

FFW/133/05



**OPERATION  
ROCHESTER**

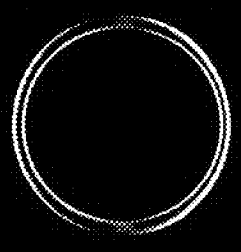
**GOSPORT WAR  
MEMORIAL  
HOSPITAL**

**FURTHER  
EVIDENCE**

**ROBERT  
WILSON**

**ELSIE  
LAVENDER**

**LESLIE  
PITTOCK**



**GMC AND BARTON INDEX OF FILES RECEIVED FROM HAMPSHIRE POLICE ON 18  
JANUARY 2007.**

1. Index of all evidence obtained
2. Generic Case File
3. Generic Case File (exhibits)
4. Generic Case File (exhibits)
5. Generic Case File (further exhibits)
6. Generic Case File further evidence re: Devine, Cunningham and Lake
7. Generic Case File further evidence - interviews with Dr Reid
8. Devine Volume 1
9. Devine Volume 2
10. Devine Additional Evidence
11. Devine Hospital Medical Records
12. Spurgin Volume 1
13. Spurgin Volume 2
14. Spurgin - further evidence
15. Spurgin - further evidence
16. Spurgin Hospital Medical Records
17. Spurgin Hospital Medical Records
18. Cunningham Volume 1
19. Cunningham Volume 2
20. Cunningham Hospital Medical Records
21. Cunningham Hospital Medical Records
22. Packman Volume 1
23. Packman Volume 2
24. Packman - further evidence
25. Packman police interviews with Dr Reid
26. Packman Hospital Medical Records
27. Lake Volume 1

28. Lake Volume 2
29. Lake Hospital Medical Records
30. Lake Hospital Medical Records
31. Service Volume 1
32. Service Volume 2
33. Service Hospital Medical Records
34. Service Hospital Medical Records
35. Gregory Volume 1
36. Gregory Volume 2
37. Gregory Hospital Medical Records
38. Gregory Hospital Medical Records
39. Wilson Volume 1
40. Wilson Volume 2
41. Wilson Hospital Medical Records
42. Wilson Hospital Medical Records
43. Lavender Volume 1
44. Lavender Volume 2
45. Lavender Hospital Medical Records
46. Lavender Hospital Medical Records
47. Lavender Hospital Medical Records
48. Pittock Volume 1
49. Pittock Volume 2
50. Pittock Hospital Medical Records
51. Further evidence re: Wilson, Lavender & Pittock
52. GP Records for Spurgin, Pittock, Service, and packman
53. GP Records for Devine, Cunningham and Lavender
54. Copy Extracts from Patient Admission Records
55. Extracts from controlled drugs record book dated 26 June 1995 - 24 May 1996

56. Richards (Eversheds) file: 1 of 2
57. Richards (Eversheds) file: 2 of 2
58. Richards: Medical Records
59. Richards: Further Medical Records
60. Richards: Further Medical Records
61. Richards (Police) - Witness Statements file
62. Richards (Police) - Transcripts of Interviews file
63. Page (Experts' Reports and Medical Records)
64. Wilkie (Eversheds) file: Experts' Reports and Medical Records
65. Clinical Team Assessments for Page, Cunningham, Wilkie, Wilson and Richards.
66. Clinical Team Assessments for Devine, Gregory, Lavender, Packman, Spurgin, Lake and Pittock



Operation ROCHESTER.

Additional evidence summary.

Relating to the deaths of :-

Robert WILSON.

Elsie LAVENDER.

Leslie PITTOCK.

Robert WILSON.

Grant HEATLIE (Senior House Officer Queen Alexandra Hospital) dealt with hospital admissions and accordingly admitted Robert WILSON as an emergency patient on 17<sup>th</sup> January 1997 following transfer from accident and emergency unit. Presented with chest pain associated nausea and shortness of breath. Admitted consuming one bottle of spirits a week. Mr WILSON was discharged to his home address on 5<sup>th</sup> March 1997.

Nolan GHEEVES (Senior House officer accident and emergency Queen Alexandra Hospital) Explains medical notes in respect of examinations of Mr WILSON between 1<sup>st</sup> October 1998 and 13<sup>th</sup> October 1998 including liver function test results.

Arumugam RAVINDRANE (Consultant Physician Elderly Medicine Queen Alexandra Hospital) addition to statement of 25.11.05 attempts to explain why he ceased to prescribe co-drydromol to patient WILSON.

Anthony KNAPMAN ( Clinical assistant cover for Dr BARTON Gosport War Memorial Hospital) further to statement 20<sup>th</sup> January 2006 explains reason for small dose of diamorphine administered 16<sup>th</sup> October on the instructions of Dr BARTON, did not take issue with this.. thought may have suffered silent heart attack..

Susan WEBB (Staff Nurse Q/A hospital) made entries on nursing notes 6<sup>th</sup>/9<sup>th</sup> October 1998 re nursing issues.

Pauline MUNDY (Hospital Social Worker) Produced client notification and assessment forms. Did not actually see the patient.

Interview Transcript Dr Jane BARTON 0918hrs – 1452hrs 19<sup>th</sup> April 2006 + copies of documentary exhibits referred to within the interview.

Elsie LAVENDER.

Ewenda PETERS. (General Practitioner) Details Mrs LAVENDER's medical history particularly of Diabetes since 1982. Also suffered irregular heartbeat, overweight, swollen ankles, heart failure, impaired vision, chronic bronchitis in 1995 and admitted to Haslar Hospital with a stroke in February 1996.

Walter MELIA (Consultant Physician/ Gastroenterologist Haslar Hospital) commented that Mr LAVENDER had been a diabetic for many years saw the patient on 8<sup>th</sup> February 1996 suffering from a diabetic condition. Suffered painful shoulders from a fall for which she was admitted and was prescribed an analgesic.

Patrick CONNOR (Consultant Physician) comments that Mrs LAVENDER was admitted on 5<sup>th</sup> February 1996 following a fall on stairs and suffering pain to her to her shoulder and a laceration to her head. At 2150hrs the same day Dr CONNOR order two hourly blood sugar levels to be taken and hourly neuro-observations.

Rodney TAYLOR (Consultant Physician and Gastroenterologist) General background re admissions procedure and appraisal of the care afforded to Mrs LAVENDER at Royal Naval Hospital Haslar before her transfer to Daedalus War at Gosport War memorial Hospital. She was registered blind and diabetic admitted following a fall at home. After examination it was believed she had suffered a small brain stem stroke which had caused her to collapse, she needed stitches as a result of the fall. She was stabilised medically and accepted she was not able to go home. She was stabilised then referred and accepted for continuing care by GWMH.

Simon HAMBLING (General Practitioner) Saw Mrs LAVENDER variously between the 6<sup>th</sup> February 1996 and 16<sup>th</sup> February 1996 general medical note entries, describes as a frail elderly lady who had significant medical problems suffered a fall, was admitted and stabilised and transferred for continuing care.

Clare ATKINSON (Senior House Haslar Hospital) Wrote to consultant elderly medicine on 13<sup>th</sup> February 1996 summarising patients condition and asking for opinion further entries dating to 21<sup>st</sup> February 1996. Describes Mrs LAVENDER as an 83 year old woman with several significant medical problems, Dr ATKINSONS involvement was with regards to her diabetes and mobility, transferred to GWMH for rehabilitation.

Jane TANDY (Consultant Geriatrician) Reviewed Mrs LAVENDERS condition 16<sup>th</sup> February 1996 making detailed medical note entry and referring her to

Daedalus Ward GWMH. Then wrote to Surgeon Commander TAYLOR on 20<sup>th</sup> February 1996 detailing her findings and transfer recommendation to GWMH.

Christopher YATES. (Detective Constable) Produces transcript of taped interviews with Dr BARTON of 24<sup>th</sup> March 2006)

William EDMONDSTONE. (Consultant Physician) Negative statement.

Leslie PITTOCK.

Rosemary BAYLY (Locum Registrar Psychogeriatrics GWMH) under Dr BANKS in 1996. Penned detailed discharge letter from Mulberry Ward 8<sup>th</sup> November 1995 to GP Dr ASBRIDGE highlighting Mr PITTOCKS depression. Mr PITTOCK readmitted to Mulberry Ward 13<sup>th</sup> December 1995 following depressive deterioration. Dr BAYLY details care throughout December 2005 until 3<sup>rd</sup> January 1996 when he was transferred to the elderly care ward.

