

CHAPTER THREE

The Investigation Under Way

The Evidence of Detective Inspector Smith

- 3.1 Detective Inspector Smith's first action was to arrange a meeting with Dr Reynolds. It took place in the afternoon of 24th March 1998. Before considering the evidence of what was said at that meeting, or indeed during any of the later encounters that I shall consider, it is necessary to say something of DI Smith's reliability as a witness.
- 3.2 It is a matter of regret and an obvious focus of criticism that DI Smith made no proper notes of his conversations with any of the people to whom he spoke in the course of the investigation. He made some brief notes on three pages of his daybook; he also created a chart or spreadsheet on his computer. He kept no diary note of his movements. Indeed, it was extremely difficult for the Inquiry to work out a chronology of the investigation until the records of the telephone used by DI Smith were obtained. At the end of the investigation, DI Smith made no written report. I shall consider the effects of these failures in greater detail later in this Report. At this stage, I draw attention to them to highlight the evidential difficulties they have caused.
- 3.3 Although DI Smith made very few contemporaneous notes, he was later asked to provide an account of what had occurred. In August 1998, Detective Superintendent Postles, who had taken charge of the new police investigation into the death of Mrs Kathleen Grundy, discovered that DI Smith had not written a report on the first investigation. On instruction, DI Smith wrote his first account, dated 17th August 1998. In November 1998, again at Det Supt Postles' request, DI Smith amplified some aspects of his earlier account. In April 2000, DI Smith was interviewed by Detective Superintendent (Det Supt) Peter Ellis, who has since retired from the police force. Following Shipman's convictions, Det Supt Ellis had been instructed by Detective Chief Superintendent Alan Boardman (himself acting on the direction of one of the assistant chief constables) to write a report on the first, failed police investigation. Det Supt Ellis recorded DI Smith's account and reproduced much of it in his report. In August 2000, DI Smith provided a statement for the WPHA for use in proposed disciplinary proceedings against Dr Banks, their Medical Adviser, who had taken part in the investigation of March 1998. In November 2001, DI Smith provided a written statement to the Inquiry. He subsequently provided two further statements to the Inquiry, dealing mainly with his responses to the evidence of other witnesses.
- 3.4 The passage of time and the lack of any contemporaneous records of his investigation caused genuine difficulties for DI Smith, when asked by Det Supt Postles, Det Supt Ellis and the Inquiry to give an account of his actions and thinking. They were, of course, difficulties of his own making in that, as an experienced police officer, he knew of his duty to keep proper records and to write a report at the end of an investigation. By the time DI Smith came to the Inquiry to give oral evidence, he had read or heard what a number of other witnesses recalled of the first investigation. When he gave oral evidence, his account was different in many respects from those he had given on earlier occasions. He also sought to advance new explanations for his conduct and decisions. It appeared that he had modified his version of events in the light of the documents and the accounts of

witnesses, which had become available as a result of the Inquiry's investigation. He said that the evidence of others had prompted recollections of matters he had previously forgotten.

- 3.5 The first impression created by these changes of tack was extremely poor. It seemed that this was a witness who would say almost anything in order to provide a convenient answer to the point then being put to him. However, his counsel urged me to accept that DI Smith was an honest witness, who had had grave difficulty in recalling the detail of events. He had made a genuine effort to 'work out' what had really happened, in the light of the fresh evidence with which he had been confronted.
- 3.6 In the end, my conclusions about DI Smith lie between these two extremes. It must be a matter of regret and adverse comment that I cannot accept the oral evidence of an officer of his rank as honest and accurate without having to undertake detailed consideration of the various previous and sometimes inconsistent accounts he has given. As he was the pivotal character in this investigation and, therefore, a most important witness, the potential unreliability of his evidence has created considerable difficulties for me. In respect of some incidents, I regard him as being reasonably reliable. However, on some issues I have had to reject his evidence as untrue. I shall discuss later the extent to which DI Smith did his best to recall events accurately and the extent to which he tried to exculpate himself and the GMP from responsibility for the failure to detect signs of Shipman's unlawful actions during the first investigation.

