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Ref: 03NN0078117

Dear Alison

If only we could type those two words without such painful memories. We are writing to you in response to a recent decision made by the CPS, shared in a letter from Jane Scholefield on 05/12/2017. We feel, for many reasons which we outline, that this decision represents a most perverse and selective interpretation of events. We apologise that this letter is lengthy; it needed to be to cover the relevant points in the depth they deserve. Also, in this letter we wish to call into question and raise formal complaints about the competence of the Specialist Prosecutor undertaking the VRR (Victims Right to Review) in question, Jane Scholefield and the CPS North West regional lead who assessed the case initially, Isla Chilton. They have shown obtuseness and levels of selective bias we are struggling to comprehend.

Before addressing Jane's letter, it is important to revisit the context for the CPS granting us the right to review the original decision under the terms of VRR. There are four points we would like addressed in relation to this. Firstly, the CPS attempted to deny us the right to use VRR at all. During the month of June 2017 in response to our requests for the initial decision to be reviewed, the CPS responded on FOUR occasions stating our case did not meet the criteria, attempting to stop us entering the VRR process. This demonstrated a persistent attempt to misinform us at worst, or a persistent inability to interpret your own guidance at best; either of which are entirely unacceptable. We were informed by Cumbria Police during a meeting in May 2017 to learn of your original decision, that the CPS would be available to support us in the wake of the decision that was made. Not only did you not support us, you hindered and failed us, and you did so when we were distressed and in need of accurate information and guidance. Had it not been for our persistence in pursuing this matter you would never have even been aware of your own failings in understanding that this case WAS eligible under VRR criteria. If your organisation is unable to provide accurate information to families of victims of sensitive sex crimes when they need it most, then you should be seriously scrutinised as to your fitness for purpose and the quality of leadership you possess. The fish rots from the head, the buck stops at the top; why do your own staff not know the criteria for VRR. How many other families have been misinformed? The CPS should apologise promptly and unreservedly in relation to this part of its dealings with us.

Secondly, we were enabled to enter the VRR process using criteria related to Alison's disability, her Mental Health, because the CPS said (letter of 27th June) that we did not qualify within the criteria of being able to prove Alison's death was linked to the criminal acts in question. However, upon our asking how the CPS could be sure her death (suicide) was not linked to the criminal sex acts in question, you were unable to offer any evidence to support your stance. We then submitted an FOI asking for the CPS to provide the sources of knowledge and research that were being used to inform your stance, and again you were unable to provide it and have still not done so, despite many requests. Our point is that we have shown there is a wealth of up-to-date research, some of which we shared with you, to

suggest that the impact of a significant breach of trust by a Mental Health Nurse on a mentally ill young woman with strong religious beliefs who was then subjected to a secretive abortion could well have been catastrophic; in fact, leading health professionals we have engaged with say it would be surprising if the impact were not significant. The Coroner in South Yorkshire concluded likewise. In short, we provided evidence to support the view that Alison's decision to step in front a train would have been influenced by Scott-Bucpleuch's actions, but you have none to support the stance you adopted. Therefore, we find ourselves asking why you adopted a stance you are unable to support with evidence? In your apparent efforts to escape the burden of explaining your stance, the CPS chose to cite data protection as a reason not to share such information, but we did not and have never sought personal data that would place you in contravention of legislation, we only ever asked you to cite the evidence bases (books, caselaw, published research etc.) that you used to inform your stance. It appears you do not possess this evidence base, so we can only conclude the CPS relies on the judgement of individuals looking at each case. This is not consistent or scientific and suggests victims and their families may be at the mercy of ill-informed, perhaps outdated personal views and individual judgement calls; hardly a basis for dispensing justice.

Thirdly, and closely linked to the previous point, when the CPS did grant us access to VRR it did so on the basis that Alison had been suffering with significant Mental Health issues and hence we qualified for VRR because we were the, "*family spokespersons of a victim with a disability*". However, whilst the CPS acknowledged us access to VRR because of Alison's Mental Health, there is no recognition of Alison's Mental Health in the rationale offered to us by Jane Scholefield as to why this case should not be prosecuted. You will see as you read this letter and Jane's letter to us, that her rationale for non-prosecution hangs almost entirely on reframing the illegal sex acts of a trainee mental nurse as part of a "loving relationship". The disjoin in CPS thinking here is clear and absurd. Alison's Mental Health was used as the rationale for allowing our family to enter VRR, yet, is then discounted as the significant factor in determining she was not in a position to make meaningful decisions about such important things as, "who to trust, who to be in a relationship with and who to have unprotected sex with". She was in the care of the NHS as a Mental Health patient, precisely because the State recognised she had a need to be protected. Because of this recognised need, the NHS were tasked with a duty of care toward her, which did not include allowing trainee nurses to have sex on hospital premises with her. What Robert Scott-Bucpleuch did is recognised in law as a crime because it conflicts with the States decision that people with Mental Health conditions need protecting, yet Jane, in her rationale for non-prosecution seeks to reinforce a narrative that it was a normal loving relationship, thereby ignoring and marginalizing Alison's significant and recognised Mental Health condition.

Fourthly, you have taken almost six months to reach a decision, one that worryingly does not contain anything not already seen or heard. We were assured the reason it was taking so long was that it was being closely scrutinised to reach an informed decision. The reality is that Jane has ignored and cast aside any information not fitting the previous view. The information ignored includes a pivotally important issue of the suspect choosing to conceal knowledge of a pregnancy and termination, of his child, from Health Professionals and Carers treating Alison. This egregious act does not feature in any of your narrative? It is for the exclusion of such significant documented facts we question Jane and Isla's competence; in-light of such wilful blindness and obvious omissions, we would be foolish not to.

Now to the main body of the letter. Where possible we address each point in order of the letter sent to us on 05/12/2017. On p1 of the letter it states *Following a careful and fully independent consideration of all the available evidence etc.* This is untrue and becomes apparent when one sees how much has been left out of Janes letter and excluded from her thinking. Jane has been selective in her acknowledgement of the existence of information and biased and ill-judged in her interpretation of what she has chosen to focus on. The use of such cut and paste phrases is a disingenuous insult to families of victims seeking justice.

On p2 para2, the letter states *Alison had moved in to live with the suspect in his lodgings located within the grounds of the hospital*. This assumption does not fit with what we know about where Alison was living. In fact, local press included her photo in a feature about the launch of new sheltered accommodation in Carlisle. We her family, recall visiting her there and thought she was living there, as did Social Services. How is Jane able to state Alison was living with Robert Scott-Buccluech at his lodgings on the premises? It was illegal for students to have guests staying in their rooms (see following), so how could it have been plausible for Robert Scott-Buccluech to say that Alison was living with him?

In paragraph 4 on p2, it states, *...this admission is supported by incriminating diary entries made contemporaneously*. Who proved these are contemporaneous? The suspect had ten years between committing crimes and these coming to light in 2001; ten years to create a backdrop to support a version of events? Do these diaries contain entries about a pregnancy and termination? The absence of these from notes made by a man who says he did not think he was doing anything wrong and “was in a loving mutually consensual relationship” should ring alarm bells. Unless they can be proven otherwise his diaries are no more than selective misdirection by a guilty man. Also, use of the phrase “contemporaneous” suggests things noted at the time are significant, so if a source is credible and notes contemporaneous, then all such notes are worth attention? However, Jane ignored medical records from clinicians that are contemporaneous and credible. Why does Jane quote notes from a discredited Mental Health Nurse, stopped from completing his training, whilst ignoring notes from Health Professionals? It is this and other obtusity that lead us to think Jane and Isla have made a complete hash; it is not their role to be inconsistently selective about what to pay attention to.

In the final paragraph of p2 it says, *“In determining the likely sentence a court would impose I have considered the suspect’s level of culpability”*. Jane has made assumptions about what will/won’t emerge in court;

1. Evidence of the development of intimacy before Alison was an out-patient,
2. Documented evidence of the suspect engaging in unprotected sex with a vulnerable mentally ill young woman on hospital premises,
3. A secretive abortion,
4. The suspect withholding medically significant information from professional peers,
5. Medical notes referring to a clinging (not loving) boyfriend and
6. Reasons the suspect was *not allowed to complete his nurse training.

Jane also makes assumptions about a jury’s perception of the suspects crimes. In a post-Saville era there would be little pity for a man who took advantage of a mentally ill young woman at her most vulnerable, got her pregnant, concealed the fact and left her to deal with the aftermath of abortion on her own...all whilst they had a duty of care. Perhaps Jane has insights into public perception she would like to share with jury members and my family?

*During the original investigation in 2001/02, Nigel Woodcock and Shirley Chipperfield, the then Chief Executive and HR Director of North Cumbria Mental Health Trust told my sister Sarah and I that Scott-Buccluech had not been allowed to complete his nurse training because of concerns about how close he had been getting to patients (plural). Following a recent FOI, we have found out Cumbria Police appear to have made no attempt to locate Scott-Buccluech’s training records as part of their recent investigation. These records might contain highly relevant information about why he did not complete his nurse training. They could contain notes from tutors and others that highlight a pattern of forming inappropriate relationships with patients. It should be noted that despite being removed from his nurse training, Scott-Buccluech was employed by the NHS in a position that enabled access to patients and their records. *Alison’s records at Carlisle were destroyed.*

The final paragraph of p2 and opening line of p3 states, *on the evidence before me there is nothing to suggest Alison and the suspect had anything but a genuine, mutually consensual relationship*. Here Jane demonstrates clinical and legal ignorance as well as a woefully inappropriate and anachronistic practice of calling what happened “A Relationship”. Jane ignores the documented contemporaneous evidence available and offers an amazingly ill-informed view of what the breaching of trust by health professionals seeking sexual intimacy with vulnerable patients actually is; a crime. Again, we wonder what evidence bases were used to support such views and once more we can only conclude the CPS are not drawing on available up-to-date research relating to this field. It was not a relationship and should not be called one. Alison was sectioned twice in a twelve-month period, in other words it was legally recognised that her state of mind would impact her ability to make decisions. There are so many reasons why it is inappropriate to refer to it being a relationship when it was an illegal abuse of trust and absence of effective management that allowed a 35-year-old Trainee Mental Health Nurse to have sex with a young woman who was newly diagnosed as mentally ill, vulnerable, incredibly isolated, at times paranoid, often distressed and finding herself sectioned in a Victorian style asylum at 21. **IT WAS NOT A RELATIONSHIP, IT WAS A CRIME**. Just because the people in it might have thought they were in a relationship does not make it so, in fact the law regarding sex with Mental Health patients was designed to address this. Jane has chosen to ignore the intent of the law relating to sexual intimacy with Mental Health Patients, instead she has revisited her Mills & Boon back collection; I can see her daydreaming in the CPS office as she considered whether to prosecute...

“Oh Rob, how can something that feels so right be so wrong.” “You’re right Alison, the fact that you are clearly mentally ill, receiving counselling, taking regular medication, displaying erratic behaviour, vulnerable, almost half my age and a long way from home shouldn’t get in the way of my, I mean our, carnal desires. What do they know, and why should I take notice of that handbook the Royal College of Nursing gave me rabbiting on about legislation from 1959, and why should I worry about the fact that I’m an NHS employee with a duty of care towards you, and we both love Jesus don’t we, which means we have something in common we can talk about when we have finished sinning on hospital premises, and it’s not as if unprotected sex could lead to you getting pregnant or that the impact of an abortion could have a significant impact on your Mental Health, and of course you won’t ever need readmitting as an inpatient at any time in the future; will you?”

In her romantic interpretation of the illegal sex acts committed by a person in a position of trust, Jane ignores the possibility that the suspect could have used his position to influence when and if Alison could be classed as an inpatient or an outpatient? This possibility is real when you consider a later entry in Alison’s GP notes saying, *“Alison is currently attempting to gain an apology from Carlisle Hospital where she says she was kept inappropriately”*.

We ask ourselves why oh, why, is it even our role to highlight such obvious scenarios and to cite available evidence when you are the organisation tasked with doing the job you do? It is frustrating and ludicrous we find ourselves in a position where we are doing the research to make-up for the shortcomings in your service. What Jane has done is the equivalent of discounting an evidenced allegation of rape because a couple “appeared” to be in love.

In paragraph 1 on p3, the letter refers to a witness comment from the investigation, it states, *this witness says she did not receive any training regarding legislation...and it was common knowledge Alison and the suspect were going out with each other*. Is citing this relevant? An employee who has known and lived in the same town as the suspect for approx. thirty years and who was also employed in what was subsequently revealed as a cruel and dysfunctional institution (the words of NHS regulators) has come out in support of the suspects version of events; again, should this not be done in court as one of many submissions and if so would

their view even count as credible? We don't think so. Furthermore, in relation to this witness statement, Jane appears to have ignored evidence (again) provided by the Royal College of Nursing which shows all student nurses were given manuals containing guidance on the matters in question. We are concerned Jane is willing to quote a potentially biased observer (former co-worker) yet ignore information offered to her by a national body providing professional oversight. In quoting potentially biased witnesses whilst at the same time choosing not to reference contemporaneous medical notes, Jane shows she has not looked at this case in line with the CPS's own stated values of being fair, objective and independent. Furthermore, Jane and the investigation have obviously not considered the future point in time when this "witness" did become aware that sex with outpatients on hospital premises was a crime because this implies that they then sat on knowledge of Scott-Buccleuch's wrongdoing as a fellow employee, until issues were finally brought to the attention of the Police and the NHS in 2000/01. Finally, in relation to this point, does it not seem strange to Jane that this "impartial" witness has such a clear recollection of a conversation that happened over thirty years ago? We find it incredible...

We are also concerned, in relation to the above point, that Jane seems to have ignored the fact that Mental Health Services had been based at this location for over fifty years. Which means Mental Health Services had been delivered from the Garlands for thirty years after the relevant legislation was passed. This suggests one of two equally unlikely incredulous scenarios; either, the rules of a long standing Mental Health Act dating from 1959 had never been discussed or outlined at an NHS Hospital since their introduction (highly unlikely) or the practice and occurrence of staff having sex with patients was much more widespread, if as Scott-Buccleuch states, no one knew the rules relating to sex with patients? We do not find it amazing that the suspect cited ignorance of an act that had been around over thirty years, what is amazing is the CPS willingness to think his view is valid. Then again, he wouldn't be misleading you about the events in question; suspects of sex crimes don't do that do they?

Also, in paragraph 1 on p3, Jane cites another witness who says the rules regarding guests staying overnight in student rooms *was observed more in breach than in practice*. This is very useful to know but worrying that Jane appears to have ignored the issues such cultures generate; namely that rules are broken not because people do not know the rules, but because everyone else is doing it and there appear to be no repercussions. This is a very different scenario to being ignorant of the rules and suggests the suspects behaviour toward Alison was not in fact the result of a culture of ignorance but the result of working within an organizational culture that permitted rule breaking.

In paragraph 2 of p3, it states the suspect said, and I paraphrase, *he did not know it was an offence to have sexual relationships with outpatients but did know it was an offence to have sexual relationships with inpatients*; but does it matter what he said? He is after all the same suspect who kept quiet about his crimes for over ten years and would have done so forever had we not uncovered evidence of his wrongdoing. Yet Jane seems comfortable quoting from his statements as if they were fact and again she ignores the guidance available from the Royal College of Nursing, namely that student nurses were in possession of information that clarified the matters in question. Importantly why has he not been asked how he knew it was an offence to have sex with inpatients? The guidance on sex with outpatients is part of the same guidance that would have been offered in relation to sex with inpatients; so how can he say he knew about the one thing yet plead ignorance of another part of the same legislation? Let's not forget, as Jane has, this same man sought to hide from prosecution in 2001 by refusing to be interviewed at the Police Station, so why are the CPS enamoured with his utterances now? Also, do we really believe he had not considered the potential for Alison to need more specialist inpatient attention in the Mental Health Hospital in the future? Alison had already been admitted twice under section within a twelve-month period; what was he going to do should she need readmitting as an inpatient again?

Also, in paragraph 2 of p3, it states, “*There is no evidence to suggest the suspect had any sinister intent or that he singled out Alison due to her vulnerability*”. This is the first time you acknowledge Alison was vulnerable, which she most definitely was and is why the Trust and its employees had a legal duty of care toward her. It is not the fact the suspect may have intended to prey on someone vulnerable that is the issue here, it is the fact his work placed him with vulnerable people and he abused this position of trust. Some patients cannot admit their own vulnerability to themselves or those around them, which of course is part of the Mental Health condition which makes them vulnerable; Alison was in the care of the NHS because she was vulnerable, this makes his actions more despicable, not less. *Let’s not forget, the former Chief Executive of the NHS Trust in question said the suspect was not allowed to complete Nurse Training because of concerns about his dealings with patients.*

Finally in relation to paragraph 2 of page 3, Jane states, “the suspect accompanied Alison to medical appointments”. Has it not registered, the appointments where he was present were his opportunity to do the right thing and ensure the Health Professionals and Carers treating Alison were aware of the pregnancy and abortion so they could help her deal with these life changing events? Jane is acknowledging the suspect was present at precisely the moments he could have demonstrated positive intent and exercised his duty of care, yet he chose to say nothing, thus ensuring the Healthcare Professionals treating Alison were unaware of what she was going through. Has Jane considered the very real prospect he was present at appointments to ensure the truth and consequences of his illegal acts remained secret? After all, he may now be pleading ignorance of law relating to sex with patients, but the fact he did not mention what he was doing to other Healthcare Professionals suggests he had an inkling he shouldn’t openly admit to having sex with a patient on hospital premises, because he thought they would know about the law on sex with patients and he knew he would be in trouble. He was in a unique trusted position to facilitate access to support for a very troubled young woman going through what must have been a storm of emotions. She was battling with Mental Health and struggling to reconcile what was happening (desire, pre-marital sex, pregnancy and abortion) with religious beliefs. Instead of ensuring she got the support she needed, he kept quiet. Are these the actions of a man that loved her? He ignored his duty of care with no thought of the consequences. He ensured Alison emerged from the “care” of the NHS more damaged than when she entered. We have been left to pick up the pieces.

Also, are we to believe intimate loving relationships start as soon as a person passes from being an inpatient, to an outpatient? Has the suspect succeeded in getting the CPS to believe he only developed an intimate relationship once Alison was an outpatient? This does not fit with real life unless, again, people read too many Mills & Boon novels. My sister Sarah recalls telling Cumbria Police Alison was in the suspects lodgings when Sarah phoned her on the inpatient ward. If Jane thinks the suspect and Alison “just started” a relationship once Alison became an outpatient, that shows a worrying level of naivety on her part.

In paragraph 3 of p3, Jane insensitively and insultingly, cites the suspects Mental Health as rationale for his behaviour. This is ill advised and entirely inappropriate. Alison was the one suffering significant diagnosed Mental Health issues which meant she was in the care of the NHS until her death in 1991. This means it was recognised in law that her ability to make decisions, such as agreeing to unprotected sex with a Mental Health Nurse on hospital premises, was impaired; i.e. her Mental Health meant she could not be allowed to rely solely on her own judgement because her mind was not always acting in her own interests. Janes choosing to cite the suspects condition of depression whilst ignoring the impact of Alison’s Mental Health issues is absurd. She has explicitly ignored Alison, the actual victims Mental Health issues in all her explanations as to the limits of the suspects guilt, yet feels able to cite the suspects depression as a mitigating factor for him? You cannot have it both ways. You cannot treat Mental Health as a lever to pull when it suits a view. Jane created rosy scenarios of “mutually consensual loving relationships” by ignoring the serious diagnosed Mental Health condition of a vulnerable young woman, but then sees fit to use the suspects

Mental Health condition of depression as his mitigating factor. We are appalled at the lack of judgement this shows. This reinforced our view Jane has acted incompetently and with bias.

In paragraph 4 of p3, Jane talks about the suspects role as a volunteer in hospital radio and his commitment to local church, as if these things mean he, "must be ok". This is subjective, and again if anything the evidence suggests some people occupy these roles as it gives them access to vulnerable people. Was Jimmy Saville "an ok guy" because he was involved in hospital radio? We can think of no more inappropriate place for Scott-Bucleuch to work or volunteer than in patient facing settings in NHS hospitals; it didn't go well last time did it?