John ALLEN (Nurse elderly mental health) Review Mr PITTOCKS behaviour September 1995.

Janet DAOUD (Consultant in old age psychiatry) Reviewed Mr PITTOCK on 20<sup>th</sup> December 1995. Reported decreased mobility, displaying Parkinson features and depressed. Prescribed Thioridazine an anti-psychotic and Procyclidine an anti cholinergic.

Christopher YATES (Detective Constable) Seized cremation certificate.

Christopher YATES (Detective Constable) Produces transcribed taped interviews of Dr BARTON of 3<sup>rd</sup> March 2005.

**Code A**

D.M.WILLIAMS.  
Detective Superintendent 7227.  
Operation ROCHESTER.  
22<sup>ND</sup> August 2006.









# HAMPSHIRE CONSTABULARY

## RESTRICTED FOR POLICE AND PROSECUTION ONLY (WHEN COMPLETE)

### FURTHER EVIDENCE/INFORMATION REPORT

URN				
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To:- Crown Prosecution Service

Office

R v Gosport War Memorial Hospital (Wilson)

Next Court date at

Offences

#### Submitted as indicated:

Compensation form(s)	<input type="checkbox"/>	Proceedings outstanding further information (as below)	<input type="checkbox"/>
Case File Information form	<input type="checkbox"/>	Receipts/estimates re compensation claim	<input type="checkbox"/>
Conviction memorandum (certified copy)	<input type="checkbox"/>	Record(s) of interview	<input checked="" type="checkbox"/>
Custody Record (copy)	<input type="checkbox"/>	Statement (copy) - witness	<input checked="" type="checkbox"/>
Custody Record - updated (copy)	<input type="checkbox"/>	Statement (original) - witness	<input type="checkbox"/>
Drink drive forms roadside/hospital/station procedure	<input type="checkbox"/>	Recorded evidence of interview of defendant(s)	<input type="checkbox"/>
DVLA printout	<input type="checkbox"/>	TICs schedule(s)	<input type="checkbox"/>
Exhibit List	<input type="checkbox"/>	Witness availability list updated	<input type="checkbox"/>
Exhibits (copy documents)	<input checked="" type="checkbox"/>	Witness - list of convictions/cautions	<input type="checkbox"/>
Medical Report/Surgeon's statement (copy)	<input type="checkbox"/>	Witness list	<input type="checkbox"/>
Previous convictions/cautions (defendants)	<input type="checkbox"/>	Other - specify:	<input type="checkbox"/>
Prisoner production copy Home Office order attached	<input type="checkbox"/>		

#### Further information/remarks (continue on separate sheet if necessary):

Attached are a further 5 statements regarding Robert WILSON. SHO's HEATLIE and GEEVES at QA Hospital. A further statement from Specialist Registrar Dr Ravindrane. Dr KNAPMAN a GP covering clinical assistant duties at GWMH, Nurse WEBB at QA Hospital and a social worker MUNDY including copies of exhibits PAM/RW/1 to PAM/RW/4 inclusive and a further seven interviews with Dr BARTON.

#### All documents indicated above are attached.

Officer in case	STEPHENSON	Rank	DS	Div. No./Wt No.	1212	Date	17/07/2006
Supervisor's name	WILLIAMS	Rank	D/SUPT	Div. No./Wt No.	7227	Date	17/07/2006

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C.51 1/99

Identification Ref. No.

PAM/RW/1

Court Exhibit No.

R - v -

DESCRIPTION HAMPSHIRE HEALTH AND SOCIAL CARE & HEALTH - SWIFT PROFILE NOTES REPORT

Time/Date Seized/Produced

26/4/06

Where Seized/Produced

MAJANT SOCIAL SERVICES

Seized/Produced by

PAULINE ANNE MUNDY

Signature

Code A

Incident/Crime No.

Major Incident Item No.

X 773

Laboratory Ref:



=====

Hampshire Health and Social Care & HEALTH - SWIFT  
Profile Notes Report

=====

1. Personal Details

-----

Swift ID: 433286  
Name: Wilson  
Robert  
Date of Birth: Code A  
Key Worker: Not Recorded  
Key Team: Far/Gos A&Op R&A Team  
Home Address: Dummy Address, ODUM MY

2. Profile Notes

-----

Note Date: 07-JUL-2005 Note Type: R&A note  
Created By: SSFG01GG Created Date: 07-JUL-2005  
Head Line: R/C to Detective John Murphy  
Note Details:-  
R/C to Detective John Murphy 07901 906043 Mobile Tel No.

He is requesting information as to who was the allocated Social Worker for Mr Wilson prior to his Death on the 18th October 1998. It is suggested by Detective Murphy that Mr Wilson went to Gosport War Memorial Hospital following his stay at QA's Hospital.

Action

Have advised Detective Murphy that it appears from the Dept's electronic records that Mr Wilson's case wasn't actually open or active to a Social Worker at the time of his Death - and Prior to the 18th October his case was being dealt with By Social Worker Dominic Beeck - but that Dominic belonged to a duty social work team and may have dealt with Mr Wilson's case as a Duty Case and therefore wouldn't necessarily have been involved long term. I also advised that it appears that Mr Wilson was transferred prior to his death to St Christophers Hospital for ongoing treatment and that his case was closed to QA's Social Work Team on the 13th October - five days before the Client's death. Also advised Detective Murphy that it doesn't appear electronically that Mr Wilson did go to GWM as there is nothing documented on the client's file but that he may not have been seen by a Social Worker there.

Detective Murphy requested information as to where Dominic Beeck is practicing now, and contact tel no for him. I have advised that my colleague suggested that he believes him to be working in Plymouth now - but further advised that as Social Workers we now have to register as Practicing Social Workers

Type:

Subject: 15/10/98 Authorised Closure  
File being sent, via courier, from QAH to Fareham

Beryl Neate  
Duty Clerk, QAH

Outcome: Not Recorded  
Significant Event: No Start Time: 11:09 End Time:

Note Date: 13-OCT-1998 Note Type: ACMS Contact Sheet  
Created By: Phase 3 Migration//CSHEETCreated Date: 13-OCT-1998  
Head Line: 13/10/98 10:55a.m.tel,SN Chapman  
Note Details:-  
Recorded By: Dominic Beeck

Recorded On: 1998-10-13

Type:

Subject: 13/10/98 10:55a.m.tel,SN Chapman

SN Chapman has 'phoned around the bed bureau for 'convalescence', and has been told that the client is too healthy -Barthel 7/20- for the available cont' care beds. This poses a problem given the lack of short stay NH placements, & the clients unsuitability for Part III.

SN Chapman feels that the client is improving, and this will be raised with Dr.Grunstein on the ward round today, to see if the client is suitable for a rehab bed.

Ward to contact this p.m.re: rehab.

Outcome: Not Recorded  
Significant Event: No Start Time: 10:55 End Time:

Note Date: 13-OCT-1998 Note Type: ACMS Contact Sheet  
Created By: Phase 3 Migration//CSHEETCreated Date: 13-OCT-1998  
Head Line: 13/10/98 4:05p.m.tel,Sister Clemow,(Dickens).  
Note Details:-  
Recorded By: Dominic Beeck

Recorded On: 1998-10-13

Type:

Subject: 13/10/98 4:05p.m.tel,Sister Clemow,(Dickens).

The client -despite his Barthel 7/20- has specialist nursing needs: he has very low protein, ulcerated skin, near liver failure, and has been extremely poorly.

Dr.Grunstein has recommended a 6 week cont' care stay at St.Christophers and he is to be transferred there tomorrow.

NFA:-case closed.

Outcome: Not Recorded  
Significant Event: No Start Time: 16:07 End Time:

Type:

Subject: 9 10 98..9.30hrs..t/c to ward..6626/6124..

Discussion with Sr. Clemo.

Mr. Wilson has been seen by Dr. Lushnat psychiatrist, who has diagnosed him to have early dementia, probably alcohol related. He is also suffering from depression.

Dr. Lushnat recommends that Mr. Wilson does not need specialist e.m.i. provision.

Sr. Clemo says that Mr. Wilsons' overall condition has much improved and that this is due to the fact that the alcohol levels in his blood are dropping. However he needs a high protein diet to enhance this improvement and she is concerned that if he returns to his own home he will not receive this.

He needs two to transfer and two to mobilise.

Sr. Clemo says that she has spoken to Mrs. Wilson and both her and her husband are adamantly against rest or nursing home provision.

Mrs. Wilson has been asked by the nursing staff to make contact with the dept social services at the hospital, she has said that yesterday and today she is busy and will be unable to come in.

Telephone wife at work.

Outcome: Not Recorded

Significant Event: No

Start Time: 09:51 End Time:

Note Date: 09-OCT-1998

Note Type: ACMS Contact Sheet

Created By: Phase 3 Migration//CSHEET Created Date: 09-OCT-1998

Head Line: 9 10 98..16.30 hrs.. Ward visit..

Note Details:-

Recorded By: Margaret Jackson

Recorded On: 1998-10-09

Type:

Subject: 9 10 98..16.30 hrs.. Ward visit..

Explained this to the family, and that the nursing staff will be discussing the situation with the doctors.

Pend Tues for update on situation.

Outcome: Not Recorded

Significant Event: No

Start Time: 16:58 End Time:

Note Date: 09-OCT-1998

Note Type: ACMS Contact Sheet

Created By: Phase 3 Migration//CSHEET Created Date: 09-OCT-1998

Head Line: 9 10 98..16.30hrs..Ward visit..

Note Details:-

Recorded By: Margaret Jackson

Recorded On: 1998-10-09

Type:

Subject: 9 10 98..16.30hrs..Ward visit..

Discussion with S/N..

Informed her that we do not provide short stay nursing home placements and tha

Significant Event: No Start Time: 10:02 End Time:

Note Date: 09-OCT-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 09-OCT-1998  
 Head Line: 9 10 98..9.50hrs.. t/c to wifes workplace. 01489 572275..  
 Note Details:-  
 Recorded By: Margaret Jackson

Recorded On: 1998-10-09

Type:

Subject: 9 10 98..9.50hrs.. t/c to wifes workplace. 01489 572275..

Mrs. Wilson will meet me on the ward at 2.30p.m to discuss her husbands`  
 needs on discharge.  
 Phone ward..

Outcome: Not Recorded  
 Significant Event: No Start Time: 09:55 End Time:

Note Date: 08-OCT-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 08-OCT-1998  
 Head Line: 08.10.98 10.45 t/c to ward - sister  
 Note Details:-  
 Recorded By: Neil Howarth

Recorded On: 1998-10-08

Type:

Subject: 08.10.98 10.45 t/c to ward - sister  
 Each time that the OT has been to assess Mr Wilson he has refused the  
 assessment. Explained to sister that if we are looking at nursing home then pa  
 nel will want an OT assessment. Said I would discuss the problem with Sandi An  
 ning and get back to the ward.

Outcome: Not Recorded  
 Significant Event: No Start Time: 10:45 End Time:

Note Date: 08-OCT-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 08-OCT-1998  
 Head Line: 08.10.98 14.00 t/c to Mrs Wilson  
 Note Details:-  
 Recorded By: Neil Howarth

Recorded On: 1998-10-08

Type:

Subject: 08.10.98 14.00 t/c to Mrs Wilson  
 Called to arrange an appointment to assess Mr Wilson. No reply.

Outcome: Not Recorded  
 Significant Event: No Start Time: 14:10 End Time:

Note Date: 08-OCT-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 08-OCT-1998  
 Head Line: 08.10.98 14.10 t/c to ward  
 Note Details:-  
 Recorded By: Neil Howarth

Subject: 1 10 98..16.15hrs..t/c to ward..6626..

Spoke to sister on duty who says that the pt. continues to be quite sleepy and withdrawn. He now has an i.v. in situ. as his fluid intake is not sufficient.

He needs two to transfer at this time, his barthel has gone down to 7 and his mts is around 5. Waterlow score is 18. I have requested an ot report and a health summary as sister feels he may need a nursing home placement in the long term. I have suggested that we may need the psychogeriatricians involved in his case in view of information I was given via a telephone call from the eldest son which I relayed to the sister today, and details of which are on the next contact sheet.

Sr. has observed that there is some friction between the client and his present wife, who appears to make Mr. Wilson very angry. There is also contact between the pt and his first wife who brings in his clothes and takes home his washing:

Outcome: Not Recorded

Significant Event: No

Start Time: 16:47 End Time:

Note Date: 01-OCT-1998

Note Type: ACMS Contact Sheet

Created By: Phase 3 Migration//CSHEET Created Date: 01-OCT-1998

Head Line: 1 10 98..4.50hrs..t/c from son this am.no. 01202 551348

Note Details:-

Recorded By: Margaret Jackson

Recorded On: 1998-10-01

Type:

Subject: 1 10 98..4.50hrs..t/c from son this am.no. 01202 551348

A Mr. Logan phoned to say that the pt. has 3 sons and 3 daughters who have no contact with their father due to his past behaviour to them and his history of alcohol abuse. The children of the family have all changed their surnames and are known as either Logan or Huttington. They are interested in the practical issues to do with him, but want no emotional involvement whatsoever. The eldest son Mr. Logan has not spoken to his father for ten years.

Mr. Logan said that his father has married for a second time and claims that the present Mrs. Logan also [redacted]. He suspects that she may be [redacted] [redacted] and I have asked the ward sister to observe the situation for this, e.g. her asking him to [redacted] etc. Mr. Logan also said he has heard from other members of his family that the present Mrs. Logan has said she doesn't want him to return to their accommodation which is a local authority property.

Mr. Logan says his father is of a naval background and may be best suited to a naval residential home if there may be one available in the area. I have said I would be in touch with Mr. Logan in due course.

Outcome: Not Recorded

Significant Event: No

Start Time: 16:59 End Time:

Note Date: 28-SEP-1998

Note Type: ACMS Contact Sheet

Created By: Phase 3 Migration//CSHEET Created Date: 28-SEP-1998

Head Line: 28 9 98..11.30hrs..t/c to ward..

Note Details:-

Recorded By: Margaret Jackson

Subject: 22/9/98 Ward visit to Mr Wilson.  
 Informed by ward Mr Wilson will be admitted so services are not required at present.

Outcome: Not Recorded  
 Significant Event: No Start Time: 13:58 End Time:

Note Date: 22-SEP-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 22-SEP-1998  
 Head Line: 22/9/98 T/C from S/N on A&E obs ward.  
 Note Details:-  
 Recorded By: Sarah Drake

Recorded On: 1998-09-22

Type:

Subject: 22/9/98 T/C from S/N on A&E obs ward.  
 Mr Wilson is not being admitted so a visit will be required.

Outcome: Not Recorded  
 Significant Event: No Start Time: 13:58 End Time:

Note Date: 22-SEP-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 22-SEP-1998  
 Head Line: 22/9/98 Ward visit to Mr Wilson.  
 Note Details:-  
 Recorded By: Sarah Drake

Recorded On: 1998-09-22

Type:

Subject: 22/9/98 Ward visit to Mr Wilson.  
 Mr Wilson is adamant that he wants to return home and will not consider residential care.  
 He is very unrealistic about his ability to cope.  
 His daughter and wife are on holiday until Sunday.  
 Mr Wilson accepted assistance with personal care am and pm but feels that his wife may return tomorrow.

Outcome: Not Recorded  
 Significant Event: No Start Time: 16:47 End Time:

Note Date: 22-SEP-1998 Note Type: ACMS Contact Sheet  
 Created By: Phase 3 Migration//CSHEET Created Date: 22-SEP-1998  
 Head Line: 22/9/98 T/C to ward. Spoke to S/N Churcher.  
 Note Details:-  
 Recorded By: Sarah Drake

Recorded On: 1998-09-22

Type:

Subject: 22/9/98 T/C to ward. Spoke to S/N Churcher.  
 Requested more information on Mr Wilson's ability to cope.  
 S/N is also concerned about this.  
 S/N said there is no medical reason to admit Mr Wilson.

Outcome: Not Recorded  
 Significant Event: No Start Time: 16:50 End Time:

Subject: 22/9/98 T/C from Mariel Smith.  
They have agreed funding. Explained that it will not be necessary as Mr Wilson  
has been admitted to Dickens ward.

Outcome: Not Recorded

Significant Event: No

Start Time: 16:56 End Time:

Note Date: 22-SEP-1998

Note Type: ACMS Contact Sheet

Created By: Phase 3 Migration//CSHEET Created Date: 22-SEP-1998

Head Line: 22/9/98 Closure Summary.

Note Details:-

Recorded By: Sarah Drake

Recorded On: 1998-09-22

Type:

Subject: 22/9/98 Closure Summary.

Mr Wilson was admitted with a fractured shoulder.

Prior to admission Mr Wilson was independent and received no services.

Due to Mr Wilson's inability to cope at home, he has been admitted to Dickens  
ward.

As no further services are required at this time, suggest NFA.

Outcome: Not Recorded

Significant Event: No

Start Time: 17:00 End Time:



C.51 1/99

Identification Ref. No. PAM 12w 12

Court Exhibit No.

R - v -

Description PANTOMOUTH CITY  
HAVANT SOCIAL SERVICES  
Department COURT NOTIFICATION  
form for ROBERT WILSON  
22/9/98

Time/Date Seized/Produced  
26/4/06

Where Seized/Produced  
HAVANT SOCIAL SERVICES

Seized/Produced by  
PANINE ANNE MINDY

Sig  **Code A**

Incident/Crime No.

Major Incident Item No. X 774

Laboratory Ref:



Box 06 - **Code A**



(Section 1/3) P.Gen.2

**SOCIAL SERVICES DEPARTMENT**

**CLIENT NOTIFICATION**

CONFIDENTIAL

N.B. Completion of shaded sections is essential

CLIENT SURNAME
CLIENT REFERENCE NO. <b>Code A</b>

**DATA PROTECTION ACT 1984 & ACCESS TO PERSONAL FILES ACT 1987**

Has this information been verified by the client and/or client's representative? Yes  No

Is client aware that information supplied on this form may be computerised and used for social work purposes and will only be disclosed on a confidential basis? Yes  No

**CLIENT DETAILS AND MEMBERS OF HOUSEHOLD**

✓ If client	Title	Surname	Forenames	Date of Birth	Sex	Relationship to Client	Employment School	Client Ref. No.
✓		<b>Code A</b>	<b>Code A</b>			<i>wife</i>		

Surname Alias(es): \_\_\_\_\_ Forename Alias(es): \_\_\_\_\_

ETHNIC ORIGIN		RELIGION		MAIN LANGUAGE	
Bangladeshi	BN	Buddhist	BU	Bengali	BE
Black African	BA	Christian	<u>CH</u>	Cantonese	CA
Black Caribbean	BC	Hindu	HI	English	<u>EN</u>
*Black Other	BD	Jewish	JE	Gujerati	GU
Chinese	CH	Muslim	MU	Hindi	HI
Indian	IN	Rastafarian	RA	Punjabi	PU
Pakistani	PA	Sikh	SI	Urdu	UR
White	<u>WH</u>	*Other	OT	Vietnamese	VI
Other	OT	None	NO	*Other European	OE
Refused to give information	XX	Refused to give information	XX	*Other	OT

Further Details (for use if selecting items marked with \*)

<b>CLIENT'S ADDRESS</b> <div style="font-size: 48px; text-align: center; padding: 20px;"><b>Code A</b></div>	<b>PREVIOUS ADDRESS</b> _____ _____ _____ _____	<b>CONTACT OFFICE</b> <u>36</u> Received by <i>W. Green</i> Date and time received Time <u>10:15</u> Day <u>22</u> Month <u>Sept</u> Year <u>98</u>
<b>REFERRER'S NAME AND ADDRESS</b> <div style="font-size: 48px; text-align: center; padding: 20px;"><b>Code A</b></div> Tel. No.: _____ Relationship to client: _____	<b>ADMIN. CHECK:</b> Previous known involvement <i>Not known to Forelaw SS</i> Office: _____ File Location: _____	At risk <input type="checkbox"/> Caution <input type="checkbox"/> No disclosure <input type="checkbox"/>

**LINK PERSON (if not living in clients household)**  
 Name: wife  
 Address: S/A  
 Tel. No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

G.P. Name: \_\_\_\_\_ **Code A**  
 Address: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_

OTHER AGENCIES INVOLVED					
	Name	Tel. No.		Name	Tel. No.
Housing			School		
Health Visitor			Other L.A.		
Hospital			NSPCC		
Police			DSS		
Probation			C.A.B.		
EWO			Other		
Cross reference to CR6a or b if necessary					

CHILD AND FAMILY THERAPY/HOSPITAL USE			
Ward/Clinic	Clinical Diagnosis	Admission Date	Discharge Date
<u>A/C</u>	<u>Fell over bike shoulder</u>	<u>27/9/95</u>	

NOTIFICATION DETAIL CODES		
SOURCE	REQUEST	PRESENTING PROBLEM
01 Primary Health Team	00 Not Relevant	00 Not Relevant
02 Hospital Team - In-Patients	02 Social Work Investigation/Assessment	01 Person at Risk
03 Hospital Team - Out/Day-Patients	03 Social Work Intervention/Treatment	02 Mental Disorder
04 Consultant Child Psychiatrist	04 ASW Assessment	03 Emotional Disturbance
05 Education Department/School	05 Supervisory Responsibilities	04 Social Relationships
06 School Psychological Service	08 Equipment Issue	05 Accommodation
07 Police	09 Adaptations	06 Homelessness
08 Court, Probation	10 Day Care	07 Finance/Material
09 Local Authority Housing Department	11 Residential/Substitute family care	08 Delinquency
10 Other Local Authority	12 Adoption - Advice	09 Behavioural Difficulties
11 Voluntary Organisations	13 Adoption - Undertake G.A.L. Duties	10 Social Isolation
12 D.S.S.	14 Application to become Foster Parent	12 Illness
13 Intra-Department	15 Investigation of Private Fostering	13 Other
14 Self	16 Registration (C.M., P.G.)	14 Inability to cope
15 Relative, Friend, Neighbour	17 Registration of Handicapped (all categories)	15 Sight Loss
16 Other	18 Admission to Psychiatric Hospital	16 Hearing Loss
17 H.M. Forces	19 Psychiatric Regrading	17 Other physical disability
	20 After-Care/Convalescence	18 Child Protection
	21 Other	21 Detained Juvenile
	22 Financial help	22 Client Absconded
	23 Disabled Driver's Badge	
	24 Domiciliary Support	
	25 O.T. Assessment	
	26 Offer of Child for Adoption	
	27 Request to adopt. 1983 Adoption Agency Regs	
	28 Adoption - Welfare Supervision	
	29 Adult Placement - Request to become a Carer	
	30 Post Adoption Section 51	
	31 Education Statement D.P.A. 1986	
	32 Link Family Application	
	33 Multi Disciplinary Assessment	
	34 Act as Appropriate Adult	
	35 Information/Advice	
	36 Advocacy	
	37 Carer's Assessment	

COMPUTER INPUT (I)		
File Location	Date	Initials
	<u>24/9/95</u>	<b>Code A</b>

NEEDS IDENTIFIED

T/c from s/n Harrison

Mr Wilson admitted yesterday evening after falling over & fracturing (h) shoulder.

He is in # clinic at present has wife but she is away for a week. is unable to dress but may need help with washing & dressing will be returning home today

FURTHER ACTION

Agreed DSW to see in A/E this morning

Duty Manager \_\_\_\_\_

IS THIS A CHILD PROTECTION REFERRAL?

YES  NO  NOT SURE

YES or NOT SURE discuss with Duty Manager immediately and TOGETHER refer the CHILD PROTECTION QUALITY ASSURANCE DOCUMENT.

Time  :

\*Management Check: if No please Justify:

\_\_\_\_\_

Signed: \_\_\_\_\_ Duty Manager

MANAGEMENT DECISION RE: NEEDS IDENTIFIED

REASON NOTIFICATION PENDING	ALLOCATION DECISION	DATE OF NOTIFICATION DECISION												
01 Awaiting Allocation Meeting	01 Allocated	Day <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/>												
02 Awaiting Further Information	02 Review	<table border="1"> <thead> <tr> <th colspan="3">COMPUTER INPUT (2)</th> </tr> <tr> <th>File Location</th> <th>Date</th> <th>Initials</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	COMPUTER INPUT (2)			File Location	Date	Initials						
COMPUTER INPUT (2)														
File Location	Date		Initials											
03 No Staff Available	03 Area Caseload													
04 Further work required by Duty Team	05 Not Allocated - Resolved													
05 Pending Panel Forum	06 Not Allocated - No Resources/Time													
06 Awaiting Manager's Decision	07 Not Allocated - Inappropriate Referral													
If your office wishes to use this, please contact Information Systems Support Team who will input values to code table.	08 Not Allocated - Other													
	09 Not Allocated - Advice given													



# Hampshire County Council

Social Services

**PERMISSION TO SHARE FORM**

In order for us to offer a service based on your particular needs, it may be necessary for this department to liaise with other agencies to gather and share relevant information. We would like your permission to do so.