Detective Inspector Smith's First Meeting with Dr Reynolds

Before the Meeting

- 3.7 I return to DI Smith's visit to Dr Reynolds. He telephoned the Brooke Practice at 12.51pm on Tuesday, 24th March and made an appointment to see her at 3pm the same afternoon. As can be seen, he noted in his daybook (see Appendix A) the name of the Brooke Practice receptionist, Gill. As a small example of the many inconsistencies within DI Smith's evidence, he claimed in his Inquiry statement that he had been so concerned about the need for confidentiality in the investigation that, when making this appointment, he had not revealed to the receptionist that he was a police officer. Examination of the Brooke Practice appointment sheet showed that he had. In oral evidence, he admitted that this aspect of his statement was wrong.
- 3.8 Shortly before DI Smith's arrival, Dr Reynolds received a telephone call from Mrs Bambroffe, who asked why she had wanted to speak to Mr Massey on the previous Sunday. Mrs Bambroffe says that, in the course of their conversation, Dr Reynolds told her that she had spoken to her union (the MDU) about her concerns over Shipman. Mrs Bambroffe also recalls Dr Reynolds telling her either that she was about to contact the Coroner or that she had already done so. I find that Dr Reynolds told Mrs Bambroffe that she had contacted the Coroner. I think it likely that Dr Reynolds also said that the concerns were to be looked into by the police. Mrs Bambroffe says that she cannot remember that being said but she agreed that she must have realised that, if the Coroner were involved, the police might well be also.

Detective Inspector Smith's Oral Evidence to the Inquiry about his First Meeting with Dr Reynolds

- 3.9 The evidence of what was said at the meeting between Dr Reynolds and DI Smith came almost entirely from him. Dr Reynolds never provided a detailed account of it. When asked questions by his own counsel at the start of his evidence before the Inquiry on 27th May 2002, DI Smith said that he went through the information given to him by the Coroner and that Dr Reynolds confirmed to him that it was correct. DI Smith said that Dr Reynolds then told him that she thought that Shipman was killing his patients and that he was either doing this through lack of care or by murdering them. She thought that, if he was murdering them, he was doing it by giving them some sort of drug. He did not ask her what sort of drug this might be and she did not volunteer any opinion. She also told him about her concerns that many of the patients were found dead by Shipman himself. She said that there was an undertaker (who did not wish to be named) who was also concerned about certain common features of the deaths of Shipman's patients. These were that the deaths were mainly of elderly people, who were found wearing day clothes. DI Smith also said that the figures that had been compiled 'did not sit happily' with Dr Reynolds. The fact that the undertaker was also concerned had convinced her that she must come forward and make a report.
- 3.10 DI Smith said that it did not appear to him that any one particular aspect of Dr Reynolds' concerns was of greater importance than the others. He did not perceive, for example, that she was especially concerned about the numbers of cremation certificates that members of the Brooke Practice were signing for Shipman. He said that she did not say that her partners shared her concerns. He did not ask her about this but said that he had the impression that the partners were aware that she had decided to make a report, but that they did not actively share her concerns or support her decision to act. He said that, at one stage, Dr Reynolds said that she was not sure whether she was doing the right thing by making the report.
- 3.11 DI Smith said that Dr Reynolds gave him some general background information about Shipman. She said that he was an odd character who was not easy to get on with. He had fallen out with the doctor who used to sign his cremation Forms C for him. That was why he now used the Brooke Practice. That was quite inaccurate and cannot have been what Dr Reynolds said; it is perhaps more likely that she mentioned his acrimonious departure from the Donneybrook Practice. DI Smith said that that was all Dr Reynolds told him.
- 3.12 When questioned by Leading Counsel to the Inquiry, DI Smith said that he had not understood the significance of the death rates that Dr Reynolds had reported to the Coroner. He did not see the number of deaths as an important aspect of the investigation. As far as he was concerned, Dr Reynolds suspected that Shipman was killing his patients and that was what mattered. He did not understand the significance of any of the unusual features of the deaths, about which Dr Reynolds and the unnamed undertaker were concerned. He did not understand why Dr Reynolds was concerned that Shipman appeared to have been present at a number of deaths or to have been the person who first found the body. He said that he was wholly unfamiliar with the procedures for death and cremation certification. He had not asked Dr Reynolds any specific questions, save

