NHS Evidence Extraction Sheet

Patient: Jacqueline Good | Documents reviewed: three NHS record bundles | Page references are PDF page numbers unless an internal page is stated.

Overall findings

No clear evidence of childhood placement in care, direct physical abuse, sexual abuse, emotional abuse, neglect, or a contemporaneous childhood disclosure was identified in the legible clinical material reviewed. The main relevant evidence concerns chronic pain, low mood/tearfulness, loneliness and isolation, sleep disruption, reduced work capacity, citalopram treatment, opioid reliance concerns, pain-management care, and extensive attached hospital records. Medical symptoms are not treated as proof of abuse unless the record makes that connection; these records do not make that connection.

Important limitation

The bundles are image-only scans and contain many blank separator pages. Some handwriting and low-contrast areas are difficult to read. The schedule records legible relevant entries and neutral findings. It should be checked against any missing GP consultation history, historic Lloyd George notes, psychiatric reports, social-work correspondence or attachments held separately.

Document	PDF page	Date	Clinician / author	Category	Exact evidence / faithful summary	Link to abuse or care	Evidential value
Jacequiline Good - part 2 nhs.pdf	17 (internal 1 of 4)	10/12/2025	Pamela Gavin, Advanced Practice Physiotherapist / Pain Management	Mental health; medication; physical impact	Long-standing low-back and bilateral hip pain; severe widespread pain worsening over two years; emotional impact described as frustration, embarrassment, low mood and tearfulness; taking citalopram for mood stability.	No link to childhood abuse or care is recorded.	Impact and treatment
Jacequiline Good - part 2 nhs.pdf	19 (internal 2 of 4)	10/12/2025	Pamela Gavin, Advanced Practice Physiotherapist	Mental health; social impact; chronic pain	Reports loneliness and isolation; pain disrupts sleep to about 3-4 hours and affects work, leisure and family management; fears losing ability to work; concerned about opioid dependence.	No abuse/placement link recorded.	Impact and treatment
Jacequiline Good - part 2 nhs.pdf	21 (internal 3 of 4)	10/12/2025	Pamela Gavin, Advanced Practice Physiotherapist	Physical consequences; medication	Chronic widespread musculoskeletal pain with significant functional and psychosocial impact; high reliance on opioids; plan for TENS, pain education and future physiotherapy.	No abuse/placement link recorded.	Impact and treatment
Jacequiline Good - part 2 nhs.pdf	29	04/02/2017	ENT clinician	Physical injury/treatment	Recurrent epistaxis; active right-nostril bleeding; silver-nitrate cautery performed.	No assault or abuse cause recorded.	Treatment; neutral medical evidence
Jacequiline Good - part 2 nhs.pdf	35 (internal 3 of 4)	07/07/2025	GP referral	Chronic pain; medication	Severe low-back and bilateral hip pain for several years; regular opioid medication; medication list includes dihydrocodeine and citalopram.	No childhood or abuse link recorded.	Impact and treatment
Jacqeline Good - NHSGG&C.pdf;	7-9	06/02/2026	Sioban Saba, Lead Nurse, Pain Management Service	Therapy/support	Waiting-list invitation for Nurse Chronic Pain Management Group Sessions.	No abuse/placement link recorded.	Treatment
Jacqeline Good - NHSGG&C.pdf;	13-15 (internal 1-2 of 7)	18/06/2026	Clinical Nurse Specialist, Pain Management	Medication; chronic pain	Persistent low-back and bilateral hip pain; opioid prescribing and constipation management; citalopram appears in medication history.	No childhood or abuse link recorded.	Impact and treatment

