

**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: AYLING, BRIDGET

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

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: B M AYLING

Date: 29/10/2004

I am employed by the Fareham and Gosport Primary Care Trust at the Gosport War Memorial Hospital, Gosport. My current role is as staff nurse (grade E). I have held this position since 1996 (I cannot remember the exact month that I obtained this grade).

I undertook pupil nurse training at Southampton University Hospitals of the Royal South Hants and the Southampton General Hospitals from January 1983 to October 1985 where I qualified as an Enrolled Nurse (EN).

My Nursing Midwifery Council No. **Code A** which is due for renewal in August 2006.

I only worked for a short period in 1985 before I gave up work later that year to have a family.

I returned to work as an EN in 1989 where I worked at Ashview, a home for mentally handicapped people situated in Bury Road, Gosport.

I then worked at Hollam House Nursing Home.

I commenced working at the Gosport War Memorial Hospital as a C Grade EN on the female ward in June 1990. At this time the ward consisted of 24 beds, the patients were mainly elderly women. This included 6 beds which were allocated for patients undergoing minor surgical work.

Whilst I was working on the ward I upgraded to a D Grade Enrolled Nurse.

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I believe it was in April 1994 that the female ward was transferred to the new building at the Gosport War Memorial Hospital and was renamed Sultan Ward. The male ward was also relocated and was called Daedalus Ward (GWMH).

At the same time Redcliffe Annex transferred all their patients to the new wards at the GWMH which was called Dryad Ward.

As a D Grade EN my responsibilities increased on the ward, these included dispensing medication to patients, liaising with GP's, social workers, occupational therapists.

I was responsible for the direct care of the patients on the ward. I also supervised the nursing auxiliaries and student nurses that worked on the ward.

It was part of my responsibilities to keep myself updated with regards to training in basic procedures such as basic life support, fire procedures, manual handling of patients (ie, lifting patients in and out of bed).

Between October 1994 and November 1995 I completed a conversion course from an EN to a Registered General Nurse (RGN). I qualified as a D Grade. I continued working on Sultan Ward as a D Grade RGN. My responsibilities remained the same.

The sister of Sultan Ward at this time was Joan LOCK. I believe it was sometime in 1996 that I applied for and was successful in obtaining E Grade Staff Nurse.

My responsibilities as an E Grade included managing/running the ward (in the absence of an F or G Grade RGN, ie, senior staff nurse or manager). This included the administration of medication, liaising with the multi-disciplinary team, ie, occupational therapists, physiotherapists, GP's, consultants, social workers and relatives.

Sultan Ward is currently divided into the two teams which are called the green team and the

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blue team.

I am the staff nurse in charge of green team.

The reason the ward has been divided into two teams is to make it easier for the continuity of care and to make it easier for the patients.

In my role as a staff nurse I would accompany the doctor on their ward rounds. I would record/note any changes in medication into the nursing notes within the patients records. This included any changes to the patients care plan or suggestions made by the Doctor whilst on the ward round. I would also handover the patients care to the next shift. I would detail any changes to patients care or to their medication.

As previously mentioned I have worked at the Sultan Ward for the past 14 years.

There has been a few occasions when I have worked on other wards when there has been a staff shortage.

I have been asked to detail my involvement with regards to the patient Code A.

I do not remember this patient or any care that may have been administered to him.

I have been shown the drug register, exhibit JD/CDRB/21 for controlled drugs relating to the patient Code A dated the 19/1/96 (19/01/1996) page 7 and page 16 refer.

I can confirm that I have witnessed the entry by Staff Nurse BARRATT confirming that 20mgs of diamorphine has been drawn up together with 100mgs of the same drug on the 19/1/96 (19/01/1996) for the patient Code A.

It is policy that two (2) trained nurses must check and record firstly that the quantities of the controlled drugs have been accurately recorded. That the amount remaining that is recorded in

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the controlled drug register is correct.

Once this has been established the patients prescription chart would be checked by both nurses to ensure the amount of controlled drug to be given to the patient is appropriate.

Should I note that there was a large discrepancy from the previous dosage administered I would firstly not agree to give the amount out to the patient and then document the reason on the prescription chart and in the nursing notes why this had been done. I would also try to contact the Doctor who had prescribed the drugs initially. However if the initiating Doctor was not available then I would contact the on call Doctor.

If the patient was able to understand I would inform them of the reason for not giving the medication. If this was not possible I would contact the next of kin.

I can confirm that I witnessed the entry by Staff Nurse BARRATT where 100mgs of diamorphine (1x100mg ampoule) has been drawn up, this entry is dated the 19.1.96 (19/01/1996) @ 1500 for the patient [Code A].

Although I was working on Sultan Ward it is apparent to me that I was called down to Dryad Ward to witness S/N BARRATT checking and giving controlled drugs to a patient. There was obviously only one trained nurse working on Dryad Ward at that time.

As S/N BARRATT had signed for the controlled drugs together with other medication to be given via the syringe driver, I would be required to witness the whole procedure. That is I would physically check each ampoule of medication for the amount, the expiry date and the name of the drug to ensure that the correct dosages are drawn up and given to the patient.

I have been using syringe drivers since starting as an enrolled nurse at the female ward at Gosport War Memorial Hospital since 1990.

I was initially given training by other staff nurses competent to use syringe drivers. I would

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have watched/observed trained staff administering medication via a syringe driver. Then I would have administered drugs via a syringe driver under direct supervision of a trained nurse.

I have since attended study sessions on use of the syringe driver at various places. The training has normally been given by the palliative care team.

We were given updates with regards to the new syringe drivers which were introduced approximately 2 years ago.

It is one of my responsibilities to keep myself updated with regards to any changes in procedures.

I had no other dealings with the patient: Code A.

Taken by: Redacted

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2004(1)

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