to confirm that the information he had been given by the Coroner was correct. He had also asked her for some general information about Shipman, at which time she told him that Shipman ran a scanner appeal. He was anxious to stress to the Inquiry that he had taken Dr Reynolds' concerns very seriously and that he regarded her as a responsible and sensible person. His failure to make any record of his interview with her was not, he said, a reflection of any lack of seriousness with which he was treating the investigation. He had not, he said, regarded the concerns as being just too incredible to have any foundation and he had not regarded Dr Reynolds as a woman with a 'bee in her bonnet'.

Detective Inspector Smith's August 1998 Account of his First Meeting with Dr Reynolds

3.13 DI Smith's first written account of his conversation with Dr Reynolds, prepared in August 1998, five months after the event, was different in several respects from that given in oral evidence.

3.14 DI Smith reported that the basis of Dr Reynolds' concerns in March had been that, from the time of her move to the Brooke Practice, there had been **'general banter'** among her partners about the fact that Shipman could always be relied on to supply extra **'pocket money'**, by asking the doctors to countersign his cremation certificates. She had also become concerned about certain features of the deaths of Shipman's patients. These were that the deceased appeared to be mostly female; they were discovered dead by Shipman; they were wearing day clothes when found; most were later cremated. DI Smith said that Dr Reynolds had mentioned that she had spoken to a local female undertaker who had become aware of the circumstances of the deaths of Shipman's patients. He continued:

'Indeed it became apparent that it was common gossip amongst doctors, nurses and undertakers that Dr Shipman appeared to have more elderly female deaths than other practices, although there was no evidence to support this rumour.'

3.15 DI Smith finished by saying that the undertaker did not wish to be identified and that Dr Reynolds herself did not wish her name to be made known during the investigation. She had made the report for **'peace of mind'** after consultation with her partners.

3.16 It will be noted that DI Smith referred to the high death rate among Shipman's patients as amounting to no more than a rumour. He did not mention the comparative figures supplied by Dr Reynolds. Nor was there any reference to the serious nature of Dr Reynolds' concerns, in that she suspected that Shipman might be killing his patients and doing so by giving them some sort of drug. It is hard to resist the inference that, in August 1998, DI Smith was 'playing down' the seriousness of the concerns he had been asked to investigate and was seeking to attribute Dr Reynolds' report to gossip, banter and rumour. By August 1998, the police had real grounds to suspect that Shipman had killed Mrs Kathleen Grundy. They knew that morphine had been found in her body. They had also learned of his previous convictions. Suspicions about other deaths were beginning to emerge and the police had decided to look at those deaths of which they were aware in March 1998. DI Smith must have been aware of the possibility that he had missed

something important earlier in the year. It appears to me that, in August 1998, he was seeking to deflect possible criticism.

Detective Inspector Smith's Account of his First Meeting with Dr Reynolds as Given to Detective Superintendent Ellis in April 2000

- 3.17 DI Smith's account of his meeting with Dr Reynolds, as recorded by Det Supt Ellis in April 2000, was also different in material respects from his evidence to the Inquiry. However, he did tell Det Supt Ellis that Dr Reynolds had given the Coroner the number of patients on the Brooke Practice list (9500) and had said that the practice had had 14 deaths in three months, whereas there had been 16 deaths in Shipman's practice. I think it unlikely that DI Smith volunteered this information and believe that it was probably given in answer to Det Supt Ellis' questions about the numbers written in DI Smith's daybook.
- 3.18 DI Smith's description of his conversation with Dr Reynolds did not reflect the serious nature of her concerns. He said that Dr Reynolds seemed uncertain about whether she had been right to make a report. She had told him that, since she had joined the Brooke Practice, there had been '**banter**' amongst the partners about Shipman providing pocket money. Although Dr Reynolds said that she had consulted her partners before making her report to the Coroner, DI Smith had formed the opinion that she was acting alone and did not have their support. The partners were still countersigning cremation certificates for Shipman. The implication was that, if they were still doing that, they could not share her concerns. DI Smith told Det Supt Ellis that Dr Reynolds had outlined her concerns, as relayed by the Coroner, and had highlighted a number of '**alleged features**' of the deaths that gave rise to concern. These were that the persons appeared to be mainly female; they were discovered dead by Shipman; they were wearing day clothes when found; the majority appeared to have been cremated. Dr Reynolds had been prompted to make her report after a discussion with an undertaker, '**THE IDENTITY OF WHOM SHE REFUSED TO DIVULGE**' (written thus by Det Supt Ellis, as if to suggest that it were of some importance).
- 3.19 DI Smith told Det Supt Ellis that he had spoken to Dr Reynolds for about 45 minutes. At no time had she suggested that she and her partners had done any calculations or suggested that Shipman's patients were three times more likely to die than patients of the Brooke Practice. Nor had she said that she suspected that Shipman was killing his patients. She had not provided any '**figures or other documentary evidence**'.
- 3.20 I make two observations about this account. First, it plainly diminished the seriousness and credibility of Dr Reynolds' concerns. Her concerns were presented as vague and unfocussed. It made her sound like a woman who was 'out on a limb', expressing concerns which her partners did not share and which even she was unsure whether or not to voice. It made her appear reluctant to co-operate with the police by providing the name of an important witness. Her failure to provide '**figures or other documentary evidence**' appeared to indicate either lack of co-operation on her part or the absence of available evidence. Second, this account was inconsistent in important respects with DI Smith's evidence on oath to the Inquiry. Most significantly, to Det Supt Ellis he asserted that Dr Reynolds had not said that she suspected Shipman of killing his patients whereas, in evidence, he admitted that she had said this at an early stage of their meeting.

Detective Inspector Smith's Account of this Meeting in his Inquiry Statement

3.21 DI Smith's account of his first meeting with Dr Reynolds, put forward in his Inquiry statement of November 2001, did not correct the misleading impression he had given to Det Supt Ellis. He again spoke of Dr Reynolds' refusal to reveal the name of the female undertaker who was said to share her concerns. He did not say that, in refusing, Dr Reynolds was obeying a restriction placed on her by the undertaker herself. He said that Dr Reynolds' conversation with the undertaker had **'supported gossip and banter which she had become aware of during her 18 months with the Practice'**. DI Smith said that Dr Reynolds had said that it was a standing joke among the partners that, if a general practitioner were 'on cover', Shipman would be likely to come in asking for a cremation form to be signed, for which the doctor would receive about £30 as **'Ash Cash'**. She had told him what little she knew about Shipman, which included the fact that he ran a **'Scanner appeal'**. He claimed that Dr Reynolds had said nothing of which it was worth making a note and nothing of any evidential value. He repeated that he did not believe that she had the support of her partners. She had not told him of the existence of a cremation book kept by the Brooke Practice and no such book was produced to him. In short, even as late as November 2001, DI Smith's account sought to diminish the seriousness and credibility of Dr Reynolds' concerns and to blame her, implicitly, for not volunteering useful evidence, whether oral or documentary.

The Effect of these Inconsistent Accounts

3.22 It will now be apparent that the account DI Smith gave in oral evidence amounted to a significant change of stance. He no longer sought to diminish Dr Reynolds' concerns. He no longer attributed them to gossip or banter. In the light of the evidence already heard by the Inquiry from Mr Reynolds, Dr Gough, the Coroner and the doctors from the Brooke Practice, such a stance would have been untenable. DI Smith at last admitted frankly that Dr Reynolds had told him that she suspected Shipman of killing his patients. In effect, DI Smith was driven to admit that all his earlier accounts had been inaccurate and misleading.

3.23 My general conclusion about this part of DI Smith's evidence is that his oral evidence is much closer to the truth than any of his previous statements. The differences are so great that I do not think that he can have had an honest belief in the accuracy of his earlier accounts at the time they were given. I regret to say that I have come to the conclusion that he gave these misleading accounts in the hope of avoiding any criticism in respect of his conduct of the first investigation. He did this by putting the blame on Dr Reynolds for failing to provide evidence and by giving the impression that her concerns were based on rumour and banter.

