
37.		These dealt effectively with Byford concerns and since that time the same systems apply and have only recently been updated with HOLMES 2. Incidentally – Rochester was the first investigation to be on HOLMES 2 in Hampshire.
38.		Anyway enough of history. What happens in an MIR now is basically this. A Supervisory Detective officer will scrutinise information submitted into the MIR on say a statement or forensic report. From this he will determine what enquiries need to be conducted in respect of this information within the lines of enquiry identified by the SIO. The Officer will raise an Action – a tasking sheet if you like – which sets out what the enquiry is and any instruction and allocates that action to a Detective.
	PP8	Action
39.		The Detective will then make the relevant enquiry. Once that has been done the Detective will then write the result of the enquiry onto the action. Frequently the Officer will need more space and will submit a detailed Officers Report.
	PP9	Officers Report
40.		If the enquiry reveals something of an evidential nature the Detective can record a statement.
	PP10	Statement
41.		To date in this investigation we have raised
	PP11	SO FAR WE HAVE.....
42.		750 Actions i.e. separate enquiries.
	PP12	
43.		120 Officers Reports.

	<b>PP13</b>	
<b>44.</b>		<b>250 Statements.</b>
<b>45.</b>		<b>I am frequently asked what is the difference between a Statement and an Officers Report. Basically a TST is a means of getting written evidence before a Court. It must be factual, not contain opinion unless that of an Expert. It must not contain hearsay and it must be true. A Section 9 declaration must be signed.</b>
<b>46.</b>		<b>On an Officers Report a Detective can record all the information, whether it contains the aforementioned or not. It can contain opinion and hearsay and it is a very effective way of getting the information into the MIR. Statements frequently follow Officers Reports.</b>
<b>47.</b>		<b>I will now hand you back to Mr Watts. Should you have any questions I will be happy to hear them during the Question and Answer session after the break.</b>
	<b>PP14 And PP15</b>	
<b>48.</b>		<b>“Where do we go from here”.</b>
		<b>Detective Chief Superintendent Watts</b>
<b>49.</b>		<b>So you can, hopefully see that the investigation team have been very busy since we last met with you.</b>
<b>50.</b>		<b>We have interviewed a significant number of the staff who worked at GWMH during the time we are investigating. Some of those have indicated concerns regarding the regime of treatment at GWMH.</b>
<b>51.</b>		<b>Most significantly the Clinical Team have come up with some initial findings in respect of the cases that they have reviewed. I will emphasise that those findings are initial at this stage. They have done a lot of work over the past months.</b>
<b>52.</b>		<b>We have a group of cases which have been identified by the Experts as giving some cause for concern. That is a long way from evidence of any criminal culpability.</b>
<b>53.</b>		<b>The task for the Experts now is to look in fine detail at those cases and give us a clear indication of the evidence in those cases. As has been explained by Nigel, we will be assisted in that process by Field Fisher Waterhouse in focusing their research.</b>

54.		<b>In my view it would be wrong at this time when we are still not entirely clear of the exact position to indicate how many of the cases fall into the category "Causing Concern" for the Clinical Team.</b>
55.		<b>It would be even more wrong for us to tell individuals which category their loved one may fall into until we know exactly what the position is.</b>
56.		<b>I do give an undertaking, however to inform you all as soon as we can. When this time comes to do that I will propose giving the information t you in writing ensuring that they are all posted at the same time so that a far as possible you will all know at the same time. We will also inform Alexander Harris of the findings. I look to you to let me know if you feel that this is the most appropriate way to proceed.</b>
57.		<b>At this time I can't put any time scales on that but it will be as soon as we can. However, I have to tell you that this may be some considerable time certainly several months and I will estimate well past Christmas.</b>
58.		<b>Following the refinement of the findings of the Clinical Team we will be deciding whether there is a need to interview staff under Caution. If we do so we will utilise one of our Tactical Interview Managers – trained to develop interview strategies in Major Crime Investigations. He will be assisted by Field Fisher Waterhouse – utilising their expertise.</b>
59.		<b>After all that and when we are sure that we have gathered all the evidence that we can. We will submit the papers to the Crown Prosecution Service Special Casework Directorate in London at the DPP's Office. We will, of course, brief them as to the investigation and our recommendations on the evidence.</b>
60.		<b>It will be the decision of the CPS as regards prosecution – the job of the Police. Our job is to gather evidence, professionally and with integrity. I am determined that when the papers are passed to the CPS, we will have discharged that duty.</b>
	<b>PP16</b>	
		<b>19:45</b>
61.		<b>Comfort Break.</b>
		<b>20:00</b>



	<b>PP17</b>	
<b>62.</b>		<b>I hope that you have found the last session informative and helpful. We would now be happy to take questions regarding the investigation.</b>
<b>63.</b>		<b>Questions and Answers.</b>
		<b>20:30</b>
<b>64.</b>		<b>Thank you. I hope that this has been useful to you.</b>
<b>65.</b>		<b>In a moment the investigation team will leave. At which point those of you represented by Alexander Harris will have a chance to consult with Clair Amos from the Company. Those of you who are not so represented are free to join us outside and perhaps start the buffet.</b>
<b>66.</b>		<b>After this those of you who are directly affected will have an opportunity to speak with Mr Readhead the DCC. In relation to the Police Complaints issues. Clearly it would be appropriate in terms of confidentiality for only those families who have made formal complaints regarding Police investigations to remain and hear Mr Readhead's presentation.</b>
<b>67.</b>		<b>So we will now withdraw. When you have completed your consultation with Alexander Harris or have heard the presentation by Mr Readhead, there is a buffet outside where members of the Investigation Team will be happy to speak to you more informally.</b>
	<b>PP18</b>	
	<b>PP19</b>	
<b>68.</b>		<b>If possible.</b>