

2. 324034



Investigator's Notebook

Operation Title

Operation Rochester (5)

Issue Number

1792

Date of Issue

12 December 2005

Officer

Code A

Rank & Number

Code A

14
28
26



Investigator's Notebook

CRIMINAL PROCEDURE AND INVESTIGATIONS ACT 1996.

Officers have a duty to:

Record	Retain	Reveal	Review
Record all information relevant to an investigation, not otherwise recorded in any form, at the time of obtaining or as soon as practicable after that time.	Retain means keeping all material obtained in a criminal investigation which may be relevant to the investigation (includes surrounding circumstances of the case) and failure to ensure this, may result in a failed prosecution.	Reveal means ensuring the CPS are aware of all material relevant to the investigation. The CPS will disclose material to the defence if in their opinion it might undermine the case against the accused. Failure to reveal material may result in a failed prosecution.	Review, there is a continuing obligation to "4R's" any material that comes to light prior to and during trial.

These books will be issued against signature to all officers engaged on an investigation at its commencement.

At the conclusion of the investigation all books will be surrendered to the Disclosure Officer who will certify their return.

They will be filed with the case papers.

These books should record all notes made, for example:

- conference and other rough notes
- telephone numbers etc.
- notes relating to a witness i.e. statement preparation, the witness name must be linked with those notes.

To assist the Disclosure Officer, an 'S' should be placed in the margin alongside any obvious sensitive entries i.e. Informant, OP's, Police intelligence and Police/witness address/phone numbers. **NO** other document to be maintained except Pocket books, which will still record evidence.

Index for Significant Entries

	Dr Grunstein. N1130	Code A	
	Blacow House Seberton.		
	NORWICH HOSPITAL		
	Dr L. Atkinson.	Code A	
*	Sue Webb Blindworth Ward One		
	St Mary's hospital	Code A	
	7/2/07 1200hrs.		
	Jim Graham @ Sanders & Co.		
	Dr Cannon's fleet	Code A	
	Franky Park.		

Telephone Numbers Continued

Harlow 02392-4	Code A		
West Achna "	765224		
Gmc 0845	357 3456		

1/12/05

Code A

Dr Bradley

Code A

Code A

Peter Alexander Bradley

GP, Senior Partner of Dr PA Bradley and Partners, former Medical Centre, White Place, Gosport, Hants

Partner of Medicine, London 1970

As a GP duties to act within the limits of my knowledge & skills which would be reasonably expected of a GP in seeing patients who are ill or who perceive themselves to be ill.

At GIMH Dr Burt had a contract with the hospital to provide care to in patients. This was a 24hr or day 7 day a week contract as cover as a clinician. She had the contract.

Obviously we are not working to other Doctors in our practice provided cover when she was not available. I was one of those Doctors

Dr Burt, Peter, Gregg, Dr. Knapman believe this was it.

GP Practice in the UK have an arrangement when one given doctor is on duty for emergency calls and all the problems which can arise in the course of a day and also emergencies which might occur at the hospital.

Knapman, Bradley, Burt and Burt word DPs

Mrs and Gregg - Mrs.

Sorta over time 1900hrs. After this duty doctor would be called home - in any doctor in the scheme

At GIMH I deputised in a clinician and for Dr Burt. ~~Dr Burt would pay the doctor who deputised~~

Dr Burt was paid by GIMH monthly. A share of this was paid to the Practice shared equally among other doctors in the Practice.

B5C/21 Photocopy of the medical notes of Sheila Gregory B 12/7/05
Dtd 22/11/99

Page 151 of 346 referred to entry re Magnesium Hydroxide. Firstly pH is an uncontrolled drug and given under prompt for patients who r concerned.

Not my writing however I have signed it.

Like like many felt this body needed it on 27/10/99.

20mg three daily (BD).

Contacted Dr Barton who authorized/prescribed verbally and I counter signed it. So I authorized it on paper. at some point presumably with 24 hours.

~~add evidence etc was~~

P 149 of 346. ~~contaminated~~ sheet. I can see that it was started on 27/10 to 31/10/99. 100mg three daily, possibly 9 but the dose was reduced as I can see from notes that 1/11/99 dose reduced to 10mg BD signed by Dr Barton.

No recollection of the patient or of any conversations with Dr Barton.

I can say it is Page 11 of 346 that she was referred to Hooke and fractures of femur and neck, osteoporosis confirmed. Cannot define chronic condition. Aims to GMMH for consultation.