The Deaths of Mrs Lily Higgins and Miss Ada Warburton

3.24 There is, however, at least one important respect in which it appears that even the oral evidence of DI Smith might be wrong. This relates to his denial that, on 24th March 1998, Dr Reynolds had told him that there were two bodies then lying at funeral directors' premises, on which it might be possible to arrange autopsies. This suggestion was put to

him by Leading Counsel to the Inquiry. In support, she drew attention to the right of the right-hand page of DI Smith's daybook (see page 143), where there appears a list of four firms of funeral directors. Under the first name, '**Dowse Catterall**', is written the name '**Lily Higgins**' and the word '**stroke**'. Mrs Higgins had died the previous week. The MCCD, signed by Shipman, attributed the death to a cerebrovascular accident (colloquially known as a stroke). Dr Reynolds had signed the cremation Form C and, according to Dr Gough's note, made the previous day, believed that the funeral was to take place on Thursday, 26th March. In fact, it was to be held on Wednesday, 25th March. The point is that, at the time when Dr Reynolds spoke to DI Smith, she believed, correctly, that Mrs Higgins' body had not yet been cremated and was lying at the premises of Dowse Catterall. The second firm of funeral directors listed was '**Jordan and Robinson**'. Underneath their name appears the name '**Ada Warburton**' and, underneath that, the word '**stroke**'. Miss Warburton had died on 20th March. Shipman had certified that her death was due to a cerebrovascular accident. Dr Dirckze had signed her cremation Form C on 23rd March. On 24th March, Miss Warburton's body was lying at the premises of Robinson and Jordan. The third firm of funeral directors listed on the right-hand side of the page was '**Armitages**'; the fourth was '**Masseys**'. There is no note of the name of a deceased person below the names of these last two firms of funeral directors. Examination of the Brooke Practice records shows that the last four cremation Forms C which Dr Reynolds had signed prior to 24th March 1998 related to Mrs Lily Higgins, Mr Harold Eddleston, Mrs Laura Linn and Mrs Alice Black. The funeral directors listed in DI Smith's notebook were the four firms involved in those four deaths.

- 3.25 Leading Counsel to the Inquiry suggested to DI Smith that Dr Reynolds had given him the information he recorded in his daybook during their conversation on 24th March. He denied that that was so. Counsel also suggested that Dr Reynolds had given him the information he recorded in the context of a discussion about bodies that were available for autopsy.
- 3.26 In rejecting Counsel's suggestions, DI Smith claimed that he had noted down the names of the four funeral directors and the two recently deceased patients, Mrs Higgins and Miss Warburton, when he visited the crematorium on a later occasion. He claimed that he had noted the names of Mrs Higgins and Miss Warburton because he had been minded to visit the funeral directors to enquire about those two deaths. However, he had not done so. It can be seen that, at some stage, DI Smith wrote the names and telephone numbers of all four funeral directors on the left-hand page of his daybook (see page 142), opposite the page on which he made the notes of his meeting with the Coroner. It is not clear when those names and telephone numbers were written. It is possible that DI Smith obtained the numbers from the Brooke Practice receptionist, as he left his meeting with Dr Reynolds; he could have found them in a telephone book; it is possible that he was given them at the crematorium. It will be seen that, on the right-hand page where the names of the funeral directors appear in the lower right corner, the name of Miss Warburton's funeral director is written as '**Jordan and Robinson**'. In fact the name is Robinson and Jordan. The error appears to have originated in the Brooke Practice record of Forms C, where the funeral director for Miss Warburton is written as '**Jordan and Robinson**'. The error recurs on the left-hand page of DI Smith's daybook. However, as will later appear, in the list of funeral

directors made at the crematorium, DI Smith has written the name correctly, as **'Robinson and Jordan'**. That would seem to suggest that DI Smith did not write the list of names and telephone numbers at the crematorium. Further, the correlation of the names of the four firms that DI Smith recorded on the right-hand page of the daybook with the firms involved in the last four deaths for which Dr Reynolds signed Forms C strongly suggests that Dr Reynolds provided the names of the four firms.