<p><b>SSD REF:</b> <span style="border: 1px dashed black; padding: 2px;">Code A</span></p> <p><b>Name:</b> Mr Robert Wilson</p> <p><b>Address:</b> <span style="border: 1px dashed black; padding: 20px 10px 20px 10px; display: inline-block; vertical-align: middle;">Code A</span></p> <p><b>Post Code:</b></p> <p><b>Telephone (Day):</b></p> <p><b>(Evening):</b></p>	<p><b>NRC REF:</b></p> <p><b>HEALTH REF:</b></p> <p><b>Gender:</b> M</p> <p><b>Lives Alone:</b> N</p> <p><b>Details Confidential:</b></p>
--	--

Please circle the Y in the boxes for the agencies you are happy for us to consult.

GP/Hospital	<input checked="" type="checkbox"/>	Police/Probation	<input checked="" type="checkbox"/>
Housing Department	<input checked="" type="checkbox"/>	Other SSD's	<input checked="" type="checkbox"/>
DSS	<input checked="" type="checkbox"/>	Independent Providers	<input checked="" type="checkbox"/>
Education	<input checked="" type="checkbox"/>	NSPCC	<input checked="" type="checkbox"/>

**Other Agencies or members of your family**  
 (Please Specify): *Mr Wilson gave us verbal consent to contact others as required (unable to sign)*

You may write to Social Services at any time withdrawing your permission for us to share information with other agencies.

**Contact Address:** The Area Manager  
 Sw Dept  
 Southwick Hill Road  
 Cosham, Portsmouth

**Post Code:** PO6 3LY **Telephone:** 01705 286421

**Social Worker/Care Manager:** ..... **Telephone:** .....

**Client or Representative's Signature:** .....

**Date:** *22/9/98* .....

**For Official Use Only**



**SOCIAL SERVICES DEPARTMENT**

**ELIGIBILITY CRITERIA SCREENING FORM**

Application of Eligibility Criteria	Comments
<p><b>Category One</b></p> <ul style="list-style-type: none"> <li>• Anyone whose physical, mental or emotional problems mean they are a risk to themselves or others. <input checked="" type="checkbox"/></li> <li>• Anyone whose physical, mental or emotional state would markedly worsen, or who would need any residential care, without immediate help. <input type="checkbox"/></li> <li>• Anyone faced with immediate severe problems because of family breakdown. <input type="checkbox"/></li> <li>• Anyone whose development has been seriously impaired by abuse, neglect or lack of stimulation. <input type="checkbox"/></li> </ul> <p><b>Category Two</b></p> <ul style="list-style-type: none"> <li>• Anyone who may become a risk to themselves or others if they do not get help. <input type="checkbox"/></li> <li>• Anyone whose independence is greatly reduced because they are ill or have physical mental or emotional difficulties. <input type="checkbox"/></li> <li>• Anyone who has social or emotional problems caused by such factors as a major upheaval in their life, substance addiction, isolation, or lack of stimulation. <input type="checkbox"/></li> </ul> <p><b>Category Three</b></p> <ul style="list-style-type: none"> <li>• Anyone who is not at risk, nor having severe difficulties, but whose ability to cope would be increased if they had help. <input type="checkbox"/></li> <li>• Anyone for whom help would prevent any difficulties getting worse. <input type="checkbox"/></li> </ul>	

**Team Manager's Comments:**

	YES	NO
1. Is a move into a nursing or residential home being actively considered?		/
2. Is anyone in danger of serious physical or emotional harm in their present situation?		/
3. Is it clear that the person has complex needs, which requires package of care services?	/	
4. Is the person dependent on a carer whose willingness or ability to care has broken down?		/
5. Has the carer got serious/complex needs of her own which might not be recognised unless assessed separately?		/

If the answer to any question above is "yes" then it is likely that an assessment is required and that they fall in Eligibility Criteria Category One.

If the answer to questions 1, 2, 3, 6, or 8 is "YES", then the individual is likely to be in an 'At Risk' situation.

\*Delete where appropriate

Risk Assessment		YES	NO	DON'T KNOW
1.	Is the person without anyone living nearby whom they can rely on/call for help in an emergency?	/		
2.	Does the person have a history of falls or a fear of falling?			/
3.	If there is a friend/relative who makes a substantial contribution to care, is this carer under physical or emotional strain/wishing to withdraw/in conflict with the person?*			/
4.	Has the person within the last two years:			
	a) Lost someone they cared about through death, moving, or placement in residential or other long term care?			/
	b) Been in hospital - psychiatric/general?*			/
	c) Given up their accommodation and moved in with family/friends or others?			/
5.	Is the person unable to get outdoors on their own - with/without aid?*		/	
6.	a) Is the person confused/forgetful/have delusions or hallucinations/mood changes/bizarre behaviour?*		/	
	b) If yes does this put them or others at risk?			
7.	Do you think the person has problems with incontinence/personal hygiene?*	/		
	Please specify:			
8.	Is the person failing to take care of them in important ways, i.e. personal care/eating properly/keeping warm/taking medication.	/		
	Please specify:			
9.	Does the person need any more help during the day, evening or night?	/		
	Please specify:			
10.	Is the person's hearing unsatisfactory even with a hearing aid?		/	
11.	Is the person's sight unsatisfactory even with glasses?		/	
12.	Is the person caring for someone else?		/	

Signed: ..... **Code A** ..... Care Manager

Date: ..... 22/9/98 .....



C.51 1/99

Identification Ref. No. PAM/RW/3

Court Exhibit No.

R - v -

Description Portsmouth City Council  
social services department  
client notification form for  
Robert Wilson 24/9/78

Time/Date Seized/Produced  
26/4/06

Where Seized/Produced  
HASANT SOCIAL SERVICES

Seized/Produced by  
PAN LIME ARIE MUNDY

Signed **Code A**

Incident/Crime No.

Major Incident Item No. X775

Laboratory Ref:

Code A

Bx06

(Section 1/3) P.Gen.2



SOCIAL SERVICES DEPARTMENT

CLIENT NOTIFICATION

CONFIDENTIAL

N.B. Completion of shaded sections is essential

CLIENT SURNAME
CLIENT REFERENCE NO.
<b>Code A</b>

DATA PROTECTION ACT 1984 & ACCESS TO PERSONAL FILES ACT 1987

Has this information been verified by the client and/or client's representative? Yes  No

Is client aware that information supplied on this form may be computerised and used for social work purposes and will only be disclosed on a confidential basis? Yes  No

CLIENT DETAILS AND MEMBERS OF HOUSEHOLD

✓ If client	Title	Surname	Forenames	Date of Birth	Sex	Relationship to Client	Employment School	Client Ref. No.
✓	Wife	<b>Code A</b>				<b>Wife</b>		

Surname Alias(es): \_\_\_\_\_ Forename Alias(es): \_\_\_\_\_

ETHNIC ORIGIN		RELIGION		MAIN LANGUAGE	
Bangladeshi	BN	Buddhist	BU	Bengali	BE
Black African	BA	Christian	<b>CH</b>	Cantonese	CA
Black Caribbean	BC	Hindu	HI	English	<b>EN</b>
*Black Other	BD	Jewish	JE	Gujerati	GU
Chinese	CH	Muslim	MU	Hindi	HI
Indian	IN	Rastafarian	RA	Punjabi	PU
Pakistani	PA	Sikh	SI	Urdu	UR
White	<b>WH</b>	*Other	OT	Vietnamese	VI
*Other	OT	None	NO	*Other European	OE
Refused to give information	XX	Refused to give information	XX	*Other	OT

Further Details (for use if selecting items marked with \*)

CLIENT'S ADDRESS	PREVIOUS ADDRESS	CONTACT OFFICE <b>36</b>
<b>Code A</b>	Received by <i>W. Taylor</i>	Date and time received
	Time <b>10:45</b>	Day <b>24</b> Month <b>Self</b> Year <b>98</b>
	REFERRER'S NAME AND ADDRESS	ADMIN. CHECK:
<b>Code A</b>	At risk <input type="checkbox"/>	Previous known involvement
	Caution <input type="checkbox"/>	Office: <i>F10</i>
	No disclosure <input type="checkbox"/>	File Location: <i>W. Taylor</i>
Tel. No.:	Relationship to client:	



Batfel 7

NEEDS IDENTIFIED

T/c from Sister Chemo Dickers

Mr Wilson admitted with # (h) hernias.

Starting to mobilise. Needs help with washing & dressing Continent.

lives with wife

Arm will take 6 weeks to heal  
 Has been referred to OT for assessment  
 ? Care package or rest home placement until # heals

FURTHER ACTION

Full assessment requested  
 file for alloc

Duty Manager \_\_\_\_\_

IS THIS A CHILD PROTECTION REFERRAL?

YES

NO

NOT SURE

If YES or NOT SURE discuss with Duty Manager immediately

Time  :

and TOGETHER refer the CHILD PROTECTION QUALITY ASSURANCE DOCUMENT.

\*Management Check: if No please Justify:

Signed: \_\_\_\_\_

Duty Manager

MANAGEMENT DECISION RE: NEEDS IDENTIFIED

REASON NOTIFICATION PENDING	ALLOCATION DECISION	DATE OF NOTIFICATION DECISION
01 Awaiting Allocation Meeting	01 Allocated.	Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>
02 Awaiting Further Information	02 Review	COMPUTER INPUT (2)
03 No Staff Available	03 Area Caseload	
04 Further work required by Duty Team	05 Not Allocated - Resolved	File Location
05 Pending Panel Forum	06 Not Allocated - No Resources/Time	Date
06 Awaiting Manager's Decision	07 Not Allocated - Inappropriate Referral	Initials
<small>If your office wishes to use this, please contact Information Systems Support Team who will input values to code table.</small>	08 Not Allocated - Other	
	09 Not Allocated - Advice given	

**Code A**

**Code A**

LINK PERSON (if not living in clients household)

Name: WIFE

Address: WIFE

Tel. No.: \_\_\_\_\_ Relationship: WIFE

**Code A**

**Code A**

G.P. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

**Code A**

**OTHER AGENCIES INVOLVED**

Name	Tel. No.	Name	Tel. No.
Housing		School	
Health Visitor		Other LA.	
Hospital		NSPCC	
Police		DSS	
Probation		C.A.B.	
EWO		Other	
Cross reference to CR6a or b if necessary			

**CHILD AND FAMILY THERAPY/HOSPITAL USE**

Ward/Clinic	Clinical Diagnosis	Admission Date	Discharge Date
<u>4/10/88</u>	<u>depressed</u> <u># 12 humans</u>	<u>22/9/98</u>	

**NOTIFICATION DETAIL CODES**

SOURCE	REQUEST	PRESENTING PROBLEM
01 Primary Health Team	00 Not Relevant	00 Not Relevant
02 Hospital Team - In-Patients	02 Social Work Investigation/Assessment	01 Person at Risk
03 Hospital Team - Out/Day-Patients	03 Social Work Intervention/Treatment	02 Mental Disorder
04 Consultant Child Psychiatrist	04 ASW Assessment	03 Emotional Disturbance
05 Education Department/School	05 Supervisory Responsibilities	04 Social Relationships
06 School Psychological Service	08 Equipment Issue	05 Accommodation
07 Police	09 Adaptations	06 Homelessness
08 Court, Probation	10 Day Care	07 Finance/Material
09 Local Authority Housing Department	11 Residential/Substitute family care	08 Delinquency
10 Other Local Authority	12 Adoption - Advice	09 Behavioural Difficulties
11 Voluntary Organisations	13 Adoption - Undertake G.A.L. Duties	10 Social Isolation
12 D.S.S.	14 Application to become Foster Parent	12 Illness
13 Intra-Department	15 Investigation of Private Fostering	13 Other
14 Self	16 Registration (C.M. P.G.)	14 Inability to cope
15 Relative, Friend, Neighbour	17 Registration of Handicapped (all categories)	15 Sight Loss
16 Other	18 Admission to Psychiatric Hospital	16 Hearing Loss
17 H.M. Forces	19 Psychiatric Regrading	17 Other physical disability
	20 After-Care/Convalescence	18 Child Protection
	21 Other	21 Detained Juvenile
	22 Financial help	22 Client Absconded
	23 Disabled Driver's Badge	
	24 Domiciliary Support	
	25 O.T. Assessment	
	26 Offer of Child for Adoption	
	27 Request to adopt. 1983 Adoption Agency Regs	
	28 Adoption - Welfare Supervision	
	29 Adult Placement - Request to become a Carer	
	30 Post Adoption Section 51	
	31 Education Statement D.P.A. 1986	
	32 Link Family Application	
	33 Multi Disciplinary Assessment	
	34 Act as Appropriate Adult	
	35 Information/Advice	
	36 Advocacy	
	37 Carer's Assessment	

**METHOD**

- 01 Officer Caller
- 02 Telephone (Internal or External)
- 03 Letter, Note
- 04 Automatic Notification
- 05 Meeting (Formal or Informal)
- 06 Other

**COMPUTER INPUT(I)**

File Location	Date	Initials
	<u>24/9/88</u>	<u>Code A</u>

V01  
From: SS01HB --HANTSCC

NOTE  
Date and time 28/10/98 10:42:57

Client File for Action: Y000034396 Wilson Robert

Covering Note

Bernice, papers for storage as client transferred to St.  
Christophers.  
Many thanks  
Heather

Press the Process key (normally F7) to view and/or process the form

Command ==>  
F1=Diary F2=File F3=Keep F4=Erase F5=Forward F6=Reply F7=Process  
F8=Print F9=Help/Do F10=Next F11=Previous F12=End F16=Comment F22=Bot  
F23=Top

Area

PORTSMOUTH HEALTHCARE NHS TRUST

OCCUPATIONAL THERAPY DEPARTMENT      CARE MANAGEMENT ASSESSMENT

Name: Robert Wilson

Date Admitted: 22.9.98

Address:

**Code A**

Date Referred: 30.9.98

DOB:

Date of Assessment: 9.10.98

Hospital Number:

**Code A**

Barthel on Assessment 5

M.T.S:

Ward: Dickens

Consultant: JA Grunstein

GP/Address: Durrant, Brook Lane

Diagnosis: # (1) Humerus ; RPMH: Alcohol abuse.

MOBILITY	<i>Independent</i>	<i>Independent with aid</i>	<i>With aid and 1 person</i>	<i>With aid and 2 people</i>	<i>Immobile</i>
				✓	

TRANSFERS	<i>Independent</i>	<i>Supervision</i>	<i>Assistance of one</i>	<i>Assistance of two</i>	<i>Hoist</i>
Chair			✓	✓	
Bed			✓	✓	
Toilet			✓	✓	

SELF-CARE	<i>Independent</i>	<i>Verbal prompting</i>	<i>Assistance of one</i>	<i>Assistance of two</i>	<i>Bed/Bath</i>
Washing				✓	
Dressing				✓	n/a

FEEDING	<i>Independent</i>	<i>Assistance with cutlery</i>	<i>Dependent</i>
		✓	

**SPECIALIST REQUIREMENTS:**

Catheterised - dependent for management.

High protein diet & drinks

Pressure care.

**EVALUATION:**

Assessment of Mr. Wilson was carried out within his compliance limitations, and was confined to a partial performance of personal care. However, multi-disciplinary notes show that Mr. Wilson requires help with all activities of daily living, generally by two people.

Mr. Wilson's conception of discharge home is totally unrealistic. He has a collar & cuff in situ on his (L) arm which is very oedematous and

Signature:

Copies to: O.T. , S/W , Medical Notes

R10

FOR O.T. USE ONLY

Outcome on Discharge:

Rest Home ,

High Dependency ,

Dual Registered ,

Nursing Home ,

Cont. Care Ward ,

Home

at risk of further injury.

Mr. Wilson has been assessed by the psycho-genetician as having STM impairment, possibly alcohol related, and depression which is being addressed.

Mr. Wilson is presently too at risk to be managed at home, therefore placement is recommended.

A SW assessment is required.

**Code A**

0101174

If the answer to questions 1, 2, 3, 6, or 8 is "YES", then the individual is likely to be in an 'At Risk' situation.

