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Form MG11(T)

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 7 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: 21/02/2006

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

I am employed as a Grade E Nurse at Jubilee House, Cosham, Hampshire.

I trained at St Mary's Hospital , Portsmouth, between 1968 and 1971, qualifying as a State Registered Nurse, (SRN) and my number is 439846. Between 1971 and 1972 I extended my training to midwifery in Edinburgh, Scotland, qualifying as a State Certified Midwife, (SCM), and my registration number is 439846.

I returned to St Mary's, Portsmouth, Hants until 1973 when I emigrated to the United States of America, working for a year in intensive care in Forth Worth.

Between 1976 and 1980 I was employed in the State of Iowa working in obstetrics and minor surgery.

I returned to Britain in 1980 and was employed at St Mary's Hospital, Portsmouth, Hants, on the medical ward as a Staff Nurse, working night shift going on for a year as a Midwife at Blackbrook.

As a result of a back injury I was not employed between 1982 and 1988.

I restarted work in 1988 as a Staff Nurse in the Eye Dept at the Queen Alexandra Hospital,

Cosham, Hants, for a period of six months, returning to St Mary's where I worked in Gynaecology.

Between 1991 and 1996 I was employed as a Staff Nurse at the Royal South Hants Hospital, Southampton, during which time I worked in acute medicine.

Between 1996 and 1998 I worked in patient rehabilitation in Moorgreen Hospital, Southampton.

In January 1998 I commenced work as an F Grade Staff Nurse at the Gosport War Memorial Hospital, Gosport, Hampshire.

In 2000 I started work as an E Grade Nurse at Jubilee House, Cosham, working in palliative and continuing care.

Whilst I was employed as a Grade F Staff Nurse at GWMH I was Deputy Manager of Dryad Ward, my then Line Manager being Gill HAMBLIN. When Gill HAMBLIN was on duty I would revert to the responsibilities of an E Grade Nurse. As such I would have care of the patients in an oversee role.

As Deputy Manager I would have responsibility of the ward when the manager was not there. The role of Deputy Manager requires an F Grade.

Gill HAMBLIN did not want me as a Deputy and did not make me feel welcome. There was tension between us because of this. On one occasion when she was off sick I spoke with Barbara ROBINSON, then Hospital Manager who said she also had problems with Gill.

Whilst working on the ward I had concerns. I did not feel that the patients always had a chance to see if alternative medication would work for them before the decision to start a syringe driver was made. I expressed my concerns to Gill HAMBLIN and on one occasion to Dr BARTON . Before this I had mentioned my misgivings to other members of staff, Freda SHAW , Lyn BARRETT and Code A (E Grade) as well as Barbara ROBINSON. They all felt the

same way as to how some patients were put on to Diamorphine , an opiate, and Midazolam , a sedative drug.

I am aware of the Analgesic Ladder. This is a method whereby you assess the pain level of a patient. The process is set by using the lowest amount and least powerful drug, increased on a scale until the patient is comfortable. This is set by the Doctor, in this case Dr BARTON.

I remember one patient, a lady who came to us from another hospital with a fractured femur. She was elderly and complained of pain in her leg. I recall that she occupied a single room next to the psychiatric ward. Dr BARTON put this lady straight on to Diamorphine. This is not usual. I cannot remember if the drug was administered by injection or syringe driver. Dr REID came in one day to do a ward round, which he did monthly, shortly after the lady was admitted to our ward and said she was with us for rehabilitation. She complained about the pain in her leg. Dr REID got her onto a walking frame and she walked with the assistance of this. He took her off Diamorphine straight away. The lady was discharged some months later to a nursing home.

I wrote my concerns privately at home and have given the Police my personal papers. I also spoke to my mother, Joan McILROY , at the time. I felt if I went over the appropriate channels at work I would be discredited.

When I asked Gill HAMBLIN why we were going on to syringe drivers directly, she never gave me a satisfactory answer.

On another occasion when I asked her she replied, "I hope when you die, you die in pain". She told me that Dr BARTON was upset with me. I went to Dr BARTON and apologised if I had offended her in any way. She replied, "It's not that. You don't understand what we do here".

I had been trained in the use of syringe drivers when I worked in the acute trust in Southampton Royal South Hants Hospital.

I was certified to administer drugs intravenously but there was no need for this on Dryad Ward, GWMH. Syringe drivers are subcutaneous, i.e. under the skin.

A syringe driver is a battery driven device to which a syringe is placed, having been loaded with the drugs as per the doctor's instructions to enable a mean level of comfort for the patient. The plunger regulates the administration of drugs over a twenty four hour period. It is placed in an area where the patient is least likely to remove it by movement of the body or by other means. This may be the abdomen, upper chest or back. The syringe driver would be used if analgesia couldn't be taken orally, if they were drowsy or refused to take medication by mouth.