- 3.27 On the basis of the notes written on the right-hand page, it seems to me likely that Dr Reynolds did tell DI Smith about the presence of two bodies lying at funeral directors' premises. However, there is some further evidence suggesting that she did, and that she did so in the context of a discussion about possible autopsies. First, the name **'Ada Warburton'** appears on the small handwritten note made by Dr Reynolds to which I referred earlier and which Dr Reynolds had probably used to refresh her memory when speaking to Mr Pollard. I think Dr Reynolds had that note with her when she saw DI Smith. She wrote his telephone and pager numbers on the back. If she had the note with her, it is likely that she would have mentioned to DI Smith the information recorded in it. Second, on 30th March 1998, Dr Reynolds telephoned Dr Gough of the MDU to give a progress report. Dr Gough's contemporaneous note records that Dr Reynolds told her that she had reported her concerns to the Coroner, who had taken them seriously. She had also seen a senior CID officer (which must be a reference to DI Smith) and it was intended that there would be an autopsy of the body of the deceased person who had been identified by Dr Reynolds. This examination would probably be conducted by a Home Office pathologist. I accept that Dr Reynolds must have said something like that to Dr Gough. Dr Reynolds must have got her impression from somewhere. It can only have been from either the Coroner or DI Smith. In view of the note in his daybook, it is far more likely that it was the latter. Third, there is also evidence from Dr Patel that he recalled Dr Reynolds telling him that she had told the police about the availability of two bodies at the premises of funeral directors. Dr Booth also thought that Dr Reynolds had told the police about the availability of a body for autopsy.
- 3.28 My conclusion on this issue is that Dr Reynolds did tell DI Smith that the bodies of Mrs Higgins and Miss Warburton had not yet been cremated and that DI Smith must have said something from which Dr Reynolds understood that there would be an autopsy. This conclusion is supported by further evidence that I shall consider in Chapter Eleven.

The Shortcomings of Detective Inspector Smith's First Interview with Dr Reynolds

- 3.29 There were many things that DI Smith did not find out from Dr Reynolds during this first conversation. He said that, by the end of the interview, he still did not recognise the importance of the comparative death rates. Dr Patel and Dr Dirckze said that they were sure that Dr Reynolds would have wished to impress on DI Smith the importance of the disparity in death rates. Dr Patel said that the figures were 'the most significant factor' and Dr Dirckze said that they were the 'fundamental reason' for making the report to the Coroner. Mr Reynolds said that the statistics were his wife's 'greatest concern'. I think it highly likely that Dr Reynolds did stress the importance of the figures but it is clear that DI Smith either did not understand the figures or did not appreciate the significance of them. He did not ask Dr Reynolds to explain why she was worried about the number of

deaths. He did not ask where the figures had come from or ask to see the records from which they had been derived.

