

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: BELL, ELIZABETH JANE

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: SEN GRADE D

This statement (consisting of 2 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 J BELL

Date: 12/06/2003

I am the above named person and I reside at an address known to Hampshire Police.

I am employed by the Gosport War Memorial Hospital as an enrolled nurse (Grade D) on Dryad Ward. My responsibilities are general patient care and looking after the nursing auxiliaries. I have been employed at the hospital since February 1996.

I would describe the general patient care at the hospital, certainly on my ward as excellent.

Syringe drivers have been used on my ward and in my opinion they had always been used correctly and only when necessary. I have received training in the use of syringe drivers.

Likewise diamorphine has been used on the wards but only when necessary. I have no concerns about the use of syringe drivers or the prescribing or administering of diamorphine.

I am concerned however that diamorphine and syringe drivers are not used as much as they should be and people are dying in pain. Staff are reluctant to prescribe diamorphine in light of the current investigation.

I am aware of previous police investigations and of the CHI report but had no involvement.

Signed: E J BELL
2004(1)

Signature Witnessed by: