



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: **Lesley Forbes HUMPHREY**

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

Occupation : **Quality Manager**

This statement (consisting of two 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 : **L F HUMPHREY**

Dated the **26 May 2000**

Further to my previous statement I have also obtained a copy of the Controlled Drug Register for Daedalus Ward at the Gosport War Memorial Hospital for the period 17/05/98 to 11/09/98, I produce this as LH/10.

This register details controlled drug issues, it shows pages relating to the issue of drugs to Gladys RICHARDS. On each page are the following details in columns.

- 1) The amount of each drug detailed at the top of the page in name, form of preparation and strength received from pharmacy into the locked ward drug cupboard.
- 2) The date the drugs were received.
- 3) The serial number of the requisition.
- 4) The date drugs were removed from the cupboard to be given to the patient.
- 5) The time it was taken out.
- 6) The patient who would receive the drugs.
- 7) The amount of the drugs removed to give to the patient.
- 8) The signature of the person withdrawing the drugs (this person must be at least a qualified nurse).
- 9) The signature of the person witnessing the withdrawing of the drugs (this person must be at least a qualified nurse).

Signed : **L F HUMPHREY**

Signature witnessed by : _____



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Page No. : 2

Continuation of Statement of : Lesley Forbes HUMPHREY

10) The stock balance after the required drugs have been withdrawn.

On this photo copy the names of the staff signing on columns (8) and (9) have been written in block capitals in columns (1) and (3) to aid identification of the signatures. This has been done on page 47 - 'Diamorphine 30mg injection' and page 41 - 'Diamorphine injection 10mg'. I do not know who has made these entries but it may be Barbara ROBINSON the Service Manage at Gosport Memorial Hospital at the time of Gladys RICHARDS death.

To clarify, the four pages of LH/10 do not cover all controlled drug issues on Daedalus Ward for the period 17/05/98 to 11/09/98, only the pages that mention Gladys RICHARDS have been copied.

Signed : **L F HUMPHREY**

Signature witnessed by : _____



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Statement of: **Lesley Forbes HUMPHREY**

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 :							
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 : **L F HUMPHREY**

Signature witnessed by : _____