

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: THOMAS, ELIZABETH BASSETT

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

This statement (consisting of 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: E THOMAS

Date: 24/01/2005

I am Elizabeth Bassett THOMAS and I live at an address known to the Police. I am a Physiotherapist at the Queen Alexandra Hospital Cosham Portsmouth. I qualified in 1991. I am a member of the Chartered Society of Physiotherapy, my membership number is My Health Professions Council membership no is PH43584. My membership number of the British Thoracic Society is

Between September 1991 and February 1994 I worked at the Ipswich Hospital NHS Trust in a rotational post. The rotations included the outpatient respiratory dept, pulmonary and cardiac rehabilitation, care of the elderly, ICU and outpatient dept.

Between February and May 1994 I worked at the Colchester General Hospital in a Senior 11 locum post in cold orthopaedics, surgery and ICU.

Between May and September 1994 I was employed at the Llwynypia Hospital, Rhondda Mid Glamorgan also in Senior 11 locum post in acute medicine and rehabilitation for the elderly.

Between September and October 1994 I worked at the Royal Bournemouth Hospital in a Senior 11 locum post on In and out patient neuro rehabilitation.

Between September and December 1994 I worked at St Mary's Hospital Portsmouth in a Senior 1 locum post in acute medicine and ICU

Between December 1994 and October 1996 I was employed at the Royal Hospital Haslar

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Gosport in a Senior 1 post. I worked in acute medicine and ICU. I also did in service training and staff appraisal.

Between October 1996 and October 1997 I worked at the Wigan and Leigh NHS Trust also in Senior 1 locum post. I was involved in the management of acute and sub acute medical respiratory physiotherapy service. I had hands on involvement in consultant led research to study the effects of threshold loading and incremental training of the inspiratory muscles. This post included regular commitment to ICU.

Between October 1997 and May 1998 I was employed at the City General Hospital in Stoke on Trent in a Senior 1 locum post in acute medicine.

Between June and July 1998 I worked at the North Manchester General Hospital in a Senior 11 locum post in the surgical wards and ICU.

Between July and September 1998 I was employed at the Macclesfield District General Hospital in a senior 1 locum post in acute medical chests and ICU.

Between September 1998 and March 1999 I was employed at the Airedale General Hospital Skipton West Yorkshire in a Senior 1 locum post. I was responsible for Co-ordination and management of acute medical and surgical chests and ICU. The post included setting up and running a comprehensive in-service training programme and journal club, regular commitment to the Breathe easy Club and improving the profile of respiratory physiotherapy within the trust.

Between March and September 1999 I worked at the Tameside general Hospital Ashton under Lyne Manchester again in senior Locum 1 post. I worked in the surgical wards and ICU. I also trained on call staff in acute respiratory staff.

Between September 1999 and August 2000 I worked at the Royal Liverpool University Hospital Trust in Senior 1 locum post. I was co-ordinating respiratory physiotherapy on a large ICU and general surgical wards. This included the utilisation of non invasive ventilation, on call work, in

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service training and supervision and appraisal of rotational physiotherapists and students.

Between October 2000 and December 2002 I worked at Gloucestershire Hospitals NHS Trust Gloucester in Senior 1 locum post. I was involved in the management of acute medical respiratory problems for the first 22 months, followed by 6 months of surgery and ICU. Respiratory outpatients were seen throughout the 2 years, referrals were predominately for the management of hyperventilation syndrome.

Between January 2003 and August 2004 I was employed at Northampton General Hospital also in a Senior 1 locum post. There I coordinated the inpatient respiratory service to surgical, medical and maxillo-facial wards and ICU. As the lead respiratory clinician for acute services there was a close liaison with the nurse led ICU outreach team. There was regular commitment to the physiotherapy departments Service Development Group. I set up a critical care Allied Health Professional/ Health Care Scientist group within the trust, for which I was the representative at Central England Network meetings. As part of this role, I also attended Critical Care Delivery Group and Consultant meetings.

Between May and August 2004 I worked at the St James University Hospital Leeds in a Senior 1 locum post. I was clinically responsible for medical HDU including acute non invasive ventilation, and medical respiratory wards and also respiratory outpatient work.

I have also completed Further Clinical Education including "Care of the Chronically Breathless Patient", "Aspects of Acute Respiratory Care".

I was awarded the MSc in Respiratory Physiotherapy, involving the completion of the following modules, Chronic Lung Disease, Critical Care, Clinical Decision Making, Applied Research, Clinical Education and Medical Ethics. I completed my research dissertation in December 2002.

I have also lectured on the Sheffield Hallam University MSc Respiratory Physiotherapy course for the past three years.

At the time of this investigation in February 1996, I was working as a Senior 1 locum medical

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respiratory physiotherapist. I also worked on the intensive care unit. Patients with respiratory disorders would be referred to me. I would attempt to get patients with restricted mobility back to their previous level of independence. This included patients with multiple pathologies causing general functional deterioration, stroke patients, and patients with other neurological disorders.

At this time I had no terms and conditions as I was a Locum and not employed by the NHS trust as far as I can remember.

I have never heard of the term the Wessex Protocols.

On the occasions I documented in the medical notes, to inform the doctors of a patient's progress, I would do this immediately following patient contact. I would also often have physiotherapy notes which I would complete within 24 hours. As far as I can remember these were kept separately from the medical notes.

My hours of duty at that time were between 36-37 1/2 hours per week. I worked day duty between Monday to Friday. I also did on-call via a bleep.

I have been asked to detail my involvement in the care and treatment of Elsie LAVENDER . I do not recall this patient but from referral to entries in a copy of her medical notes exhibit reference JR/11A, I can confirm that on page 157 dated the 8th February 1996 (08/02/1996) I have written, "S/B Physio.

S. Previously mobile lady adl independent

O. Currently c/o shoulder U/L tenderness and abdo pain on assessment - oedematous hands

No voluntary active mvmt (on request)

Due to pain + bilat shoulders

Full passive/assisted ROM both shoulders

Muscle power difficult to assess but seems intact.

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Mobility - sit ↔ stand C 2 Full support req'd for a few steps

A Pain in shoulders seems to be major problem. N/S having to feed/wash/dress this previously independent lady at present."

I have signed this entry Elizabeth THOMAS

S/B means seen by

S means Subjective

O means Objective

Pain + means a lot of pain both shoulders

ADL means Activities of daily living

C/O means complaining of

UL means Upper limbs

Oedematous means Swollen

ROM means Range of movement

Sit ↔ stand means Sit to stand

C2 means With the assistance of 2 persons

A means Analysis

N/S means Nursing staff

I can also confirm that on Page 165 of the medical notes JR/11A I have written, "Continuing c Physio

S: Requires encouragement to mobilise

UL: UL Function improving, starting to feed herself c encouragement. For OT assessment (wash/dress) today. Still c/o shoulder pain.

Mobility remains poor - sit ↔ stand c2

Standing balance poor. Mob c2 short distance

Unable to issue walking aid due to UL function

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Discharge to own home seems unlikely in the near future."

I have signed this entry as Elizabeth THOMAS.

Signed: E THOMAS
2004(1)

Signature Witnessed by: Code A