

**RESTRICTED**  
**OFFICER REPORT**

**Number: R6G**

Rank With Full Name	[-----Code A-----]
Registration Date	[ 03/NOV/2003]
From Stn Or Dept	[ MCD E ]

On Thursday 30<sup>th</sup> and Friday 31<sup>st</sup> October 2003 (31/10/2003) myself and DI NIVEN /N192 visited each of the clinical team members for the purpose of:

- a) Finalising all issues regarding contracts.
- b) Delivering CDs containing medical records of additional cases, including those identified by Professor Richard BAKER, and missing feeder notes as identified by clinical team in September 2003.
- c) Obtaining notes made by individual team members during their analysis of first 62 cases and matrix score prior to holistic score.
- d) Specific tasking where necessary.
- e) Inform of intention to employ further team of experts for further analysis of cases of serious concern.

Details of meetings (in order as seen) are as follows:

### **Dr Peter LAWSON /N465**

Dr LAWSON agreed and signed his contract.

He was briefed in respect of the additional cases and was given a copy of the medical records on CD. A target date of 6<sup>th</sup> December 2003 (06/12/2003) was agreed for completion of this work and a meeting on that date with the rest of the clinical team for assessment of the additional cases.

His notes made in respect of the first 62 cases are in written form and he agreed to provide a typed summary of those notes by 15<sup>th</sup> November 2003 (15/11/2003).

He was informed that himself, Dr Ann NAYSMITH < span class="holmesRecord" id="E3">/N481 and Irene WATERS /N479 will be additionally tasked to answer specific questions, in their particular fields of expertise, in respect of some of the cases where further clarification is required before categorisation.

He was informed of our intention to use further experts to conduct a final analysis of cases which have been identified by the current clinical team as of serious concern, prior to the submission of case papers to CPS.

### **Dr Robin FERNER /N482**

Dr FERNER agreed that all contract issues have been resolved but he wished to read through the contract in his own time before signing it. The contract was left with him to read and sign.

He was briefed in respect of the additional cases and was given a copy of the medical records on CD. He is unable to meet the target date of 6<sup>th</sup> December and is available on 13<sup>th</sup>, 14<sup>th</sup> and 20<sup>th</sup> December.

He has already prepared his notes of the first 62 cases in typed form and provided us with copies these notes and his original notes on CD.

The future roles of Dr LAWSON, Dr NAYSMITH and Irene WATERS in respect of answering specific questions were explained to him.

He was informed of our intention to use further experts to conduct a final analysis of cases which have been identified by the current clinical team as of serious concern, prior to the submission of case papers to CPS.

The issue of Dr FERNER'S recent invoice for his attendance at the meeting 6<sup>th</sup>/7<sup>th</sup> September 2003 (07/09/2003) was discussed. He was under the impression that he had been paid for his 'waiting time' at the meeting of 8<sup>th</sup>/9<sup>th</sup> March. No paperwork was available to confirm or otherwise what happened in March. DI NIVEN stated that if he had been paid for his waiting time in March then this was an error, however, this would not affect any subsequent payments and he would not be paid for his waiting time in September. Dr FERNER agreed to this and stated his intention to send an amended bill which excludes the waiting time.

Today- 3<sup>rd</sup> November- I checked Dr FERNER'S invoice for 8<sup>th</sup> /9<sup>th</sup> March and confirmed that there was no claim for waiting time. He has been notified of this by e-mail.

### **Dr Ann NAYSMITH**

Dr NAYSMITH agreed and signed her contract.

She was briefed in respect of the additional cases and was given a copy of the medical records on CD. She is unable to meet the target date of 6<sup>th</sup> December and is available on 13<sup>th</sup>, 14<sup>th</sup> and 20<sup>th</sup> December.

Her notes made in respect of the first 62 cases are in written form and she agreed to provide a typed summary of those notes by 15<sup>th</sup> November 2003 (15/11/2003).

She was informed that herself, Dr LAWSON and Irene WATERS will be additionally tasked to answer specific questions, in their particular fields of expertise, in respect of some of the cases where further clarification is required before categorisation.

She was informed of our intention to use further experts to conduct a final analysis of cases which have been identified by the current clinical team as of serious concern, prior to the submission of case papers to CPS.

### **Irene WATERS**

Irene WATERS agreed and signed her contract.

She was briefed in respect of the additional cases and was given a copy of the medical records on CD. A target date of 6<sup>th</sup> December 2003 (06/12/2003) was agreed for completion of this work.

Her notes made in respect of the first 62 cases are in written form and she agreed to provide a typed summary of those notes by 15<sup>th</sup> November 2003 (15/11/2003).

She was informed that herself, Dr LAWSON and Dr NAYSMITH will be additionally tasked to answer specific questions, in their particular fields of expertise, in respect of some of the cases where further clarification is required before categorisation.

She was informed of our intention to use further experts to conduct a final analysis of cases which have been identified by the current clinical team as of serious concern, prior to the submission of case papers to CPS.

### **Dr Robert FO RREST /N341**

Contract relating to Dr FORREST left at Sheffield Medico-Legal centre for signing.

Dr FORREST was briefed in respect of the additional cases and was given a copy of the medical records on CD.

He agreed to provide a typed summary of the notes which he made in respect of the first 62 cases by 15<sup>th</sup> November 2003 (15/11/2003).

The future roles of Dr LAWSON and Dr NAYSMITH in respect of answering specific questions were explained to him.

He was informed of our intention to use further experts to conduct a final analysis of cases which have been identified by the current clinical team as of serious concern, prior to the submission of case papers to CPS.