- 3.30 DI Smith did not understand why Dr Reynolds and the undertaker were concerned about the 'unusual features' of the deaths of Shipman's patients or even why they were concerned that Shipman was often present at or just after the death. Yet he did not ask Dr Reynolds to explain this to him. Nor did he ask her about the circumstances of the individual cases in which she had recently signed a Form C. He did not ask to interview any of the other Brooke Practice doctors. He could have done so, without breaching the constraints of confidentiality under which he was operating. Had he done so, they would have been willing to assist and could have told him of their own concerns and of the deaths for which they had recently signed Forms C.
- 3.31 DI Smith did not understand the system of death certification and the different system of cremation certification. He did not know what was involved in the completion of an MCCD or cremation Forms B and C or what information they contained when completed. He did not know to what extent, if any, the Form C doctor had independent evidence upon which to make his/her own judgement about the cause of death. He did not know where the completed Forms B and C were stored after the cremation had taken place nor from where he might be able to obtain them. He did not know of the existence or role of the medical referee at the crematorium.
- 3.32 DI Smith did not discuss with Dr Reynolds what she or her partners should do if they received another request to sign a Form C for Shipman. However, it appears that he did give Dr Reynolds his telephone and pager numbers. I infer that he invited her to contact him if she wished to do so.
- 3.33 It is not a matter of criticism that DI Smith did not know about the systems of death and cremation certification or that he did not immediately understand, for example, why it should be a cause for concern that a number of dead bodies were found in day clothes. He could not be expected to know all these things. My criticism is that he did not ask, either then or at any time during the investigation. I am quite sure that, had he asked any questions of Dr Reynolds or her partners, they would have been pleased to give a full explanation. They would have provided access to their records to demonstrate the origin of the comparative figures. I do not criticise DI Smith for not asking all these questions on this first occasion. It might not have been convenient, either for him or for Dr Reynolds, to spend the time together necessary for him to gain a proper understanding of her concerns. DI Smith said that he regarded this meeting as an opportunity to obtain basic information. However, he never went back to Dr Reynolds for an in-depth discussion of the issues and the procedures underlying them.
- 3.34 Although DI Smith told Det Supt Ellis that his interview with Dr Reynolds lasted about 45 minutes, I am quite satisfied that it lasted no more than 20 minutes. This can be calculated by reference to the time of a telephone call made by DI Smith at 3.43pm, following his return to Ashton police station. His interview with Dr Reynolds began soon after 3pm. When it was over, he drove to Dukinfield, a journey of about five to six minutes. He went to the Tameside register office and talked to the Superintendent Registrar, Mr Loader. They spoke for about ten minutes. From there, DI Smith drove to Ashton police station, which

he said took about five to six minutes. I infer that he must have left Dr Reynolds' surgery soon after 3.20pm. When giving evidence to the Inquiry, Det Supt Postles (who had, by then, been promoted to the rank of Detective Chief Superintendent and whom I shall, to avoid confusion, in future call Mr Postles) said that an interview of about an hour and a half would have been necessary if all the important issues were to be covered. I conclude that DI Smith's interview with Dr Reynolds was brief and inadequate.

- 3.35 DI Smith's interview with Dr Reynolds was crucial to the success of his investigation. It was his opportunity to ensure that he fully understood the nature of her concerns and to assess their strength. DI Smith told the Inquiry that, at the end of it, he did not really know 'where to go', by which he meant that he did not know how to go about investigating Dr Reynolds' concerns. Yet, when he reported back to CS Sykes, he did not say that he was in any difficulty. Nor did he seek the advice of any other detective officer.
- 3.36 Chief Superintendent Sykes recalled that DI Smith told him that he had seen Dr Reynolds. This conversation must have taken place either during the late afternoon of 24th March or on the morning of 25th March. DI Smith said that he had discovered that Shipman ran a scanner appeal to which some of the deceased might have made legacies. CS Sykes said that DI Smith did not give him the impression that he did not believe Dr Reynolds or was not taking her concerns seriously.
- 3.37 Mr Reynolds recalls that, when his wife told him that she had seen a police officer who was to investigate her concerns, she seemed very relieved, as she felt she had laid down the burden of responsibility for deciding what should be done. She felt that her concerns were being taken seriously. It appears to me that DI Smith gave the impression that he fully understood the nature and importance of Dr Reynolds' concerns and assured her that they would be looked into. But, in truth, he was setting out on a difficult voyage without a map, compass or guide.

The Possibility of Arranging an Autopsy

- 3.38 It is clear that DI Smith did not take any steps to arrange an autopsy on the body of any of Shipman's former patients. He said that he was not aware of the availability of any bodies but, even if he had been, he would not have known whether the Coroner would be able or willing to order an autopsy unless there were grounds for suspicion in the individual case. He did not attempt at any stage to discuss the issue either with the Coroner or even, according to CS Sykes, with him. Given the Coroner's interest in the investigation, the appropriate course would have been to discuss the matter with him. Mr Pollard said that, if told that there was a body available, he would, if asked, have been prepared to order an autopsy (probably to be conducted by a pathologist approved by the Home Office) and, at that time, would have been prepared to do so without giving reasons for his decision. As I have already said, he pointed out that, if he had ordered an autopsy, Shipman might well have realised who had reported the death to the Coroner and Dr Reynolds might not have been able to maintain her anonymity.