

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: EVANS, CHRISTINE ELIZABETH

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RGN STAFF NURSE

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: C E Evans

Date: 09/07/2003

I am the above named person and I live at the address overleaf. I qualified as a Nurse in 1979, between 1983 and September 2001 I worked at the Gosport War Memorial Hospital as an E Grade Staff Nurse I worked at Redcliffe Annexe in the main but also worked nights as a relief Nurse on Daedalus and Dryad. I was normally in charge of the ward on nights.

I would describe general patient care at the hospital as good. I was aware of the use of syringe drivers this caused me no concerns as I thought they were being used appropriately. Nor did I have any concerns about the use of Diamorphine .

I was trained in the use of syringe drivers and I felt confident and competent in their use.

I was aware that the Police had conducted an investigation at the GWMH, but I was not spoken with as I had no contact with the lady concerned. I have not been spoken with by any internal investigations.

I have no other information that would be of use but I would say there is nothing that causes me any concern.

Signed: C E Evans
2004(1)

Signature Witnessed by: