

Other Document Form

Number

11887

Title COPY OF DOCUMENTS FOR EVERSHEDS - FEB - 2007

(Include source and any document number if relevant)

Receivers instructions urgent action Yes / No \_\_\_\_\_

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Further actions no(s) \_\_\_\_\_

When satisfied all action raised Office Manager to endorse other Document Master Number Form.

Code A			
		OM	SIO
		Indexer	

**EVA**  
**PAGE**

### OPERATION ROCHESTER

#### Report summarising screening assessment of first 61 cases analysed

This report is compiled from the annotations made during the initial screening of each case. No subsequent editing or amendment is included in this report. However, it should be noted that only the first 20 cases were screened truly blind. In assessing the first 20, I applied the same standards as I would to my own practice, ie that of an experienced medical practitioner in the specialty of palliative medicine. It is my personal belief that excellent clinical practice, ie the best possible decision making given the clinical information available and the patient's preferences, should be the same in all settings, whether specialist or generalist.

However, during the conference after the screening of the first 20 cases it was made clear to me that I was setting an unrealistically high standard for practice in a rehabilitation/continuing care setting. My assessments of all subsequent cases were influenced, therefore, by the views of the other members of the clinical team. There will not be complete consistency in my assessments between the first 20 cases and the subsequent ones.

The screening matrix used for scoring in all cases was as follows:

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A				
Unclear B				
Unexplained By Illness C				

In each case the screening assessment was made contemporaneously with the study of that case record. It was not made retrospectively at a later date from my handwritten notes, although they informed my judgement by summarising the important points I abstracted when going through each record.

The following table brings together the assessment notes made on each patient and my own screening assessment score, prior to discussion with other members of the clinical team.

D658

Number	Name	Score	Clinical Comment	Missing Data
[REDACTED]	[REDACTED]	N166	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N161	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N167	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N173	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N177	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N185	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N246	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N247	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N271	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N272	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N336	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N352	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N376	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N382	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N322	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N222	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N227	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N217	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N218	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N219	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N120	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N119	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N2	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	N346	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
BJC/35	Page, Eva	2A	Prescription of fentanyl for agitation and confusion associated with rapid clinical deterioration. Dying of lung cancer.	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**OPERATION ROCHESTER**  
**CLINICAL TEAM'S SCREENING FORM**

**Patient Identification**

**Eva PAGE 1909-12-28 Q579096**

**Exhibit number**

**BJC-35**

Care Death/Harm	Optimal 1	Sub-Optimal 2	Negligent 3	Intend to Cause Harm 4
Natural A		<b>Code A</b>		
Unclear B				
Unexplained By Illness C				

**General Comments**

Code A

**Final Score:**

**Screeners Name: R E Ferner**

**Date Of Screening:**

**Signature**

BJC/35  
EVA PAGE  
88

**Code A**

PL grading A2

REPORT BY:- IRENE WATERS RGN, RHV, LL.M., M.N. M.Sc.Public Health  
SPECIALIST FIELD:- NURSING CARE  
REPORT ON THE NURSING CARE AT GOSPORT WAR MEMORIAL HOSPITAL  
INSTRUCTED BY:- HAMPSHIRE POLICE

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**6.38 BJC/35 Eva Page**

Date of Birth: **Code A** Age: **88**  
Date of admission to GWMH: **27th February 1998**  
Date and time of Death: **21.30 hours on 3rd March 1998**  
Cause of Death:  
Post Mortem: **Cremation**  
Length of Stay: **5 days**

Mrs Page's past medical history:-

**Code A**

27<sup>th</sup> Feb

28th Fe

**Code A**



**Code A**

