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Form MG11(T)

WITNESS STATEMENT

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

Statement of: TURNBULL, BEVERLEY ANNE

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

This statement (consisting of 6 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.A Turnbull Date: 06/06/2005

I am Beverley Anne TURNBULL and am presently employed as a Grade Staff Nurse on Dryad Ward at the Gosport War Memorial Hospital, (GWMH) .

My nursing career commenced when I qualified as a State Enrolled Nurse in November 1967, have carried out my training at the Queen Alexandra (Q.A) Hospital, Cosham, Hants . My registration number is

Between 1967 and 1972 I worked at the Gynaecological Unit, St Mary's Hospital, Portsmouth, Hants then left nursing for a year to work as a Clerical Assistant in the Civil Service.

Between 1973 and 1974 I worked as a Community Nurse at Cosham Health leaving there to bring up my first child.

In 1976 I recommenced my career working twenty hours a week, covering the weekend day shifts at the Redcliffe Annex, The Avenue, Gosport. This was a geriatric unit of GWMH situated a couple of miles from the hospital.

This was the first time I worked caring for the elderly who were long term stroke patients and as such did not require a great deal of medical care but did require basic nursing care. There were no medical staff attached to the unit. The patients own GP's would attend the Annex and administer any medical care, at the request of the nursing staff.

At that time it was the practise for the State Enrolled Nurses to take charge of the ward so when

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I was on duty I would be responsible and would work with the Auxiliary nurse. A Sister was in overall charge of the Unit and would work opposite my shift, however there were occasions when we worked together when our duties overlapped.

Between 1978 and 1981 I was away from the Unit bringing up my family, having had my second child.

In 1981 I returned to the Unit working as before.

In 1984 I started working twenty hours a week on night shift, i.e. 2015-0745 hrs.

Between 1994 and 1995 I took a conversion course to State Registered Nurse (SRN) and subsequently became a Grade D Staff Nurse.

When I first started at the Annex it was like working in a nursing home or a rest home. The patients required long term care. They were not there to recuperate but to be given palliative until they died. Some had been there for up to ten years.

Patients required pain relief but I do not recall any of them requiring opiates.

Around 1986 the method of staffing changed and a Staff Nurse was required to work at the Unit. The number of patients also doubled, to eighteen or twenty. These were still dealt with, medically, by their own GP's.

Sometime after 1986, I cannot remember when a local GP was appointed to take responsibility for all the Annex patients. This was Dr Jane BARTON . If we had a problem with a patient during the night we would contact her Practice and she or a partner would either give advice over the telephone or attend the Annex.

I do not know what her procedure was during the day. I did see Dr BARTON start her ward rounds as I was going off duty.

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A Barton innovation ?

Around this time I noticed the use of Syringe Drivers on the ward. This is a battery driven device used to administer over a twenty four hour period strong narcotic analgesic to patients. An analgesic is a pain killer. The type of drugs being administered were Diamorphine , a strong opiate and Midazolam a sedative drug.

The result of the usage of these drugs in the driver was that the patients be
became unrousable, and died.

I was very concerned because I believed that this practise was being used
not presented any symptom of pain.

All of the patients under the care of Dr BARTON were prescribed in this way. She set the parameters of the amount of the drugs and it was at trained nursing staff's discretion as to when increases were given, depending upon the patients increased level of pain.

My concerns were that patients were going straight on to the above drugs without weaker analgesics being tried on them to keep them comfortable. This is what usually happens. The stronger drugs are normally prescribed when the weaker fail. This procedure is known as the Analgesic Ladder.

I was aware that other members of the nursing staff had their own misgivings about the use of Syringe Drivers. I spoke with both Sylvia GIFFIN and Anita TUBRITT about it. Sylvia had also mentioned her concerns to others but I do not know who.

During 1991 there were a number of meetings which I attended in relation to the use of Syringe Drivers on our Unit. I have retained all the correspondence and minutes I had at that time, including one attended by the Hospital Manager, Mrs EVANS .

Both myself and other members of trained nursing staff voiced our concerns regarding the use of the stronger drugs being administered from the outset of the patients care.

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A Barton investigation ?

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The result of the usage of these drugs in the driver was that the patients became heavily sedated, became unrousable, and died.

I was very concerned because I believed that this practise was being used upon patients who had not presented any symptom of pain.