As Alice Rose House people have to be able to take care of themselves generally. It is written controlled. 24 hours or thereafter.

~~(uncontrolled house)~~

Page 11.

Dr Tandy

! 5 TALS
STANDARD ?

May go 10 to 15 daily depending on circumstances.
increase as necessary.

Design to give relative to pain. You would start off with a small amount and
are not capable of physically taking other drugs than you might consider Demerol.
you have tried other pain relievers, the which are often not working in the patients.
It is given to patient, where if you think the patient is in some pain and

morphine.
patient opiate. It is related to morphine but is about 30% more potent than
Diamorphine is a drug used for relief of pain. A controlled drug and is the most

given to the body

morphine over 24 hours. It prevents pain and helps of pain and removes medication
One way to give the drug is by a syringe driver. Advantage is that a regular amount of

then it is required to be given, particularly in other intravenously or subcutaneously
staff and the patient from the pain. A patient may not be able to take med. orally

They use and address the analgesic ladder and hopefully with conscious of nursing
to patient and making staff and try to relieve pain. I would look at what painkiller

Use of syringe - generally, if a patient has pain I would assess degree of pain, talk
to patient and making staff and try to relieve pain. I would look at what painkiller

There were often patients who had palliative care so patients in those situations of
death. These patients need to be relieved of pain and distress in order to give
them a dignified death. These were not curative.

identify that be having less some lower, burning lower.

They would need a multi-disciplinary team in order to manage a life change
and appropriate

Also had patients with fractured neck of femur. Needed longer rehab many of them had
pre existing and conditions.

patient is those patients with more complicated medical needs.
E need and mainly for patient's who were found slow stream rehabilitation which

General Patient care. Dymph/Patients were in general terms run by the consultants in
and appropriate

6/12/05

Dr Edmondson 19/12

9/12/05

0800

aw

GPs No ward rounds

1000

MGill Gill Hamblin

Code A

Submitted Dr Edna Johnson A1793 Submitted

Rehab to GYM 22/2/96

Diabetes 40mg Fall (uncontrolled) for over 1 month

Med 96. Dard

Elise Lumbkin N 322

19/12/05

1015

0700

4/1/06

0900
0920

or
Foston Rd Medical Centre INGH signed Dr Basley

Amendments done at the surgery.

Spinal relief.

Diamorphine - orally, then subcutaneously

1020

Jodie - Foot Ansthy Ruth CLEMON.

Code A

~~RUTH CLEMON.~~

5/1/06.

0900

aw. SGI Billow - failed to turn up.

Code A

Ex-DIR.

Dr Grunstein

Code A

message lft. A 2042-

Dr L. Atkinson.

A1796.

ATKINSON - (42)

LUCINDA reg

Code A

Code A

(MAY 2006)

12/1/06

0915

Rammanna N455 076 On QAH 0915 MG11

S2B5.B.

A1945

' Problems

- ① Obesity
- ② Arthritis Bilateral Knees (ie both arthritic)
- ③ Immobility
- ④ Pressure Sores

On high protein diet.

? melena

13/5/99

Hgb stable

see P14

Albumen 29.

Constipated

On Doxazosin

MTS = very good - (Mehital test score)
no pain

Also

Better in himself

No JVP - Jugular Veinous Pressure - indicates no heart failure.

CVS - Cardiovascular system was normal

Respiratory system

PA Per abdomen is fat stomach

Legs slightly oedematous ie slight swelling due to fluid

Chronic skin changes w long standing skin change due to fluid retention

Ulcers dressed yesterday

Needs to be reviewed later this week.

Asks for re checks on blood. (Friday).

A1970

23/8/99 To a instability George is prone to osteoporosis

D/out To try to achieve a regular bowel movement pattern

muscles acti etc

PACKMAN.

Dr Remidrow,
(0915 here Thursday for reading and signing)

PA

MG11

Admitted to QAH 6/5/99 with medical problems.

To GWM4 23/8/99

He suffered from obesity, decreased mobility, inflammation of skin and underlying tissues (cellulitis) and slight kidney malfunction.

See 12

I may have been on call on 23/8/99 when I saw this patient
Page 54 of BJC/34 index.

A194F

MELANA - Black stool usually secondary to bleeding in the stomach - perhaps due to ulcer or strong pain killers and now steroid.

*

HP - haemoglobin - Had if bleed this would be low however used stable.

ALBUMEN : Low protein in blood usually due to infection,

MTS - Mental Test Score - no mental problems.

DOXA SOZIN - Anti hypertensives to control blood pressure.

A 1965

BARTHEL of 6 km. Score 1-20 etc.

P75 Risk calculator - Rudo For nurses to see if they could left the patient without physical risk to themselves.
In this case possibly have to hoist patient in to bed.

P75.

WATERLOO P75 is the risk of developing pressure sore.
20+ high risk.
Once if then 21

A 1970

Nursing Care Plan

X

Because on 23/8 his haemoglobin was stable no extra care rept re black faeces.

Not unusual to pass black faeces.

- TREATMENT
1. Confirm
 2. Endoscopy to find cause of bleeding
 3. Give anti ulcer treatment in medication

GI bleed Gastrointestinal bleeding

No further indicators that there were concerns re faeces.

Grounds

Not been on any anti ulcer treatment.

X

Dr Ravindran states Packman to Ann Ward (elderly care) 6/8/99.

23/8 PM AD GWMH as a Registrar for Dr Reid. Did a round
Dr R saw Packman there.

23/8 Dr Barton may have been with Dr R.

He would appear to have been stabilised and transferred to GWMH for C. Care

To summarise.

6/8/99

Given ~~ASPIRINE~~ for prevent blood clotting.
Had episode of black stool
Haemoglobin stable on transfer on 23/8 - no treatment for this

Dr R saw him 23/8 black stool noted.
H stable again
R late that week.

24/8 Again stable. H.

26/8 dropped dramatically exhibiting massive bleed.

P55.

Early 26/8 Dr Barton - refer P205.

Transfer to acute unit. i.e. to Huxley or QA.

⊗

Died of Code A Doubt if it could have been prevented.

⊗

~~CLETHANE given as a standard practice for people who are immobile.~~

*
A1989.

Purpose - All done at QA. apparatus apart from Glucose.
Only thing done @ GWHM 24/8/99.

P 20.9 20/8/99 Haemoglobin 12.9 normal. Red cells in not analysed
Dr Tracy Ann Ward.

23/8 - Also for repeat haemoglobin - stayed at 12

24/8 shows 12.

P205

26/8 Dropped to 7.7 therefore probably bled acutely between 24/8 and 26/8.
May

Albumin - 40 hence dehydrated so 36 Normal.

P196

6/8/99 He was dehydrated - Low normal albumin.

Then drops as rehydrated. 20/8 was 36 if he was eating and drinking.

P53 2/8 Dr Chatterjee. Ψ No for

Ravindran. N455.

Albumin affects total protein in blood \times reflects nutritional status and
functional state of liver.

For 19/1/20

~~PAGE 83 - what stopped? 25/1/99~~

~~Who to round him (P8).~~

Purpose of tests

P53 Dr Chatterjee NOT FOR 555 - What to do

19/1/06

0730

aw

0915

DAH M611 Dr Ramindram

Copy please to Dr Ramindram
Elderly Care Unit
DAH

20/1/06

JP/CRRB/24 for Knappman.

21/04/06

0910

Porter Med Centre DV Kaupman MG11.

Lucinda (nee) Atkinson GMC **Code A** DV L?

Elsie Lowndes Feb 96 Haslar. Died GWMH 3/96

S390.

Call GMC - Colin.

Christie Lunnis

Mark Curtis.

*

MARK CURTIS N1614. re PACKMAN 1999.

T350

A1932

Lucinda Atkinson

Code A

Police 0845 456 4567. Fire 0845 ~~456~~ 345 4567.

23/1/06.

0900

aw to HF msg

1430

Briefing D. Supt. Williams. / DI Niren.

Behr report - read again.

25/1/06.

0700

Dr.

|| Sus Welch St James

FOR HAMBLYN FRI.

BJC/34

~~Case on~~
~~responsibilities of Dr.~~
~~of Dr.~~

Who prescribed?
What records.
What does prognosis mean
Who determined it

* C

~~Doctors relied on Hamblyns prognosis.~~

P171 whose writing in blue.

Baxter writes in black fountain pen.

C

~~If granted by phone 2 times etc.~~

BARTONS notes reviewed.

C

~~MG11 50G pages H&S re prognosis etc. She says he was for c/c~~
~~WHAT IS A PROGNOSIS?~~

Packman: Issues around who decides

C

~~Witness Protocols~~
~~Analytic. Evidence~~

C

Original 167/168

26/9/99 1800 she calls Barton?

Gina Oramorph - Where is the second signature.

28/8/99 Oramorph

7/1/02 on 26/8 Oramorph - Her signature Barton Oramorph signed Bill
or 167/168 26/8/99 No countersigned.
Why no other nurses

+

P4 of my statement.

* *

What is a prognosis?
" " diagnosis?

26/1/06

0600

AV

ATKINSON GMC Code A

Reg 1991

E11-20 c/p

Mileage

Refs E2-59

c/p E2.

27/1/06

Refs E4-79

A2090.

Div P. Connor - East Fritt Lodge

Elsie Lavender 1996

2/2/06.

Code A

N/L.

Hawthorn

Aimee Mc Crae

Code A

*

Finis Mc Crae

Code A

N/L.

John Mc Crae

Code A

William Mc Crae

0479 529.

Code A

FOR FRIDAY

Can Lynne Barnett recall her conversation with Evid Spurgous replem
 " " why dose of diamorphine reduced to ~~40mg~~ 60mg May
 the day before she died?

Refer BNF. scale. BNF guideline.

How tall we get from 40mg MST. to 60mg Diamorph.

Where do you start in parameter and how do you increase and by how much.

Have you seen the Palivizina Core Formulary

What books have you seen in respect of care etc.

ORAMORPH reg. Gregory.

9/2/06

0730 On duty R/D.

1000 MG II @ KF Gill Hamble Jim Graham. Midazolam.

1400 Friday 17th February 2006 @ HF

0700 A To 2R MG II Hamble & Pachman.

15/2/06

Saw Webb - To call Jim Graham.
Jim notified by me.

CONNOR Code A A 2090 Lavender.
EDMONDSTONE Code A S 390

1410

17/2/06.

MG11 Hamble completed @ HF

20/2/06

MG11 Dr Lb G2 Comm

Patrol Comm

Code A

~~JE/11 A Med notes Elsie Lander.~~

Prov Reg date 17/7/89
Registered 1/8/90.

Died @ WMMH March 1996.

~~P136 Starts med notes~~

~~05/2/96 Admitted to Haslemere - Juv Doctor RHO~~

~~I was registered for tests on call - Full/dissociation~~

P. 142

I saw her 21/5/88 2 hours BMJ (Blood sugar level every 2 hourly
Neurologist every hour) - Evidently can develop slow brain bleed :- checked
every hour.

P145

~~5/B Taylor on 13/2 - Need refer 1 on ward toward as Consultant of
on that day
Ref to Dr Hart 13/2/96~~

21/2 last day @ Haslemere.

As region oversee in Dr on daily basis
Differential Diagnoses correctly considered
Further management was appropriate

Next check Cons.

P79 her DoB.

21/2/06

0730 To HF. MGII DV Connor.

1445 Dr Connor at Frimley Park Hospital MGII lead and signed with additions 22/2/06.

1430
1500

o/o
Witness
Minto
Signed.

24/2/06

1 Ashdown St Mary's Hospital Dr Val Vardon.

Protocol was draft form cannot say when poss any writing and mid right but cannot say.

Does not recall draft.

Letter of 11/2/2000 commenting on drafts ∴ draft seen about that time.

Draft is Doc 70 Committee would discuss & determine policy.

Valerie Mary VARDON me

Code A

Code A

Code A

Qual Newcastle 1972.

~~Started Newcastle Hospitals unit 1999~~

Levels of diamorphine vary according to patients needs as individual.

Refer.

NRO BNF formulary charts

28/3/06

1445

Code A

Lt Col ~~Dr. Andrew Kenneth Baker~~

Code A

Code A

Code A

Contact.

Sharon TAS/4 and ~~GR/12~~ GR/12. Ref Sheila Gregory.

Refer to letter 4/1/99.

TAS/4

Precis of recent admission and ongoing case with the expectation that she would be seen in the Respiratory Clinic 4 weeks later. This was routine

Code A

P248

Code A

819

Code A

Code A

J

Code A

P47

Seen by Dr Bayley at Hobart on admission. Then to me.

GREGORY.

Would you give it in a syringe driver?

30 mg over 24 hrs.

