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Operation ROCHESTER. Confidential.

Draft terms of reference to Detective Inspector MARK BISSELL in respect of his proposed role of Family Liaison Co-ordinator.

Overview.

Operation ROCHESTER is an investigation into 90 deaths at the Gosport War Memorial Hospital between 1988 and 2000. It follows allegations initially made in 1998 that the death of patients was being hastened through the inappropriate and excessive prescription of Diamorphine in many cases delivered by way of Syringe Driver.

Following police investigations files of evidence were placed before the Crown Prosecution Service in respect of 5 cases Cunningham, Richards, Wilkie, Wilson and Page during 2002. The common denominator in these cases was that prior to death Diamorphine was prescribed by Dr Jane BARTON. CPS determined that there was no reliable evidence that the named patients were unlawfully killed.

The police investigation was resurrected in September 2002 following concerns raised by nursing staff around similar issues, ie the excessive use of Diamorphine.

Enquiries revealed concerns raised by family members and healthcare professionals in respect of the standard of care afforded to 90 patients.

Medical case notes were recovered in respect of these patients and subsequently reviewed by a clinical team of experts in the fields of toxicology, general medicine, palliative care, geriatrics and nursing.

The cases were effectively categorised as follows.

Category 1. 17 cases. No concerns. Optimal Care delivered. The family members in respect of these cases have been informed that no further police action will be taken.

Category 2. 60 cases. Concerns in that the clinical team have assessed the care of these patients as 'sub optimal'. However these cases have not been raised to the status of Negligent, and as such it is highly unlikely that there will be any further police investigation into the particular circumstances. The family members have been informed of the category of the deceased, and are to be forwarded a summary of the care provided once that work has been completed by Dr Mathew LOHN who is also quality assuring the findings of the clinical team.

Category 3. 13 cases. The clinical team have assessed the care delivered in these cases as 'negligent.' In four of the cases however the death of the patients is through natural causes. The remaining 9 cases have been assessed as 'negligent care the cause of

death being unclear.' Witness statements have been taken from relevant family members in respect of the 13 cases categorised as 3's.

Intention.

Operation ROCHESTER will conduct a full investigation into the circumstances of the deaths of Nine patients:-

1. Arthur CUNNINGHAM. 79. 21st September 1998 – 26th September 1998.

Code A

2. Elsie DEVINE. 88. 21st October 1999 – 21st November 1999. Gosport War Memorial Hospital. Code A

Code A

3. Sheila GREGORY. 91. 3rd September 1999 - 22nd November 1999. Gosport War Memorial Hospital. E Code A

Code A

4. Elsie LAVENDER. 83. 22nd February 1996 – 6th March 1996 Code A

Code A

Code A

5. Enid SPURGIN.92. 26th March 1999 – 12th April 1999. Gosport War memorial hospital. Code A

Code A

6. Jean STEVENS. 73. 20th May 1999 – 22nd May 1999. Gosport War Memorial Hospital. Code A

Code A

7. Robert WILSON. 74. 22nd September 1998 – 18th October 1998. Gosport War memorial Hospital.

Code A

Code A

8. Leslie PITTOCK. 82. 5th January 1996 – 24th January 1996. Gosport War Memorial Hospital. Code A

Code A

9. Helena SERVICE. 99. 2ND June 1997 – 5th June 1997.Gosport war memorial hospital. Code A

Code A

To provide the investigation focus and to ensure that case papers are forwarded to the CPS for a decision as to the likelihood or otherwise of a criminal prosecution, it has been decided to 'fast track' four cases to the Crown Prosecution Service for their earliest review.

These will be the cases of:-

- Elsie DEVINE.
- Elsie LAVENDER.
- Leslie PITTOCK.
- Helena SERVICE.

Dr Peter LAWSON a member of the clinical review team has assessed these cases as perhaps the most serious in terms of negligence of care.

Police Investigation. Timescales.

Whilst the timing of submission of papers to the CPS is very much dependent upon completion of work of independent medical experts now looking at the prioritised cases from an evidential perspective, it is anticipated that the following timescales will apply to this phase of the investigation.

June-July 2004. Interview Healthcare Professionals in respect of the death of Elsie DEVINE.

July-August 2004. Interview Healthcare Professionals in respect of the death of Leslie PITTOCK.

August 2004. Interview Healthcare Professionals in respect of the death of Elsie LAVENDER.

September 2004. Interview Healthcare Professionals in respect of the death of Helena SERVICE.

September 2004. Interview under caution Healthcare Professionals falling under suspicion of having committed criminal offence.

October 2004. Submission of the aforementioned cases to the CPS for their consideration.

October 2004- December 2004. Complete investigations in respect of patients, Arthur CUNNINGHAM, Sheila GREGORY, Enid SPURGIN, Jean STEVENS, and Robert WILSON.

January 2005. Submit final papers to the CPS.

Family Liason.

To date many of the family members have been represented by solicitor Anne ALEXANDER (Alexander HARRIS solicitors) and have been updated either via their solicitor, through a group newsletter, or through personal contact via a member of the investigation team.

Code A is the designated family Liaison Officer.

A spreadsheet is maintained of all contact with family group members by Code A the Holmes Indexer.

Family members have also been met through group meetings attended by the SIO Det Chief Supt WATTS and members of the investigation team.

Family Liaison Review/terms of reference.

Detective Inspector BISSELL has been asked to conduct a review of the existing status of family liaison and to propose a family liaison strategy that will fulfil the following objectives:-

1. Provision of support and information sensitively compassionately and professionally delivered to family group members falling with the category 3 cases.
2. Gather evidence and information from family members whilst preserving the integrity of the investigation.
3. Secure the confidence and trust of the families in terms of the investigation being managed professionally ethically sensitively and expeditiously.

4. Establish communication policy with remaining family group members and their solicitors/nominated representatives.
5. Establish a policy to effectively and compassionately deal with the closure of liaison with family group members in category 2 cases.
6. Consider current and future resourcing of family liaison.
7. Ensure that the FLO strategy is dynamically assessed as the investigation progresses.
8. Ensure that the strategy accords national and local family liaison guidelines.
9. Conduct risk assessment in respect of current and future FLO's and consider welfare provision.

Dave WILLIAMS.
Detective Supt.
Deputy SIO OP ROCHESTER.
18th July 2004.

Law, Dick

From: Williams, David (DCI)
Sent: 18 July 2004 14:52
To: Robinson, Kathryn
Cc: Kenny, Owen; Grocott, David; Stephenson, Roy; McKeown, Christopher; Law, Dick; Lee, Christopher; Greenall, Eric; Quade, Geoffrey; Yates, Christopher S; Tenison, Anthony
Subject: Meeting Monday 19th July 2004.

Dear all..

Bex BISSELL is a major Crime Dept FLO coordinator.
He will be joining us for our Monday meeting.

Attached is a draft overview doc setting out terms of reference for Bex.
This document also mentions proposed timescales.

Trust you all had a good weekend. Regards.DW.

Operation
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