



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: **Minh RUSHTON**

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

Occupation : **Health Care Support Worker**

This statement (consisting of 2 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 RUSHTON

Dated the 01 July 2000

1. I am a Health Care Support Worker employed by Portsmouth Hospitals NHS Trust at Gosport War Memorial Hospital. I have worked in this capacity for 10 years. In August 1998 I worked in Daedalus Ward as I do at the present time. Daedalus Ward provides continuing care and slow stream stroke rehabilitation for frail elderly patients. In August 1998 Daedalus Ward comprised eight single bed rooms and four 4-bed rooms i.e. capacity for 24 patients in total, as it does today. The overnight staffing for Daedalus Ward is usually one qualified nurse and two healthcare support workers. My duties as a Health Care Support Worker are to assist in the general care of patients. As a Health Care Support Worker I do not make decisions as to how a patient is nursed. I am not involved in decisions concerning medication or the provision of intravenous drips. If I identify any problem with a patient's care I refer to qualified nursing staff.

2. I have checked the on-duty rota for August 1998. My on duties between 11 August 1998 and 21 August 1998 the period covering the late Mrs RICHARDS' two admissions to Daedalus Ward were as follows;

Signed : **M RUSHTON**

Signature witnessed by : _____



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Continuation of Statement of : **Minh RUSHTON**

11 August 1998 Night shift 8.15 p.m.-7.45 a.m.

12 " " " "

13 " " " "

14 " Off duty.

15 " " " "

16 " Night shift " "

17 " " " "

18 " " " "

19 " Off duty

20 " " " "

21 " Off duty

3. When I come on duty at 8.15 p.m. I take the report from the late shift staff. After taking the report I check that the patients are comfortable. At that time some patients will have already gone to bed. Other patients may need to be taken to the toilet and settled down for the night. At 10 p.m. a qualified member of the nursing staff carries out the drug round. The Health Care Support Workers do not usually assist with dispensing any medication. I finish settling patients down at approximately 11.30 p.m. and then take a break. The ward is quiet overnight but patients may need turning in bed or to be taken to the toilet. At 6 a.m. I start to get the patients up wash them and change their bedding if required. A qualified member of staff carries out another medication round at that time. I make the patients tea and coffee and generally tidy up. At 7.30 a.m. I hand over to the day staff and go off duty at 7.45 a.m.

Signed : **M RUSHTON**

Signature witnessed by : _____



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Continuation of Statement of : **Minh RUSHTON**

4. I do not recall the late Mrs Gladys RICHARDS. I believe that she occupied a single room. I have considered her hospital case records. I have made only one entry in these case records, that is on the page headed "Personal Hygiene". I have noted "18.8.98 Complete bed bath given plus oral hygiene". I have signed this entry. It has also been signed by my colleague M PERKINS another Healthcare Support Worker who would have assisted me in providing care for the late Mrs RICHARDS. I do not recall any contact with the late Mrs RICHARDS' daughters Mrs LACK and Mrs MACKENZIE.

Signed : **M RUSHTON**

Signature witnessed by : _____



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Statement of: **Minh RUSHTON**

Home address :

Home telephone No. :

Business telephone No. :

Sex : **Female**

Date and place of birth :

Maiden name :

Height :

Identity Code :

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 :						
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				

Contact point, if different from above :

Address :

Telephone No. :

STATEMENT TAKEN BY :

Station :

Time statement taken :

Place statement taken :

Signed : **M RUSHTON**

Signature witnessed by : _____