

**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: **TEAM LEADER SOCIAL SERVICES**

This statement (consisting of 4 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: 04/03/2005

I am currently employed as a team leader for home care for the elderly that is to say people over the age of sixty five years run by the Social Services Department. I am in charge of the rapid response team for the Fareham and Gosport Home Service. I have been employed in this position for just over a year.

I trained as a student nurse between May 1976 and May 1979 and qualified as a State Registered Nurse in May of 1979. Between these dates I worked for the Portsmouth and South East Health Authority. I worked at both St Mary's and Portsmouth Royal Hospital.

My Nursing Midwifery Council PIN Number is 76E1672E.

From May 1979 until 1981 I worked as a Junior Staff Nurse on the female geriatric ward, B3 at St Mary's Hospital.

In 1981 I started an eighteen month long course in midwifery training however I became pregnant and left in November or December 1982 without completing the course.

Between 1983 and 1986 I was employed part time, working two night duties per week, as a staff nurse, at the Thalassa and Bury Lodge. These are both nursing homes for the elderly and are in Gosport, Hants.

About June 1986 I ceased nursing and ran my own business, 'Bambino's', a baby clothing and goods shop in the Precinct, Gosport until 1990.

Signed: **Code A**

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Signature Witnessed by:

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From early 1990 until September 1991 I was employed as a Clerical Officer by the Ministry of Defence at HMS Centurion, Gosport. This was the pay and pensions department for the armed services.

In September 1991 I re-applied for a nursing position with Portsmouth Health Care Trust. I was successful in my application and began work at the Redcliffe Annexe in The Avenue, Gosport. This unit was a long stay unit for people over sixty five.

Prior to re-commencing in nursing I was required to re-register with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

On restarting in nursing I was employed, part time as a Grade D Registered General Nurse (RGN).

In the period I worked at Redcliff Annexe, I worked along with Gill HAMBLIN, Grade G RGN and Ward Manager, Sue DONNE, Senior Staff Nurse F Grade RGN and Lyn BARRETT, Grade E RGN. As a Grade D RGN I was a junior staff nurse and as such always worked with a senior staff nurse.

During the period I worked at Redcliff Annexe I read the Nursing Standard and the Nursing Times, both publications concerning nursing and health care and in doing so updated my knowledge.

I should say that at that time the annex was part of the Gosport War Memorial Hospital.

My duties were 0900 - 1500hrs.

My responsibilities were to support untrained and junior staff and to be supportive of staff senior to me.

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I have been asked today about entries in the medical records of Arthur CUNNINGHAM , the first being page 837 of the police file of 928 pages.

The three entries dated 26<sup>th</sup> September 1998 were written by me.

Dr BARTON wrote the prescription on the form for Diamorphine, Hyoscine and Midazolam.

All three of these drugs were put into the syringe driver by me.

The syringe driver was already in place and I would have recharged it for twenty four hours over the 26<sup>th</sup> September, through to the 27<sup>th</sup>.

A syringe driver is a mechanical device normally placed in the stomach. It is battery powered and functions as a device to administer a regular dose of pain relief over a twenty four hour period.

By this date I was an E Grade RGN, a Senior Staff Nurse and was fully trained in the use of syringe drivers.

I can say by reading page 837 that DR BARTON prescribed for Mr CUNNINGHAM parameters of 40 to 200mg of Diamorphine, 800 micrograms to 2g Hyoscine and 20 to 200mg of Midazolam, all to be given over a twenty four hour period.

I can say that at 1150 hrs on 26<sup>th</sup> September 1998 I mixed 80mg of Diamorphine, mixed with water, 1,200 micrograms of Hyoscine and 100mg of Midazolam. They were all compatible to go in to a syringe driver.

This was all in accordance with standard medical practise.

As a Senior Staff Nurse I would stand in for the Ward Manager or the more Senior Staff Nurse above me in the ward. I was in effect in charge of the running of the ward and this would

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include the administration of medication to patients.

Each of the above entries was initialled by me at the time.

I have also been asked about my entries in page 869 (of 928) of the notes.

I confirm that the entry of 25/9/98 and the first entry of 26/9/98 are mine.

The entry of 25/9/98 states 'All care given this am. Driver recharged at 1015 Diamorphine 60mg, Midazolam 80mg and Hyoscine 1200 micrograms at a rate of 50 MMOLS. This is milli mols. Thus a unit of fluid measurement.

Son present at time of report. Carer also visited'.

The entry of 26/9/98 states, 'Condition appears to be deteriorating slowly. All care given. Sacral sore redressed. Mouth care given. Driver recharged at 1150. Diamorphine 80mg, Hyoscine 1200 micrograms, Midazolam 100mgs. No phone call from the family this am. Mrs SELWOOD phoned to enquire on condition'.

All medication given to Mr CUNNINGHAM was within those parameters set by Dr BARTON.

Any increases in the administration of medication would be discussed between the doctor, if available and the senior nurse. If the doctor was not available the decision, based on staff experience and qualifications, as well as the patients condition, would be determined by the two trained staff on duty.

As regards the use of syringe drivers I should say that a small butterfly needle is inserted below the skin and the driver applied. The stomach is normally the place of insertion due to the fact that it is the easiest place to put it.

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Further to the above I can confirm that the notes referred to by me are exhibit BJC/15. I have also been asked why the diamorphine was increased to 80mg on 26/9/98 and who made the decision to increase the dosage. I assume the increased dosage was because of increased pain and the decision would normally been the doctors, although if the doctor were not available two trained members of staff who knew the patient could have made the decision, provided it was within prescribed parameters, which it was. This increase would have been over a twenty four hour period and is not excessive.

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