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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: LORD, ALTHEA EVERESTA GERADETTE

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: COMMUNITY GERIATRICIAN

This statement (consisting of 9 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: A LORD	Date:	10/12/2004	
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I am Doctor Althea Everesta Geradette LORD and I am currently employed by the East Hants Primary Care Trust as a Community Geriatrician for Fareham and Gosport Primary Care Trust. I have held this position since the 21st June 2004 (21/06/2004).

In 1978 I graduated from the Faculty of Medicine at the University of Sri Lanka, Colombo. I obtained an MB (Bachelor of Medicine) and a BS (Bachelor of Surgery).

In 1983 I obtained a post graduate qualification as a Doctor of Medicine at the University of Sri Lanka, Colombo.

I worked at the General Hospital, Colombo as a Senior House Officer and a Registrar in General Medicine until May 1984.

From May 1984 I was employed as a Registrar in Nephrology under the supervision of Professor H A LEE at the Renal Unit at St Mary's Hospital, Portsmouth. I held this position until October 1985.

Between October 1985 to September 1988 I was employed as a Registrar in Geriatric Medicine at St Mary's and Queen Alexandra Hospitals, Portsmouth .

From October 1988 until March 1992 I was employed as a Senior Registrar on a rotation between Southampton and Portsmouth Hospitals.

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From the March 1992 until June 2004 I was employed as a Consultant Geriatrician for the Department of Medicine for older people in Portsmouth. During this period I worked at Queen Alexandra, St Mary's and Gosport War Memorial Hospitals .

In 1997 I obtained a F.R.C.P which is the Fellowship of the Royal College of Physicians.

My General Medical Council Registration Number is Code A

Between 1996 and June 2004, as a Consultant Geriatrician, my responsibilities included:-

In-patients at Queen Alexandra Hospital. In-patients at Daedalus Ward of Gosport War Memorial Hospital. In-patients at Kingsclere Rehabilitation Ward at St Mary's Hospital.

I also conducted Day Hospital sessions at :-Amulree Day Hospital at St Mary's Hospital Dolphin Day Hospital at Gosport War Memorial Hospital

These sessions alternated every week.

In addition I held out-patients sessions weekly at St Mary's Hospital and out-patient sessions on the first, third and fifth weeks at Gosport War Memorial Hospital.

I was consultant for all these patients who required specialist care for their physical health.

All these patients would have been over the age of 65 years.

During 1996 I would have been making weekly ward rounds as consultant responsible for Daedalus Ward of Gosport War Memorial Hospital. A ward round would involve seeing each patient on the ward in turn and making a note on the clinical notes of the patient.

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This responsibility together with my out-patient sessions and Dolphin Day Hospital sessions meant that I would attend Gosport War Memorial Hospital at least once, but most often twice a week.

When not at Gosport War Memorial Hospital I was available to be called to the hospital or to provide advice should there be any problem that required me to see or provide advice on the care or treatment of a patient.

I have been asked what involvement I had as consultant in charge in the care and treatment of a patient called Elsie LAVENDER date of birth **Code A**. Mrs LAVENDER was an in-patient on Daedalus Ward of Gosport War Memorial Hospital from 22nd February 1996 (22/02/1996) until her death on 6th March 1996 (06/03/1996).

I first wish to state that I have no personal recollection of any involvement with Elsie LAVENDER.

From Friday 23rd February 1996 (23/02/1996) until Monday 18th March 1996 (18/03/1996) 1 took a period of annual leave.

During this short period of absence it is unlikely that there would have been any locum consultant cover employed. Should any matter arise that required any input at consultant level then this could be sought through contact with the Elderly Medicine Department of the Queen Alexandra Hospital.

I have examined copies of the medical records of Elsie LAVENDER bearing the exhibit reference BJC/30.

From my examination of these notes/medical records I have found no entries or notes to indicate that I had any direct contact with Elsie LAVENDER or that any contact was made with me regarding the care/treatment of this lady.

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I note that my name does appear on page 9 of 10 which is a copy of a 'Discharge Spell Summary Form. My name appears against the heading 'Consultant' and shows as Dr A LORD. This is technically correct as although on a period of leave I note that Mrs LAVENDER was admitted to Daedalus Ward which was the ward which I had responsibility for at that time.

My name also appears at page 141 and 142, a 'Prescription Chart' against the heading of Consultant.

At page 148 and 150 a General Information Card against the heading of Consultant.

At page 161 and 162 a copy of 'Pressure Sore Documentation Form' against the heading of consultant.

This has been documented correctly as I was the consultant at the time with a responsibility to Daedalus Ward.

This is done as a starting point for staff as a point of contact for matters requiring a consultant input.

I would not be expected to be contacted during a period of leave or absence regarding a patient particularly if I had had no input into the treatment or care of that patient.

As far as I am aware there was and still is not any formal/written instructions for the provision of cover in the event of absences/leave of consultants.

However as a department we would ensure that intended leave and absences due to illness were notified as soon as were known and ensure that a consultant was available to cover any problems that may arise on a 'trouble shooting' basis. In the event of long periods of absence then 'locum' consultant cover may be sought. This would be arranged by the Clinical Director of the department and the hospital Medical Staffing Department. 'Locum' cover would be sought if the Clinical Director felt there were insufficient consultants to provide the necessary

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cover for the responsibilities of the department.

The consultant arranging a period of absence was not responsible for arranging 'Locum Consultant cover' during their period of absence.

Prior to any arranged period of absence then a verbal handover would be made to the covering consultants informing them of any particular problems.

Taken by:C J LEE