

RESTRICTED

Form MG11(T)

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WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: **Code A**

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: STAFF NURSE

This statement (consisting of 6 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: **Code A**

Date: 29/06/2005

I am **Code A** and I live at an address known to Hampshire Police.

I am a Registered General Nurse and my Nursing/Midwifery Council number is 73J1347E.

I commenced training as an Enrolled Nurse (EN) at Haslar Hospital in October 1973 and this was completed this training towards the end of 1975.

I stayed at Haslar as an EN until April 1976 when I took a break to have my first child.

From the end of 1977 I returned to work as an EN. I worked and two Residential Rest Homes and a Nursing Home in the Gosport area.

In 1986 whilst working at Beechcroft Nursing home I was also employed as a Bank Nurse at Gosport War Memorial Hospital. A Bank Nurse is an Agency nurse working solely for one Hospital.

In this capacity I would be contacted by phone usually at short notice to cover for staff sickness or holiday relief at the hospital. I would be required to work on any ward and also the Redcliffe Annexe.

I worked in this capacity for 12 months.

I joined Gosport War Memorial as an EN in February 1987 initially on the night shift, at that time there was just a female and male ward based on Florence Nightingale wards, long wards

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with beds both sides.

I worked 2 nights per week over the course of the next few years.

Between 1993 and 1995 I undertook a conversion course at Queen Alexandra Hospital School of Nursing at Cosham. This enabled me to qualify as a Registered General Nurse (RGN) grade D.

In either 1996 or 1997 I transferred to Queen Alexandra Hospital F1 Acute Medical Ward. This ward dealt with emergency medical problems such as Diabetes, Asthma etc. and patients transferred from the Accident and Emergency Unit.

During the next 10 months I improved my knowledge of nursing and came to the conclusion that I preferred to work with elderly patients.

Between 1997 and 1998 I applied for and was accepted as a Grade D Staff Nurse on Dryad Ward at Gosport War Memorial Hospital. I commenced work there on a day shift pattern.

Early shift was from 0730 to 1615. Late shift was from 1215 to 2030.

My responsibilities included the care of the patients on the 20 bed ward, supervision of junior staff, administration of all drugs and liaison with the multi disciplinary team:- Doctors, Physio's, Social Workers and other Nurses. I also kept relatives of patients informed of the care that was being given.

My line manager in 1998 was Gill HAMBLIN.

I had received both training and certification in the use of IV drugs. I completed a study day at the Queen Alexandra Hospital in Cosham. I was night staff then.

I have heard of the term the Wessex Protocols but do not recall what they are. I am familiar with the analgesic ladder.

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With regards to Syringe Drivers I received on the job training in respect of their use. I also attended a study day with Macmillan Nurses at the Rowans Hospice, Portsmouth. I then prepared a basic training pack for the ward and also obtained a video from Graysby the manufacturers, of the use of syringe drivers.

The named nurse is the nurse in charge of several patients and one who completed care plans and spoke to relatives, in depth if necessary. The nurse's name would be on the patients' room or on the board behind the nurses' station.

The time and date of all entries in the nurse's notes would depend on the patient. If the patient was seriously ill notes would be made up at the time. If routine then the notes would be made up at the end of the shift.

I believe my tour of duty in 1998 when I went full time was 30 hrs per week, working from 0730 to 1330 and from 2.15 to 8.30.

I have been asked to detail my involvement in the care and treatment of Robert WILSON. I have no recollection of this patient, but from referral to entries in the medical/nursing notes (Exhibit reference BJC/55) I can state the following.

On page 261 of those notes which is a prescription chart, I have administered 10mg in 5mls of Oramorph at 1800 hrs on the 15th October 1998. The Doctor will write up what time the drug should be given and in this case it was shown as 0600, 1000, 1400 and 1800. There has been written up for another dose at 2200.

This is not written in stone however and these times may change as long as there is at least four hours in between.

I have looked at the Dryad Ward Controlled Drugs Record book (Exhibit reference no JP/CDRB/24) and confirm that I administered 10mgs in 0.5mls of Oramorph at 1955 hrs on

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15/10/98. This was witnessed by Code A. There are many reasons why the drug was given at that time, but I can't recall that reason now.

Also on page 261 of the notes I see that I have administered 10mgs in 0.5mls of Oramorph at 1000hrs.

I have looked again at the Controlled Drug Record book JP/CDRB/24 and confirm that it was administered at 1005 16/10/98. It was witnessed by a nurse with a signature I do not recognise but whose surname begins with a "B".

Oramorph is an Opium Pain Controlled Drug. This is given orally and not used in a syringe driver.

I have looked at the prescription chart on page 260 of the notes. I have also administered Spironolazone, 50 mgs at 1800 on 15/10/98 and at 0900 on 16/10/98. However there is a cross in that column which may indicate that the Dr does not require that dose to be given.

I have also administered Trazolone 50mgs. The dose is shown as 50mg given at 1800 15/10/98 on page 261 of the notes.

I have administered Magnesium Hydroxide 10mgs at 1800 on 15/10/98.

I have also administered Frusemide, 80mgs at a time not specified but probably in the morning after the Consultant's round.

Dr BARTON usually did her ward round at about 0800 daily. She would visit each patient. She didn't do weekends or bank holidays as far as I can recall.

The Consultant's ward round was about once a week.

On page 265 of the notes which is a Patients Summary, I have written on 16/10/98 "Seen by Dr KNAPMAN am as deteriorated over night. Increased Frusemide to 80 mgs daily for ANC.

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Continuation of Statement of:

Code AForm MG11(T)(CONT)
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Spironazalone is a drug but I cannot recall what it is used for.

Trazalone is I believe used for Alcoholism.

Magnesium Hydroxide is used for indigestion and bowels.

Frusemide is a Diuretic.

ANC is All Nursing Care.

I am at present a Staff Nurse at Castle Hill Hospital, Cottingham nr Hull, where I am in an elderly care unit.

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