



HAMPSHIRE CONSTABULARY

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: **Michael James EDMONDSON**

Age if under 18 : **Over 18** (if over 18 insert 'over 18')

Occupation : **Fl. Lt. Nursing Officer P.M.R.A.F.A.**

This statement (consisting of 4 pages 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 in it anything which I know to be false or do not believe to be true.

Signature : M J EDMONDSON

Dated the 07 July 2000

I am the above named person and I reside at the address as stated overleaf.

I am a member of the Royal Air Force and I believe I was stationed at the Royal Naval Hospital Haslar, Gosport, Hampshire, between January 1997 and January 1999. I say believe, because I can't remember the exact dates but in any case I have been I have been asked to comment on events at Haslar during August 1998, and can confirm that I was definitely there during that period. At that time I was the nursing officer in charge of Ward E3.

I have been asked to comment on a patient who was on Ward E3 between 14th and 17th August 1998, by the name of Gladys RICHARDS. I have examined copies of the patients medical notes from the period she was on Ward E3, but I'm unable to recall this particular individual.

I can say however that as the officer in charge I would have been on the ward rounds with the registrar and any decision to discharge a patient is discussed jointly between the registrar, myself and other medical staff.

I have looked at an original letter which I wrote, dated 17th August 1998 which bears the identification reference LH/1/C/6 and is addressed to the nurse in charge, Daedalus Ward, at the Gosport War Memorial Hospital. I can confirm that this letter was written by me. The letter would have been written based on

Signed : **M J EDMONDSON**

Signature witnessed by : _____



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information I would have received from the ward rounds, discussions with other medical staff and notes in the patients medical records.

I refer to a copy of Gladys RICHARDS ward notes which bears the identification reference AF/1/C/87 and an entry timed at 07.00am on 17th August 1998 which states "...assisted to sit out on commode..." I would judge from this entry that the patient was able to sit in a chair and was able, with assistance, to transfer from bed to chair. I have been shown a copy of a patient transfer request form marked as document 65 and can confirm that this form was written by me. I have indicated on this form that the patient is able to travel in a chair and this would have been based on the information I have already commented on with regard to the patient being able to transfer from bed to chair. I can not recall this patient and therefore am unable to say whether or not I was present when the patient was discharged.

The policy in place at Haslar at that time, for the movement of a patient from bed to a trolley was by means of a PATSLIDE, which is a recognised method of transferring a patient from a bed to either a trolley or stretcher. This method involves the inserting of a board beneath the patient and lower bed sheet and they are slid sideways onto the trolley/stretcher.

In conclusion all I can say in relation to my letter (LH/1/C/6) is that we must have been satisfied with the closed hip relocation and recommended further re-mobilisation.

We would not have transferred anyone who's medical condition was visibly deteriorating.

In order to clarify a point I would like to add that in relation to the copy of document 65 I have already commented on, because I am unable to recall this patient I am not in a position to say if Gladys RICHARDS was in fact moved by chair as indicated on the form or be stretcher.

Signed : **M J EDMONDSON**

Signature witnessed by : _____



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I have only commented on the patslide method of moving a patient because I have been asked to explain the ward policy that was in place at that time.

Signed : **M J EDMONDSON**

Signature witnessed by : _____



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Statement of: **Michael James EDMONDSON**

Home address : Code A

Home telephone No. : Code A Business telephone No. : Code A

Sex : **Male** Date and place of birth : Code A

Maiden name : Height : Code A Identity Code : **1**

Dates to be avoided. Delete dates of non-availability of witness (not police officers)

Month of :							Month of :							Month of :						
1	2	3	4	5	6	7	1	2	3	4	5	6	7	1	2	3	4	5	6	7
8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31					29	30	31				
Month of :							Month of :							Month of :						
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8	9	10	11	12	13	14	8	9	10	11	12	13	14	8	9	10	11	12	13	14
15	16	17	18	19	20	21	15	16	17	18	19	20	21	15	16	17	18	19	20	21
22	23	24	25	26	27	28	22	23	24	25	26	27	28	22	23	24	25	26	27	28
29	30	31					29	30	31					29	30	31				

Contact point, if different from above :

Address :

Telephone No. :

STATEMENT TAKEN BY : Code A

Station : **MIR RF**

Time statement taken : **BET 1330 and 1545**

Place statement taken : **Above address**

Signed : **M J EDMONDSON**

Signature witnessed by : _____