In paragraph 2 of p4, Jane refers to guidance on non-recent offending, which contradicts the encouragement being given to people with knowledge of historical sex crimes? Police Commissioners are encouraging people to come forward with knowledge of such crimes, saying they will be taken seriously; if this is not the case you need to address this disjoin quickly and openly. The current situation suggests the UK justice system is attempting to placate victims of historical sex crimes with warm words in local strategies whilst a national direction of travel from the CPS ensures no action will be taken. This is a cruel hoax to play on those like my family who come forward with clear and unambiguous evidence of such crime, only to be told that CPS guidance runs contrary to it. It is also ironic you have chosen to use guidance (non-recent offending) that rewards suspects for hiding the evidence and knowledge of their wrongdoing for as long as possible; i.e. for being less open not more. You are choosing not to prosecute Scott-Bucleuch because you are inclined to believe he did not know he was doing anything wrong, whilst ignoring the fact that he kept quiet about his actions and their consequences ...these are two clearly conflicting positions that simply do not match. On balance, people who genuinely think they are not doing anything wrong don't mind sharing what is going on in their lives. My own family knew nothing of the relationship or the pregnancy and abortion; why? Where are the photos of them holding hands in public?

Because of the consistent selective and perverse interpretation of Mental Health conditions, we are copying this and Jane's letter to relevant interest groups, MPs and Press. They need to be aware of your understanding and interpretation of Mental Health, selectively using it as a condition that can be called upon to suit a view. You cannot now deny with any credibility this case shows a willingness to cite Mental Health issues when they suit your stance and a propensity to side-line and even ignore them when they don't. In this case you have done so in a most obvious, perverse, insulting and egregious fashion. Alison is not here to speak for herself because failures and shambolic treatment at the hands of those in public services who were more interested in their own desires, facilitated a decline in her Mental Health to the point where she took her own life. Her Mental Wellbeing was clearly not the priority for Scott-Bucleuch; his willingness to have unprotected sex with a mentally ill young woman is all the evidence any of us need to establish that beyond doubt. Jane should be ashamed of both the stance she has taken and her willingness to attempt to insult our intelligence.

Our perception of your understanding of the events that occurred is that you appear to think there were no consequences to the crimes Scott-Bucleuch committed and has admitted. Scott-Bucleuch was in a publicly funded position of trust, he had sex with a vulnerable mentally ill young woman and when things became complex and Alison fell pregnant, he parked his espoused Christian beliefs, withdrew his affections and let Alison deal with the consequences of abortion, of his actions, on her own. He had a duty of care and he could and should have helped her by letting others know what had happened, but in efforts to save himself he chose not to. Alison was trapped with her secrets in a system she could no longer trust. Her Mental Health deteriorated, and she stepped in front a train at Rotherham Railway Station on the 13th of December 1991. His crimes had very real and tragic consequences.

We also want to highlight our thoughts in relation to Janes interpretation of CPS guidance. Guidance is just that, not diktat, but a framework within which intelligent people use the

relevant information available to reach a decision. Jane uses the word guidance a lot and uses the phrase “on balance”. She falls on the guidance as a get out of jail card and errs on the side of convenience and lazy thinking rather than seeing the opportunity that is open to the CPS to right this historical wrong, the consequences of which will be with my family forever. We all have guidance in the roles we occupy, which we should be guided by, not dictated to by. This case is exceptional, one in which my family and Alison have already been failed by individuals and managers in the NHS, Cumbria Police and CPS Northwest. All these failings have been documented and in the case of Cumbria Police, acknowledged in writing. We suggest Jane has not taken a holistic view of these factors into consideration and in so doing has shown my family that the UKs justice system is not interested in acknowledging or taking opportunities to address previous failings.

The real question to ask and answer is this; if Alison survived her attempt to take her life and awoke from a coma she had been in for twenty seven years and walked into a Police Station to report what happened to her, if she explained she was taken advantage of by an older male nurse in a position of trust in an NHS hospital, who got close by purporting to share the same religious beliefs, who then in contradiction to these beliefs exhorted her to have unprotected sex on hospital premises, who accompanied her to appointments to ensure nothing was said about what was going on, who discarded her when she became pregnant, who encouraged her to keep quiet and ensured she did not get the support she needed to deal with the impact of having an abortion, that she felt confused, alone and had become so distraught that she stepped in front a train because of the conflicts within her, would the CPS still choose not to prosecute if Alison was alive to tell her story?

The CPS is in possession of admissions of illegal sex acts with a mentally ill vulnerable young woman, by a person who occupied and abused a position of trust. You should be falling over yourselves to deliver justice and seeking to bring to light the practices within an NHS Mental Health Hospital that allowed the events in question to occur.

