

**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: TUBBRITT, ANITA

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

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This statement (consisting of 5 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: A TUBBRITT

Date: 27/04/2006

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I am a Senior Staff Nurse at Gosport War Memorial Hospital, where I work nights on Sultan Ward. I trained at The Royal Hants County Hospital, Winchester from 1982 to 1986, my Nursing and Midwifery Council number is 82Y3321E and my RCN no is 828054. After my training I worked at Beechcroft Manor Nursing Home Gosport for 9 months until May 1987 when I started work at Gosport War Memorial Hospital, first employed at the Redclyffe Annexe at the Avenue, Gosport which was a geriatric ward for patients who couldn't cope on their own, they were not necessarily ill but needed nursing care. In 1998 I was employed as a Senior Staff Nurse on Dryad Ward at Gosport War Memorial Hospital I have been employed there since that time as Senior Staff Nurse on Night Duty only, now covering Sultan Ward as well as Dryad Ward.

In 1999 I was a Senior Staff Nurse on Dryad Ward at GWMH and I was working on night duty, my role responsibility was that I was in charge of the ward and indeed of the whole hospital on nights in the absence of the night sister. My line manager at that time was Gill HAMBLIN.

At the time of the investigation I had received no training/certification in the administration of I.V. drugs. I have since 2003 received such training.

I understand the Wessex Protocols to be drug prescribing and administration guidelines.

I understand the analgesic ladder to be the administration of drugs beginning with low strength analgesia working up to strong opiates, depending on a particular patients need. The Doctor would decide regarding the drugs administered and also the patient would have input if they

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2004(1)

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were able to, regarding if still in pain. How the drugs are prescribed by the Dr would indicate if a nurse can make any decision as to increasing the dosage.

I had training before 1999 in the setting up of syringe drivers in a group session at GWMH and also at Queen Alexandra Hospital. The syringe drivers used were Graysby and were administered sub - cutaneously (under the skin). Training was generally available then although widely so although as more were used more training became available. Nurses could also apply to attend training.

The Named Nurse was the nurse allocated to a particular patient. That nurse would be in charge of care and would also manage care, providing the link between the patient and the family if there were any questions to be answered.

The time and date of entries in the nursing notes would depend on the patient and how busy the shift was. But generally these would be completed when we had time or at the end of a round on nights when we were getting the patients ready to go to sleep.

Since qualification I have worked night duty. I worked 25 hours week from 2015 to 0745. Two nights on week, 1 then three nights on week 2.

There were no ward rounds on night duty.

Dr BARTON would usually be in the hospital by 0730 and would sometimes ask regarding specific patients.

I have heard the term All Nursing Care, but not the abbreviation ANC. This means that we were providing all the care that patient required, in that they were unable to do anything for themselves. Their Barthel score would be low. We would provide care in relation to washing, dressing, feeding, repositioning, bathing and toileting.

The term TLC means Tender Loving Care and would indicate to me that the patient was poorly

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and not expected to live very long.

The term, "I am happy for staff to verify death", I have heard of, and indicates that a patient is terminally ill and is expected to die fairly soon and the doctor is happy for nurses to verify death.

I have been asked to detail my involvement in the care and treatment of a patient named Geoffrey PACKMAN, I have some recollection of this patient and from referral to the Dryad Ward Controlled Drugs Record Book (Exhibit Reference JP/CDRB/24) I can say that;

On page 54 of this book, dated 26/8/99 at 2225 I have signed that the witnessed the administration of Oramorph (20 mgs /1ml) by Staff Nurse Irene DORRINGTON.

On page 54 of this book, dated 27/8/99 at 2215 I have signed that I witnessed the administration of Oramorph (20mgs/1ml) by Staff Nurse Beverley TURNBULL.

On page 54 of this book, dated 28/8/99 at 0705 I have signed that I witnessed the administration of Oramorph (10mgs/0.5mls) by Staff Nurse Beverley TURNBULL

On page 55 of this book, dated 28/8/99 at 1900 I have signed that I witnessed the administration of Oramorph (10mgs.0.5mls) by Staff Nurse Shirley HALLMANN.

On Page 55 of this book, dated 28/8/99 at 2310 I have signed that I witnessed the administration of Oramorph (20mgs/1mls) by Staff Nurse Beverley TURNBULL.

On page 55 of this book, dated 29/8/99 at 0635 I have signed that I witnessed the administration of Oramorph (10mgs/0.5mls) by Staff Nurse Beverley TURNBULL.

On page 59 of this book, dated 27/8/99 at 0700 I have signed that I witnessed the administration of Oramorph (10mgs/5mls) by Staff Nurse Beverley TURNBULL.

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I have also referred to the medical notes of Geoffrey PACKMAN (Exhibit reference BJC/34) and I have not made any entries in these notes at all. On looking at page 172 of those notes I see two prescription sheets for Oramorph written up by Dr BARTON on 26/8/99.

One is for 10mg/5ml to be administered orally in a dose range of 10-20 mgs 4 hourly.  
The second is for 10mg/5ml to be administered orally in a dose of 20mgs nocte. (At night).

These drugs would be administered because they were written up by a Doctor and on that authority only.

If that dose was to be increased or indeed decreased, the decision to do so and the reasons why should be documented in the nursing notes.

I had no further dealings with this patient.

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