5/1 Tues. 1000hrs

Code A

Rubbin' Grave

Meigs for Dr. McLean

3/4/06

Ashtons 1 Ward Ab. Perry McGill Dr Vanden

1200

Doctors.

HANNING.

Florida.

3/3/06

4/4/06

Susan Charlotte Webb nee Code A

Code A

Code A

Grade

Responsibilities

Syringe drivers

Ward Rounds

Witness Proboscis

Code A

Code A

Contact - Code A

Now Grade E

In 1998. Grade D. RAH. Dickens Ward

Day duty -

A1497

P20, P33.

Ref P20 see P114 Diuretic Benfrofluroside 10/10/98,
Frusemide P114 & 115.

Grade D. Took care of shifts if no senior member of staff available.

later Tuesday 1430 see Sue for MG11.

26/4/06.

Sue Webb

1530 MG11 Baker.

661 - 130

TUE SG. 1000.

1500

Blackwork 1 to Mary MG11 Susan Webb

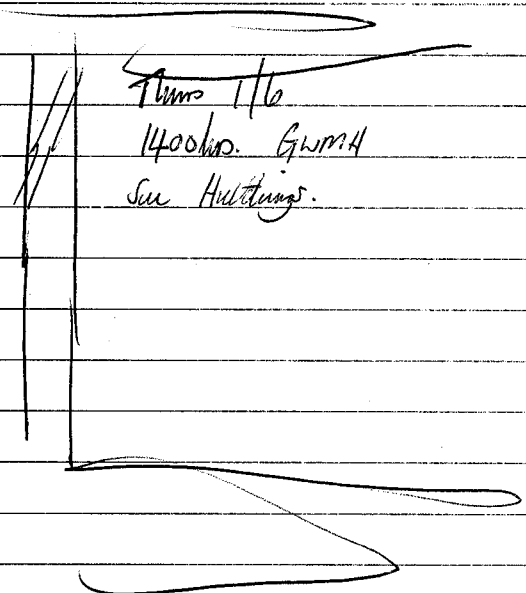
27/4/06

0900

Code A

MG11 Miss Hemming

3/5/06



N 87

330 B.

25/5/06

1130

Dr Mc Chae at QAH.

P133

*
Dr Wong.

P168. Routing card patient at 9/3/98. X rayed, blood tests, referred to filter
To come back in 4-6 weeks

27/4/98 returned referred to physio and blood tests. To return in 4 months.

START.

P355 Letter to me from Dr North GP. 24/2/98

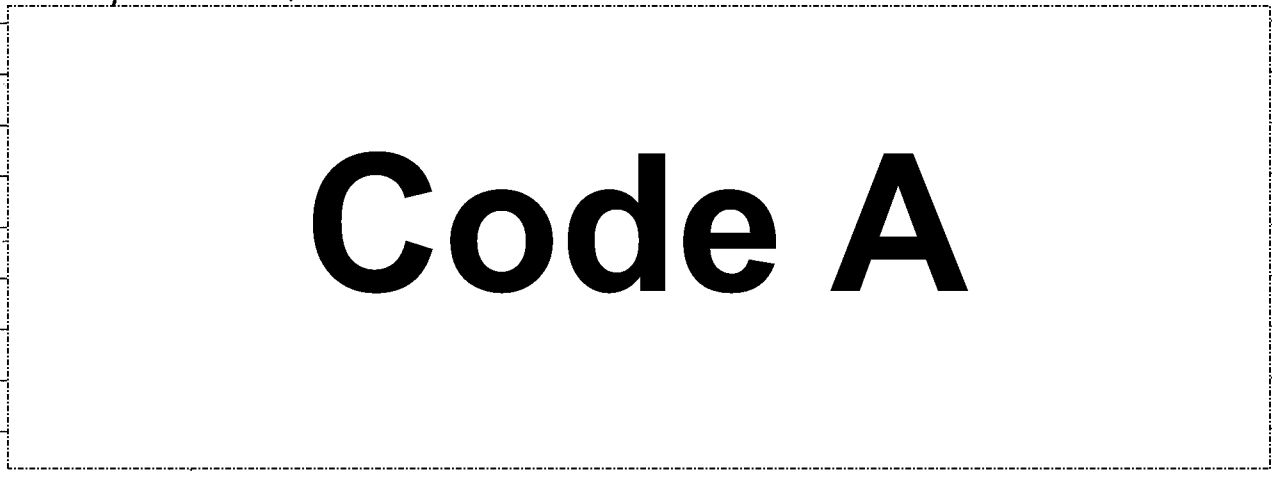
I saw the letter 2/3/98 and classified as urgent

P358

Had been seen 9/3/98. This letter was from my junior, ^{sen} registrar Dr Wong
Dr Wong said her on my behalf.

His assessment is the

Tilax etc = spots.



P352

C = lumps of death with the skin.

R = White fingers in the cold.

F = where the aescophagus does not close properly

S = Sclerodactyly - Thickening of skin of fingers

T = Spots.

No fracture in spine. Did have severe osteo arthritic.

Code A

P348
COPY!

~~Results of X rays Dr. Wong & blood tests.~~

X rays etc

Code A

P352

I said it was severe.

P344-347

~~Dr Wong assessment notes~~ Refer P353

~~Bottom of P347 I have written results of blood tests. 'regulars and Cile
? CREST~~

~~Thought she would benefit from physiotherapy SEE P352.~~

~~Due for review 4 months later but did not appear.~~

P352

~~Refer re daughter and alternative complimentary medicine.~~

See P355

Code A

Responsibilities.

As Consultant responsibility were

See P2 CV.

Along with four other Consultants the day to day and long term planning for the running of Dept.

Deal with all aspects of management of Dept including N/Staff, clerical, secretarial, health care support workers.

Also lead Consultant for Osteoporosis at the time.

Supervise junior medical staff, including SHO's, and Senior (now Specialist) Registrars.

Train G.P's. in detection program to teach Rheumatology.

Code A

1/6/06.

0700

in

1120

GWMH. M Gill Barrett.

14th Lynne Barrett.
28th 10900 Ave Hutchings.
@ Fareham Reach. 1000hrs.

Susan May HUTCHINGS Nee Code A

Code A

PIN

Code A

Code A

Intermediate Case Nurse Manager

(Mobile. Code A)

Fareham & Gosport PCT Primary Care Team.

Pref Work or mobile.

~~Fareham~~

Unit 120

(A/L JULY 26 - 3/8.)

Fareham Reach

1166 Gosport Rd

Fareham.

Started in May 1996 as Co-ordinator of Clinical Nursing for Community Hospitals at GWMH. Depute to Barbara Robinson.

Job to manage Clinical Managers (8), five at GWMH, 3 at St. Christophers. Supervised Clinical Supervision is 1st every 4-6 weeks with Clinical Managers re Clinical Issues, Staffing Issues (shortage or problems) and about that time Clinical supervision is a protected time of an hour or two for them to bring any issues they wished to bring or management of their teams. Not medical issues relating to individual patients.

This with Nursing Staff.

Doctors to Bill Hooper (locum) or in the main issues Barbara Robinson



As her depute I would, if something simple, try to resolve it, otherwise Bill Hooper Code A locum. Barbara sick for 6 months and then deputised for whatever she did (Did not have direct responsibility for mental health) including mental health.

Moved to St Christophers July 1998

If a member of nursing staff came to me with a problem with a doctor I would obtain as much information as I could, I could not ignore it, then refer the matter to either Barbara Robinson or Bill Hooper.
Had a close working relationship with Barbara

'Whitley' - Pay scale.

Main purpose

OPD = Out Patients Dept.

Role etc - Taken from my job description at that time.

I took on more responsibility at St Christophers, Farnham in July 1998.
Title changed to Senior Nurse Co-Ordinator - Role the same however I took on more of a managerial role.

I believe that at this time I had less to do with GWMH as I was organising things @ St Christophers however Barbara was still my boss.

She would chair monthly staff meetings & monthly briefings regarding any changes within the organisation.

Also had a meeting once a month with heads of Dept from GWMH and St Christophers re admin issues and any changes which would affect staff.

Senior Nurse Co-ordinator in 2000 at St Christophers. (Never worked again at GWMH) and only for St Christophers. Almost same job, (title change).

Bridges House - mental health.

At GWMH when Barbara went off sick (ref to Robinson's M&GII descriptions)

I cannot recall any complaints from clinical staff (nurses) or anyone else regarding use of dimorphins or any other drugs, syringe drivers, patient care.

Another hat I wear is as an Investigating Officer. My role was to take on complaints received by the Trust regarding Nursing issues, patient care. (Not Doctors).