We would now ask that the following things happen:

1. That you provide a full response to all issues raised in this letter including answers to the four initial questions relating to VRR and delays in this case. We expect clarity as to why Jane Scholefield, Isla and colleagues in the CPS did not see fit to reference the pregnancy and subsequent abortion of the suspects child in any correspondence. *Research relating to the impact of abortion on young women is in appendix 3. The enormity and complexity of these impacts cannot be underplayed where the father of the aborted child occupies a position of trust which was then betrayed, and the victim herself has significant Mental Health issues and deeply held religious beliefs.*
2. That you formally log our complaints against Jane Scholefield and Isla Chilton and implement whatever internal procedures are appropriate to progress this complaint.

We look forward to your response to this letter.

Yours sincerely

Thomas Bell, Sarah Daniel and Geraldine Bell

Tom Bell / Sarah Daniel / Geraldine Bell

Appendix 1 - CPS Values and Standards:

What are the criteria the CPS work to?

The first stage in the decision to prosecute is that Crown Prosecutors must be satisfied there is enough evidence to provide a "realistic prospect of conviction" against each defendant on each charge (**DONE; this case is a slam-dunk in which a nurse in a position of trust admitted multiple illegal sex acts with a Mental Health Patient on Hospital Premises**).

A prosecution will usually take place however, unless there are public interest factors tending against prosecution which clearly outweigh those tending in favour. **CPS have shown no such clarity in terms of the public interest. It is only by ignoring significant bits of evidence that Isla and Jane have been able to create a narrative to support the position they have adopted.**

Prosecutors must be fair, objective and independent.

We will be independent and fair. We will prosecute independently, without bias and will seek to deliver justice in every case.

The levels of bias CPS have shown within this case are staggering. You have demonstrated a willingness to quote the statements and health condition of a disgraced Mental Health Nurse, whilst ignoring the mental health condition of his victim and contemporaneous medical notes including those relating to a pregnancy and abortion.

We will be honest and open. We will explain decisions, set clear standards about the service the public can expect from us and be honest if we make a mistake.

CPS have had the opportunity to rectify two mistakes, one they were party to in 2001/02 in the original investigation and the other being the recent decision we appealed under VRR. You have not been honest or clear and neither Isla Chilton or Jane Scholefield have explained why they ignored key elements in this case, despite being offered opportunities.

We will treat everyone with respect. We will respect each other, our colleagues and the public we serve, recognising that there are people behind every case.

If only! You have insulted our intelligence, thrown us crass "cut and paste" comments and shown a complete disrespect for the memory of our sister Alison. If you are unable to deliver justice for the most vulnerable in society who have been wronged by the very systems that have a duty of care to them, then you are fit for nothing. Alison did not ask to be mentally ill.

We will behave professionally and strive for excellence. We will work as one team, always seeking new and better ways to deliver the best possible service for the public. We will be efficient and responsible with taxpayers' money.

This is where your communication team and vision and mission bods may be right, but you work as one team to protect each other and your own mistakes, rather than in the interests of the public who pay for you and whom you serve. We think you've missed the point...

Appendix 2 – the key reason we think Jane Scholefield and Isla Chilton acted incompetently:

Robert Scott-Bucleuch effectively used abortion to destroy the evidence of his illegal sex acts, whilst at the same time continuing to insist he did not know he was doing anything wrong. The CPS, for reasons we cannot fathom, have ignored his actions in all their deliberations as to whether he should be prosecuted. This is either negligent or deliberate.

Within all the correspondence, letters and emails originating from the CPS during the course of the recent investigation and our subsequent appeal under VRR, there were no references from the CPS to the central most telling part in this entire matter; namely Alison's pregnancy and the subsequent termination of her and Scott-Bucleuch's child. We find the absence of any references to this pivotal central issue absolutely incredulous.

When we met with Cumbria Police in late May 2017 to learn of the CPS's initial decision not to prosecute Scott-Bucleuch, we were informed during this meeting that Scott-Bucleuch acknowledged to Cumbria Police in interview, that the pregnancy was his and that he also knew about the pregnancy termination. Therefore, we now know what had already been suspected based on a copy of the termination certificate from August 1988.