I have been asked what is meant by the term, named nurse. This is the nurse who is named on the patient's notes who is responsible for that patient's case. On Dryad Ward 'lip service' was paid to this. In effect if HAMBLIN or the doctor was on they would decide what would be done with the patient, e.g. if they could get up or have to stay in bed etc. The carers on the ward would answer to a patient's minor needs and make sure they were kept comfortable; the more serious issues were undertaken by the named nurse.

In other hospitals I had worked in the Grade E Nurse would go round the patients with the doctor on the rounds. On Dryad Ward the rounds were conducted Monday to Friday. Dr BARTON would come in about 0720 hrs then HAMBLIN would come in about 0730 hrs and they would do the rounds. If HAMBLIN was off then I or another Staff Nurse would deputise for HAMBLIN. This was not normal practice.

The rounds were a brief walk around when the patients were spoken to (if capable) regarding their problems.

Any entries in the patient's notes were done at the time however, if it was very busy they would be completed by the end of the shift in order to complete handover to the next shift.

I worked 0730-1615 hrs or 1200-2030 hrs with a half hour break on the latter shift.

Signed: Code A

Signature Witnessed by: Code A

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There term ANC means all nursing care and is used when the patient can do almost nothing for themselves, with regard to washing, feeding grooming etc.

The term TLC of course means tender loving care and was used when the patient was nearing the end of their life, with a view to making them as comfortable as possible.

The term "I am happy for staff to verify death" was used by Dr BARTON when she was not available, usually during the night, that staff could verify death, if that death was expected.

I have been asked to detail my involvement in the care and treatment of Enid SPURGIN . I do not recall this patient but from referral to entries in her medical notes (Exhibit Reference BJC/45) and the Dryad Ward Controlled Drugs' Record Book (Exhibit Reference JP/CDRB/47) I can say that on page 107 of the notes I have written, on 12/4/99,

S/B Dr BARTON. To commence Syringe Driver. I have signed that entry.

S/B means seen by.

This means that Dr BARTON made the decision to start the Driver.

I can assume that it was started because; as is written in page 107 of the notes, she was drowsy and unrousable at times. She was refusing food and drink and complained of pain when moved. The Syringe Driver possibility was discussed with Mrs SPURGIN's nephew who wanted his Aunt kept as comfortable as possible.

From looking at page 131 of the notes I see that the Syringe Driver containing 80 mgs Diamorphine at 0800 hrs and 20mgs Midazolam also at 0800 hrs was commenced on 12/4/99 although there is an arrow and "Dose Discarded" is written. Dr BARTON has prescribed and written up both entries, plus one for Hyosciene , which does not appear to have been administered.

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Continuation of Statement of: Code A

Dr BARTON could have authorised the starting dose, which could be used in a range being Diamorphine as between 20 to 200 mgs in 24 hours, she could also have authorised the range of Midazolam as between 20 to 80 mgs in 24 hours, I don't recall after all this time.

I cannot recall whether it was Dr BARTON's calculations or whether the dosage rate was worked out by me or Staff Nurse Freda SHAW. Any calculation would have been based on the previous Morphine tablets (MST) that the patient had been given in the preceding days.

I cannot see where these decisions are recorded within the medical notes.

I see on page 108 of the notes that the patient was seen by Dr REID the Consultant who authorised the Diamorphine to be reduced to 40mgs over 24hrs.

I note that 40 mgs of Diamorphine was administered at 1640 hrs that day. The Midazolam was increased to 40 mgs at 1640 hrs, by SN Lynne BARRATT and myself.

On page 9 of the Controlled Drugs' Record Book, I have witnessed the administration of 10 mgs of Morphine Sulphate SR Tabs by Staff Nurse Code A at 2010 hrs on 1/4/99 and at 0845 hrs on 2/4/99.
I have also witnessed the administration of 10 mgs of MST by Staff Nurse Lynne BARRATT at 0810 on 3/4/99 and the administration of 20mgs of MST by Staff Nurse Code A at 0845 hrs on 11/4/99.

On page 87 of JP/CDRB/47 I have witnessed the administration of 20 mgs of Diamorphine by Staff Nurse Freda SHAW at 0900 on 12/4/99.

On page 88 of JP/CDRB/47 I have witnessed the administration of 10 mgs (entered after 40 mgs had been crossed out and error entered) of Diamorphine by Staff Nurse Lynne BARRETT.

On page 125 of the notes BJC/45 I have initialled that I have administered the following;

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Continuation of Statement of: Code A

Lactulose, 10 ml liquid at 0900 278/3/99
10 ml liquid at 0900 2/4/99
10 ml liquid at 1800 28/3/99

This is used for constipation.

On page 134 of the notes, I have initialled that I have administered the following;

Metoclopramide, 10mgs at 28/3/99

This is an anti-emetic used in the treatment of vomiting.

On page 69 of JP/CDRB/47 I have witnessed the administration of 60 mgs (2x30 mgs) of Diamorphine by SN Freda SHAW at 0900 12/4/99.

On the same page I have witnessed the administration of 40mgs of Diamorphine by SN Lynne BARRATT at 1640 12/4/99. Code A

Code A

Statement taken by Code A

Signed: Code A

Signature Witnessed by: Code A

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