\*Delete where appropriate

Risk Assessment		YES	NO	DON'T KNOW
1.	Is the person without anyone living nearby whom they can rely on/call for help in an emergency?		/	
2.	Does the person have a history of falls or a fear of falling?	/		
3.	If there is a friend/relative who makes a substantial contribution to care, is this carer under physical or emotional strain/wishing to withdraw/in conflict with the person?*			/
4.	Has the person within the last two years:			/
	a) Lost someone they cared about through death, moving, or placement in residential or other long term care?			/
	b) Been in hospital - psychiatric/general?*			/
	c) Given up their accommodation and moved in with family/friends or others?			/
5.	Is the person unable to get outdoors on their own - with/without aid?*	/		
6.	a) Is the person confused/forgetful/have delusions or hallucinations/mood changes/bizarre behaviour?*		/	
	b) If yes does this put them or others at risk?			
7.	Do you think the person has problems with incontinence/personal hygiene?*	/		
	Please specify:			
8.	Is the person failing to take care of them in important ways, i.e. personal care/eating properly/keeping warm/taking medication. Please specify:	/		
9.	Does the person need any more help during the day, evening or night? Please specify:	/		
10.	Is the person's hearing unsatisfactory even with a hearing aid?		/	
11.	Is the person's sight unsatisfactory even with glasses?		/	
12.	Is the person caring for someone else?		/	

**Code A**

Signed: ..... Care Manager

Date: ..... 24/9/98



**SOCIAL SERVICES DEPARTMENT**

**ELIGIBILITY CRITERIA SCREENING FORM**

Application of Eligibility Criteria	Comments
<p><b>Category One</b></p> <ul style="list-style-type: none"> <li>• Anyone whose physical, mental or emotional problems mean they are a risk to themselves or others. <input checked="" type="checkbox"/></li> <li>• Anyone whose physical, mental or emotional state would markedly worsen, or who would need any residential care, without immediate help. <input type="checkbox"/></li> <li>• Anyone faced with immediate severe problems because of family breakdown. <input type="checkbox"/></li> <li>• Anyone whose development has been seriously impaired by abuse, neglect or lack of stimulation. <input type="checkbox"/></li> </ul> <p><b>Category Two</b></p> <ul style="list-style-type: none"> <li>• Anyone who may become a risk to themselves or others if they do not get help. <input type="checkbox"/></li> <li>• Anyone whose independence is greatly reduced because they are ill or have physical mental or emotional difficulties. <input type="checkbox"/></li> <li>• Anyone who has social or emotional problems caused by such factors as a major upheaval in their life, substance addiction, isolation, or lack of stimulation. <input type="checkbox"/></li> </ul> <p><b>Category Three</b></p> <ul style="list-style-type: none"> <li>• Anyone who is not at risk, nor having severe difficulties, but whose ability to cope would be increased if they had help. <input type="checkbox"/></li> <li>• Anyone for whom help would prevent any difficulties getting worse. <input type="checkbox"/></li> </ul>	

**Team Manager's Comments:**

	YES	NO
1. Is a move into a nursing or residential home being actively considered?	✓	
2. Is anyone in danger of serious physical or emotional harm in their present situation?		/
3. Is it clear that the person has complex needs, which requires package of care services?	✓	
4. Is the person dependent on a carer whose willingness or ability to care has broken down?		/
5. Has the carer got serious/complex needs of her own which might not be recognised unless assessed separately?		/

If the answer to any question above is "yes" then it is likely that an assessment is required and that they fall in Eligibility Criteria Category One.

## VIEW THE NOTE

Subject: 13/10/98 Case closure summary.

The client has been independent and self caring and living with his wife, prior to admission 22/9/98 to A+E with a #L.humerous. At the point of the A+E assessment this dept, and the SN dealing felt that admission would be appropriate, as the client was vomiting, and he was transferred from A+E to Dickens ward that same day.

On Dickens ward the consultant felt that the need is for ongoing consultant treatment, and to this end he is to be transferred to St.Christophers for a 6week period of cont' care, in the hope that his manifest health needs can be resolved.

NFA:-case closure.

8 Print F9 Help F10 Down F11 Up F12 Return



VIEW THE NOTE

Subject: 15/10/98 Authorised Closure  
File being sent, via courier, from QAH to Fareham

Beryl Neate  
Duty Clerk, QAH

3 Print F9 Help F10 Down F11 Up F12 Return



C.51 1/99

Identification Ref. No.

PAM 12W 14

Court Exhibit No.

R - v -

Description of Hampshire Constabulary

Council Service Services

ACMS Full Assessment Form for

Robert Wilson 9/10/98

Time/Date Seized/Produced

26/4/06

Where Seized/Produced

Havant Service

Services

Seized/Produced by

PAN LANE ANNE MUNDY

Code A

Incident/Crime No.

Major Incident Item No.

X776

Laboratory Ref:

**ACMS Full Assessment**

**Mr Robert Wilson**

Dummy Address  
ODUM MY

**SSD Ref: 433286**

**Responsible worker:** Mrs Margaret Jackson

**Address:**

**Start date:** 09 October 1998

**End date:** 09 October 1998

**Authorised by:**

**1. Your assessment**

**Risk Factors**

**Description of Risk Factors**

At the time of assessment Mr. Wilson is cat. one and totally dependent due to his arm being fractured in two places and his limbs being grossly oedematous due to poor nutrition from the alcohol abuse. He is also not mobile and needs two to transfer at this time. This should improve.

**Accommodation**

**Description of Accommodation**

Client lives with his wife in a local authority house.

**Phys Health/Sensory Ability**

**Description of Physical Health/Activity/Sensory Ability**

Mr. Wilson describes his health as excellent up to this fall. However there is evidence to suggest he was suffering from malnutrition.

**Mental Health**

**Description of Mental Health**

At time of assessment Mr. Wilson is suffering depression

Mr Robert Wilson

SSD Ref: 433286

### Medication

#### **Description of Medication**

Not discussed, client would be capable of management if not drinking.

### Relationships

#### **Description of Relationships**

Mrs. Wilson appears to resent Mr. Wilson's previous family and sees their involvement as interference.

### Relig/Culture/Ethnic Backgrd

#### **Description of Religion/Culture/Ethnic Background**

White christian english speaking.

### Finance/Employmt/Educ/Leisure

#### **Description of Finance/Employment/Education/Leisure**

Mr. Wilson states he is only in receipt of the state pension, but is quite open about having a naval background. When questioned re a naval pension denied this existed.

### Substance Misuse

#### **Description of Substance Misuse**

Self admitting alcohol abuser.

### Dietary Needs

#### **Description of Dietary Needs**

Needs a high protein diet at this time to compensate for malnutrition due to alcohol abuse.

### Objectives

#### **Description of Objectives**

To provide Mr. Wilson with appropriate care until such time that he is able to be physically independent.

### Workplan

#### **Description of Workplan**

Client would be at risk if he were to return to his own home at this time and understands this. Social worker has discussed the possibility of convalescent care with the medical staff.

Mr Robert Wilson

SSD Ref: 433286

## 2. Statement of Needs

These are the needs that have been identified during this assessment.

Need	Priority	Date identified
<b>Help adjusting to life changes</b> Risk Factors		09 October 1998
<b>Reduction of risk of harm to self</b> Risk Factors		09 October 1998
<b>Adjusting to new life circumstances</b> Physical Health		09 October 1998
<b>Mobility, access, transfer</b> Physical Health		09 October 1998
<b>Diet, nutrition, weight</b> Physical Health		09 October 1998
<b>General health related difficulties</b> Physical Health		09 October 1998
<b>Manage swings/anxiety/depression</b> Mental Health		09 October 1998
<b>Managing risk to self</b> Mental Health		09 October 1998

Mr Robert Wilson

SSD Ref: 433286

**3. Signatures**

1. I agree that I have been involved in the assessment of my needs and I have received a copy of this Assessment.

I do / do not \* agree

If not, because .....

.....

.....

2. I do / do not \* agree that the information in my assessment can be shared with my representatives and / or professional staff.

Name: R Wilson

Signature: ..... Date: / /

**or Carer/Representative:**

Name: .....

Signature: ..... Date: / /

**Practitioner:**

Name: M Jackson

Signature: ..... Date: / /



**Hampshire**  
County Council

**Social Services**

**ACMS Referral and Initial Assessment**

**Mr Robert Wilson**

Dummy Address  
ODUM MY

**SSD Ref: 433286**

**Responsible worker:**

**Address:**

**Start date:** 24 September 1998

**End date:** 24 September 1998

**Authorised by:**

**1. Your assessment**

**Risk Assessment**

**Is the person without anyone living nearby whom they can rely on/call for help in an emergency?**

N

**Does the person have a history of falls or a fear of falling?**

Y

**Is the person unable to get outdoors on their own with aid?**

Y

**Is the person unable to get outdoors on their own without aid?**

Y

**Does the person seem confused?**

N

**Does the person seem forgetful?**

N

**Does the person have delusions or hallucinations?**

N

Mr Robert Wilson

SSD Ref: 433286

Does the person have mood changes?