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Signed: B.A Turnbull Signature Witnessed by: Code A
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Mrs EVANS said she would arrange some training in the use of Syringe Drivers however as a State Enrolled Nurse this did not affect me as I did not set them up.

10 Following that meeting I was still unhappy and I am aware that Sylvia GIFFIN got in touch with the Royal College of Nursing regarding the matter.

Sylvia also held a meeting at her home and a male RCN representative attended and stated his concerns.

11 I remember attending a meeting called by a Dr LOGAN . He and the medical staff sat like a panel opposite the nursing staff. Their general tone was highly condescending, talking to us as if we did not know what we were talking about and that we did not understand the properties of Diamorphine. I felt very vulnerable and did not believe that anyone was listening to us.

I remember that a policy was going to be drawn up to formalise procedures but to my knowledge this never happened.

12 I felt that me and my colleagues had been labelled as trouble makers. There was a definite atmosphere between night and day staff at the Unit.

The Redcliffe Unit thereafter joined the main hospital and the patients moved in to Dryad Ward. The type of patient remained the same and the Doctor responsible for them was still Dr BARTON. The Consultant I believe was Dr REID .

The type of patient being admitted to the ward began to change over time. There were more patients on the ward for assessment and as a result of orthopaedic procedures. There was a more multi disciplinary input for example physiotherapy and occupational therapy. The patients were able to express their needs more clearly and we had more people in for rehabilitation.

I would read the notes of each of my patients and determine what I needed to do for each one.

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The other nurses would do the same. All the nurses have access to patient's medical notes.

(13) I did not have any concerns in respect of Mr CUNNINGHAM although I had my concerns with previous patients on the ward.

On 14th March 2005 (14/03/2005) I was referred to Exhibit BJC/15 , the medical notes of a Mr CUNNINGHAM, a patient on the ward. I do not remember this patient or any member of his family.

Page 870 of the notes reads, 'Nocte' 26/9/98
Nocte is Latin for night
(14) 'Stepson notified . Brian died at 2135 death confirmed by S/N B TURNBULL and witnessed by SSU A TUBRITT. Stepson visited Shirley SELLWOOD also told of Brian's death. For cremation. I believe this is self explanatory.

The entry on page 645 of the notes dated 26/9/98 reads, 'Brian's condition continued to deteriorate. Died at 2315.
No carotid artery pulse
No radial pulse
No heartbeat when listening with stethoscope
No visible respiration
No inspiratory sounds of breathing
No pupil reaction to light
Death confirmed by S/N B TURNBULL witnessed by me and Anita TUBRITT.
Family notified and visited.

All of the above entries are normal procedure for checking if life is extinct or not. As a Staff Nurse I am qualified to state if life is extinct.

The carotid artery pulse is on the neck.

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The radial pulse is on the wrist.

Pupils would be dilated i.e. enlarged.

Because it was during the night there were no Doctors on duty to perform these tasks so it was in order for two nurses to carry out the role, in this case me and Anita TUBRITT.

The notes would be written up either shortly after death or at the latest, by the end of the shift.

The term, named nurse refers to the nurse given overall care for an allocated number of patients. This may number three or four.

As far as hospital ward rounds are concerned I was not involved in these as I worked night. These were done daily by the Clinical Physician during the day.

At this time it was usual practise for the Senior Staff Nurse or Nurse in Charge to increase dosage of drugs to a patient, within the parameters set by the Doctor if she considered it necessary.

As a Grade D Nurse I could run the ward in the absence of an E Grade but it would only be occasionally. If I needed to make serious decisions I would go to the Senior Nurse on duty for confirmation.

I worked at that time two nights a week from 2015 to 0745 hrs.

15 I am aware of the Wessex Protocols and of the analgesic ladder.

I cannot quote the protocols but the analgesic ladder is the system whereby a patient is started on the lowest form of pain killer which is increased as the patients level of pain intensifies so you might start on paracetamol increasing up to diamorphine if appropriate.

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This would be written up by a Doctor on a chart, or the care plan for the patient. This is kept at the bottom of the patient's bed.

I should like to add that at the Redcliffe Annex there were also patients in continuing care requirements. This may have been for people suffering from Parkinson's Disease, multiple sclerosis or severe arthritis for example at end stage of their complaint.