Only times I would investigate the complaint.

If a complaint came in about GWMH and St Christophers would try not to investigate our own

However due to staff's lack of appropriately qualified personnel

Comp.

Gillian McKenzie

Shortly after I left GWMH I was asked to conduct an investigation following a written complaint ^{regarding a patient} by Mrs. Richards. Her concern was that we were giving her mother, who was dying, only fluids, not feeding her and loss of some clothing belonging to her mother. This had been sent to St. Mary's for matching her name and the clothing had been lost in transit.
~~Why some offer~~

I spoke with Mrs McKenzie, her sister and a grand daughter of Mrs Richards. Sister appeared embarrassed because of complaint as mum dying.

~~Refused~~

Lack of feeding I believe may have been that she had problems swallowing because of secretions because she was dying.
I was sure that this had been discussed with McKenzie's sister.

We never applied syringe devices with out discussing reasons why the time had come to commence, with family members.

Majority of people want relatives to have as pain free a death and are in agreement.

Whole team nurses, doctor and family would discuss. If family member unavailable then syringe device applied.
Final decision down to doctor.

Code A

I accept that things have changed however at the time, when I worked at St Christophers I became more aware I think of the Senior Nursing Staff (at St Christophers) having more confidence to challenge Doctors. This may have been because there were no doctors permanently on site. At GWMH I found that nursing staff were less likely to question the doctor regarding treatment of patients.

This is my opinion and I am aware that is not the culture now.
I say this because of the way the Senior Nursing Staff at St Christophers behaved. I would fear things said to me

At GWMH I never heard any comp or abuse.
If I heard would put note in memo of staffs

I was on the wards to be spoken to daily, if so req'd.

Carried pager.

would go round wards daily, chat to staff and nurses. Open door policy so staff (always) I was always available to be spoken.

28/6 1000 hrs.

27/7 after 1530

@
Harris College

17/2 on at earliest



Nothing decided.

1715.

J

12/6/06

Tandy sees Packman (Get her previous MGII's)*
 Generics etc

to advise of Service but did not MGII her.

Gregory - We have a draft for

13/6

Lynne Joyce Bennett nee Antcliff (N133)

A2148 G Packman

A2161 Drugs book. R57 J.

Dr Tandy re Gregory, Service, Packman
 Call solicitors

Dr Vardan Ashkanian 1.

02/28 2087

Documents ref. Dr. Tandy

D 1393. Sheila Gregory.

D 1422. Helena Service.

D 1563. Geoffrey Packman.

S 329A.

D 1393

A 1597. Gregory. Dr. Tandy's involvement. P11 of the medical notes.

Ward rounds - expand.

D 1422

Helena Service

A 11658 Purpose behind prescription of the drugs on P's 37 and 38.

A 11662 Results of biochemistry reports.

A 11665 A letter re Service to her GP.

D 1563

A 1943 Packman. What is recorded?

Involvement with Packman.

15/6/06

0830

Aw. To QAH.

0910

QAH Dr Mc Crae. A2085.

27/4/98.

Con post £1.20.

0955

Pl. Contributions mob run

Revised to HF

Tandy N739

20/6/06

Code A

Mr Dinnoch

Call Bee Wee, Churchill Hospital, Headington, Oxford.

3/8/66

1130

Farcham police station

1245

Q.A.H. Dr Tandy

13

Statement obtained. Miss Frail, solicitor present.

*

A1943 - Potential medical bleed.

In relation to page 51 Dr Tandy has signed JT.
" " 53 Jw Tandy

7/8/06

1100

Churchill Hospital Michael Sobell House Dr. Wee.

A34, M40, M42, M6, to J. TH.
A38

M way Oliver Barratt

↑
○ ○ 3. St Cross

Pirelli

27
149
156

N133
557 LB

9/2 1000

Wed 14th
1400 Pochmann
Lynn Barratt

SUE WELLS
BLENDWORTH WARD ONE

ST. MARY'S

ISDH - 009 1800 854
Bio Hazard
ALI BEK

Friday 12/21
1700 Burma
1430

N238 Giggly
D. 22/1/79
Jenny Wren

All. Thetford
N. Madder Rd
#1

Dr Taylor - Dr Tandy

1996 Grant @ Haslem

Dr Harris
Taylor
Tandy

George

⊙

66.6
130.50

197.45

Loft

Staffs Museum
in AS Underfield