N

Does the person exhibit bizarre behaviour?

N

Do you think the person has problems with incontinence?

Y

Do you think the person has problems with personal hygiene?

Y

Is the person failing to take care of themselves in important ways i.e. personal care/eating properly/keeping warm/taking medication?

Y

Does the person need any more help during the day/evening/night?

Y

Is the person's hearing unsatisfactory even with a hearing aid?

N

Is the person's sight unsatisfactory even with glasses?

N

Is the person caring for someone else?

N

### Summary of Circumstances

#### **Brief Summary of Circumstances**

Taken by L Hay, duty manager. Typed by A Mallows, duty clerk Admitted to Dickens Ward on 22.9.98 Diagnosis: Fractured left humerus, alcohol problems Barthel: 7 Mr Wilson admitted with fractured left humerus. Starting to mobilise. Needs help with washing and dressing. Continent. Lives with wife. Arm will take six weeks to heal. Has been referred to O.T. for assessment. ? care package or rest home placement until fracture heals.



Mr Robert Wilson

SSD Ref: 433286

**Further Action to be Taken**

**Further Action to be Taken**

Full assessment requested. File for allocation.

**2. Statement of Needs**

These are the needs that have been identified during this assessment.

None

**3. Signatures**

1. I agree that I have been involved in the assessment of my needs and I have received a copy of this Assessment.

I do / do not \* agree

If not, because .....

2. I do / do not \* agree that the information in my assessment can be shared with my representatives and / or professional staff.

Name: R Wilson

Signature: ..... Date: / /

**or Carer/Representative:**

Name: .....

Signature: ..... Date: / /

**Practitioner:**

Name:

Signature: ..... Date: / /

**Mr Robert Wilson**

**SSD Ref: 433286**

**INTENTIONALLY LEFT BLANK**



**Hampshire**  
County Council

**Social Services**

**ACMS Referral and Initial Assessment**

**Mr Robert Wilson**

Dummy Address  
ODUM MY

**SSD Ref: 433286**

**Responsible worker:**

**Address:**

**Start date:** 22 September 1998

**End date:** 22 September 1998

**Authorised by:**

**1. Your assessment**

**Risk Assessment**

**Is the person without anyone living nearby whom they can rely on/call for help in an emergency?**

Y

**Does the person have a history of falls or a fear of falling?**

N

**Is there a friend/relative who makes a substantial contribution to care?**

N

**Is this carer under physical strain?**

N

**Is this carer under emotional strain?**

N

**Is this carer wishing to withdraw?**

N

**Is this carer in conflict with the person?**

N

**Mr Robert Wilson**

**SSD Ref: 433286**

**Has the person within the last two years lost someone they cared about through death, moving, or placement in residential or other long term care?**

**N**

**Has the person within the last two years been in psychiatric hospital?**

**N**

**Has the person within the last two years been in general hospital?**

**N**

**Has the person within the last two years given up their accommodation and moved in with family/friends or others?**

**N**

**Is the person unable to get outdoors on their own with aid?**

**N**

**Is the person unable to get outdoors on their own without aid?**

**N**

**Does the person seem confused?**

**N**

**Does the person seem forgetful?**

**N**

**Does the person have delusions or hallucinations?**

**N**

**Does the person have mood changes?**

**N**

**Does the person exhibit bizarre behaviour?**

**N**

**If yes to any of these, does this put them or others at risk?**

**N**

Mr Robert Wilson

SSD Ref: 433286

Do you think the person has problems with incontinence?

Y

Do you think the person has problems with personal hygiene?

Y

Is the person failing to take care of themselves in important ways i.e. personal care/eating properly/keeping warm/taking medication?

Y

Does the person need any more help during the day/evening/night?

Y

Is the person's hearing unsatisfactory even with a hearing aid?

N

Is the person's sight unsatisfactory even with glasses?

N

Is the person caring for someone else?

N

### Summary of Circumstances

#### **Brief Summary of Circumstances**

Taken by Lindsey Hay (Duty Officer) Typed by Sheila McKeown (Duty Clerk) Ward: Accident & Emergency Admitted: 21.9.98. Diagnosis: fell over broke shoulder Tel call from Staff Nurse Harrison Mr Wilson admitted yesterday evening after falling over and fracturing left shoulder. He is in Fracture Clinic at present. Lives with wife but she is away for a week. Is mobilising but may need help with washing and dressing. Will be returning home today.

### Further Action to be Taken

#### **Further Action to be Taken**

Agreed Duty Social Worker to see in A/E Dept this morning

### 2. Statement of Needs

These are the needs that have been identified during this assessment.

None

Mr Robert Wilson

SSD Ref: 433286

**3. Signatures**

1. I agree that I have been involved in the assessment of my needs and I have received a copy of this Assessment.

I do / do not \* agree

If not, because .....

.....

.....

2. I do / do not \* agree that the information in my assessment can be shared with my representatives and / or professional staff.

Name: R Wilson

Signature: ..... Date: / /

**or Carer/Representative:**

Name: .....

Signature: ..... Date: / /

**Practitioner:**

Name:

Signature: ..... Date: / /





# HAMPSHIRE CONSTABULARY

**RESTRICTED  
FOR POLICE AND PROSECUTION ONLY (WHEN COMPLETE)**

## FURTHER EVIDENCE/INFORMATION REPORT

URN				
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To:- Crown Prosecution Service

Office

R v Gosport War Memorial Hospital (LAVENDER)

Next Court date at

Offences

**Submitted as indicated:**

- |  |                          |  |                                     |
|--|--------------------------|--|-------------------------------------|
| <input type="checkbox"/> Compensation form(s)                                  | <input type="checkbox"/> | Proceedings outstanding further information (as below) | <input type="checkbox"/>            |
| <input type="checkbox"/> Case File Information form                            | <input type="checkbox"/> | Receipts/estimates re compensation claim               | <input type="checkbox"/>            |
| <input type="checkbox"/> Conviction memorandum (certified copy)                | <input type="checkbox"/> | Record(s) of interview                                 | <input type="checkbox"/>            |
| <input type="checkbox"/> Custody Record (copy)                                 | <input type="checkbox"/> | Statement (copy) - witness                             | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Custody Record - updated (copy)                       | <input type="checkbox"/> | Statement (original) - witness                         | <input type="checkbox"/>            |
| <input type="checkbox"/> Drink drive forms roadside/hospital/station procedure | <input type="checkbox"/> | Recorded evidence of interview of defendant(s)         | <input type="checkbox"/>            |
| <input type="checkbox"/> DVLA printout   | <input type="checkbox"/> | TICs schedule(s)                                       | <input type="checkbox"/>            |
| <input type="checkbox"/> Exhibit List  | <input type="checkbox"/> | Witness availability list updated                      | <input type="checkbox"/>            |
| <input type="checkbox"/> Exhibits (copy documents)                             | <input type="checkbox"/> | Witness - list of convictions/cautions                 | <input type="checkbox"/>            |
| <input type="checkbox"/> Medical Report/Surgeon's statement (copy)             | <input type="checkbox"/> | Witness list   | <input type="checkbox"/>            |
| <input type="checkbox"/> Previous convictions/cautions (defendants)            | <input type="checkbox"/> | Other - specify:                                       | <input type="checkbox"/>            |
| <input type="checkbox"/> Prisoner production copy Home Office order attached   | <input type="checkbox"/> |  |                                     |

**Further information/remarks (continue on separate sheet if necessary):**

Attached are a further 8 statements regarding Elsie LAVENDER. Dr PETERS GP for Mrs LAVENDER, Dr MELIA Consultant at Haslar Hospital, Dr CONNOR Registrar in Gastroenterology Haslar Hospital, Dr TAYLOR Consultant Haslar Hospital, Dr HAMBLING and Dr ATKINSON SHO's Haslar Hospital, Dr TANDY Consultant at GWMH and Dr EDMONDSTONE Director of Medicine at Haslar Hospital

**All documents indicated above are attached.**

Officer in case	STEPHENSON	Rank	DS	Div. No./Wt No.	1212	Date	18/07/2006
Supervisor's name	WILLIAMS	Rank	D/SUPT	Div. No./Wt No.	7227	Date	

**RESTRICTED**



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