This means his actions, from the unthinking selfish act of unprotected sex on hospital premises that led to conception, to his decision not to let people know Alison was pregnant and then having an abortion, were not the acts of someone who has their partners, never mind their patients, interests at heart. For the CPS to ignore these facts to maintain the story of a mutually consensual loving relationship, is absurd and perverse beyond belief.

What we have seen in all the reasoning, if it qualifies as such, from the CPS as to why the suspect should not be prosecuted, is a deliberate attempt to omit the most significant and telling events from the history of what happened to Alison. These are events with actions and intent that clearly run contrary to the suspects stated position that everything in the garden was rosy and that he did not know he was doing anything wrong. They show that he made choices which reveal he was prepared to put his personal interests above his duty of care to Alison, an extremely vulnerable, mentally ill, sexually inexperienced young woman. Not only is the exclusion of these acts insulting to us and Alison's memory, it is completely inappropriate within a justice system that is supposed to be fair, objective and independent.

Do no harm, is still one of the principal precepts that all healthcare students are taught in school and is a fundamental medical principle throughout the world. In this case not only was harm done, the harm that was done was then covered up by the NHS employee inflicting it.

And whilst we are not suggesting Scott-Bucleuch is akin to Jimmy Saville (not because we don't think so but because we genuinely don't know) it is now known Saville encouraged some of his victims to have abortions to hide evidence of his sex crimes; what's the difference here?

If the CPS have simply been negligent, then this needs addressing with appropriate training. If it is a deliberate attempt to remove this particularly dark but incredibly relevant chapter from the story of what happened to Alison, then the culture that facilitates this, needs addressing and the motives for doing it should be fully explored; i.e. have people within the CPS chosen to omit these key details because they felt acknowledging their existence would have changed the narrative and forced the CPS into an embarrassing U-Turn?

Appendix 3 – excerpts from research re the impact of abortion on young women and the breaking of professional boundaries by healthcare staff:

The impact of abortion on women...

Evidence drawn from research (literature review) which looked at multiple studies of the effects of abortion suggest the impacts of abortion are more negative when:

- A woman has psychological problems before the pregnancy,
- When they feel coerced to have the abortion,
- Whose own religious beliefs or those of their social environment are disapproving of abortion,
- Live in a cultural context or have a religion that prohibits abortion.

It should be noted not only was Alison closely aligned to at least three of the criteria above, her religion and the peers within it were disapproving of pre-marital sex. Therefore, a pregnancy termination was not just perceived as sin, it would be viewed as evidence of prior sinning and a significant falling from grace. These factors would almost certainly have added greatly to the mental conflict Alison experienced. We are after all talking about a girl who's own medical notes show the presence of very strong religious beliefs and guilt issues (documented by Dr T M Singh to Dr Corlett, 24th January 1989).

Much research has been carried out which suggests links between abortion and increased risk of depression, emotional problems and suicide as well as more general emotions of regret, remorse and shame.

Studies from Scandinavia revealed up to sixty per cent of women who had an abortion experienced some measure of emotional distress, with 30% experiencing "severe" emotional distress.

Psychological Effects of Abortion on Women: A Review of the literature, 2007

The breaking of professional boundaries by healthcare staff...

Boundary violations have a damaging effect on vulnerable patients. To suggest that a relationship between a vulnerable young Mental Health Patient and an older Mental Health Nurse could be a normal healthy relationship, especially when conducted in the confines of a Mental Health Hospital, is ill-informed. The power dynamics present would be significantly unbalanced. These would be exacerbated by the significant age difference and levels of life and sexual experience.

The boundaries in healthcare and between health professionals and their patients exist in many settings for a reason. They are present primarily to safeguard and protect vulnerable patients and ensure that complex situations with harmful (in this case catastrophic) consequences do not occur. Power can be misused by the unscrupulous, the inexperienced or those lacking in self-awareness. To cross the boundaries is an abuse of power, whatever the motivation of the professional.

Broken Boundaries (various authors), WITNESS, 2008

In to whatever homes I go, I go for the benefit of the sick, voluntarily abstaining from acts of mischief and corruption, and from the seduction of males or females, be they free men or slaves...

Oath of Hippocrates

Ends