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Jacqeline Good - NHSGG&C.pdf;	17-21 (internal 3-5 of 7)	10/12/2025	Pain Management Service	Mental health; medication; social impact	Emotional impact includes frustration, embarrassment, low mood and tearfulness; sleep disturbance; reduced work to two days weekly; loneliness/isolation; citalopram; concern about opioid reliance.	No explicit connection to childhood abuse or care.	Impact and treatment
Jacqeline Good - NHSGG&C.pdf;	23	02/09/2025	Emma Dadds, Pain Management Physiotherapist	Chronic pain; functional impact	Severe widespread pain; reduced work; emotional burden and medication reliance recorded.	No abuse/placement link recorded.	Impact
Jacqueline Good - NHS 3.pdf	10-14	10/04/2012-14/02/2012	Orthopaedic/Physiotherapy staff	Physical injury; sleep impact	Left shoulder pain after a fall approximately seven years earlier; pain worsened and disturbed sleep; X-ray and injection considered.	Cause recorded as a fall, not assault; no care-setting link.	Treatment; neutral/contradictory to abuse attribution
Jacqueline Good - NHS 3.pdf	17-25	2011-2012	GP and Royal Alexandra Hospital clinicians	Attached records; medical history	General-surgery and breast-clinic referrals, GP details, past medical history and medication.	No abuse, neglect or care placement recorded.	Third-party/attached medical records
Jacqueline Good - NHS 3.pdf	31-35	18/08/2011	Breast Clinic / Radiology	Physical treatment	Right-breast lump assessed as a simple cyst; ultrasound-guided aspiration performed.	No abuse link recorded.	Treatment
Jacqueline Good - NHS 3.pdf	38-45	23/05/2018	Endoscopy team	Attached hospital records	Gastroscopy/endoscopy, oesophageal and gastric biopsies, recovery and discharge documentation.	No abuse or care-setting link recorded.	Third-party medical evidence
Jacqueline Good - NHS 3.pdf	47-64	2023 and 17/06/2026	Respiratory and emergency-care clinicians	Physical health; treatment	COPD/respiratory rehabilitation notes and emergency admission for worsening chest infection, pleuritic pain and shortness of breath; medication, laboratory, nursing and inpatient-care records.	No childhood abuse or placement link recorded.	Treatment and physical impact

Category-by-category result

Evidence of placement in care

No children’s home, residential school, foster-placement or institutional address; admission/discharge date; social worker; house parent; or “in care/looked after” wording was identified in the legible NHS entries.

Physical abuse and injuries

No record attributes an injury to staff, carers or residents. A shoulder condition is linked to a fall; recurrent epistaxis and other conditions are clinically treated without an assault explanation.

Sexual abuse

No disclosure or clinical record connecting genital, sexual-health or other symptoms to sexual abuse was identified.

Emotional/psychological abuse and contemporaneous disclosures

No childhood disclosure, fear of a care worker, refusal to return to care, or recorded abusive treatment was identified.

Neglect

No medical, physical, emotional or safeguarding neglect connected with a care setting was identified.

Mental health and medication

Low mood, tearfulness, emotional distress, loneliness and isolation are recorded in pain-management records. Citalopram is prescribed for mood stability. The records do not diagnose PTSD or connect symptoms to childhood abuse.

Counselling/therapy/psychiatric care

Pain-management education, physiotherapy and a chronic-pain group are recorded. No trauma-focused therapy, EMDR, psychiatric admission or survivor-service referral was identified.

Self-harm and suicide

No positive self-harm, suicidal-ideation or suicide-attempt entry was identified in the legible material.

Substance/alcohol use

Smoking and occasional alcohol status are recorded. Concern about reliance on prescribed opioids is documented, but no statement links substance use to abuse memories or being in care.

Long-term impact

Pain affects sleep, mobility, work, recreation, household tasks, family management and emotional wellbeing. These are impact records but are not expressly attributed to childhood abuse.

Third-party and attached records

The bundles contain hospital letters, referral forms, pain-management notes, pathology, ECG, respiratory, emergency, nursing, laboratory, radiology and procedure records.

Contradictory/neutral evidence

The shoulder history attributes symptoms to a fall. Many records describe ordinary medical causes and treatment without abuse allegations. These neutral entries should not be presented as abuse evidence.