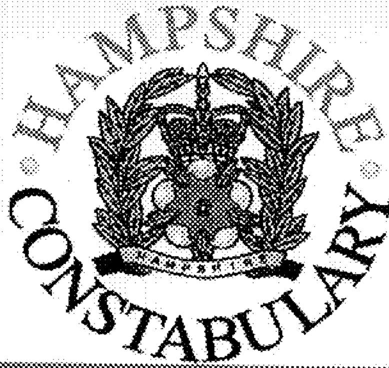
GMC101167-0001

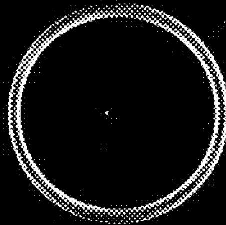
FPW/140/05



OPERATION ROCHESTER

GOSPORT WAR MEMORIAL HOSPITAL

GENERIC CASE FILE



2

GMC AND Code A INDEX OF FILES RECEIVED FROM HAMPSHIRE POLICE ON 18 JANUARY 2007.

1. Index of all evidence obtained
2. Generic Case File
3. Generic Case File (exhibits)
4. Generic Case File (exhibits)
5. Generic Case File (further exhibits)
6. Generic Case File further evidence re: Code A
7. Generic Case File further evidence - interviews with Dr Code A
8. Code A Volume 1
9. Volume 2
10. Code A Additional Evidence
11. Hospital Medical Records
12. Code A Volume 1
13. Volume 2
14. - further evidence
15. - further evidence
16. Hospital Medical Records
17. Hospital Medical Records
18. Code A Volume 1
19. Volume 2
20. Hospital Medical Records
21. Hospital Medical Records
22. Code A Volume 1
23. Volume 2
24. - further evidence
25. police interviews with Dr Code A
26. Hospital Medical Records
27. Code A Volume 1

28. Code A Volume 2
29. Code A Hospital Medical Records
30. Code A Hospital Medical Records
31. Code A Volume 1
32. Code A Volume 2
33. Code A Hospital Medical Records
34. Code A Hospital Medical Records
35. Code A Volume 1
36. Code A Volume 2
37. Code A Hospital Medical Records
38. Code A Hospital Medical Records
39. Code A Volume 1
40. Code A Volume 2
41. Code A Hospital Medical Records
42. Code A Hospital Medical Records
43. Code A Volume 1
44. Code A Volume 2
45. Code A Hospital Medical Records
46. Code A Hospital Medical Records
47. Code A Hospital Medical Records
48. Code A Volume 1
49. Code A Volume 2
50. Code A Hospital Medical Records
51. Further evidence re: Code A
52. GP Records for Code A
53. GP Records for Code A
54. Copy Extracts from Patient Admission Records
55. Extracts from controlled drugs record book dated 26 June 1995 - 24 May 1996

56. Code A) file: 1 of 2
57. Code A) file: 2 of 2
58. Code A Medical Records
59. Code A Further Medical Records
60. Code A Further Medical Records
61. Code A (Police) - Witness Statements file
62. Code A (Police) - Transcripts of Interviews file
63. Code A (Experts' Reports and Medical Records)
64. Code A (Code A file: Experts' Reports and Medical Records
65. Clinical Team Assessments for Code A
66. Clinical Team Assessments for Code A Code A

GMC AND Code A INDEX OF FILES RECEIVED FROM HAMPSHIRE POLICE ON 18 JANUARY 2007.

1. Index of all evidence obtained
2. Generic Case File
3. Generic Case File (exhibits)
4. Generic Case File (exhibits)
5. Generic Case File (further exhibits)
6. Generic Case File further evidence re: Code A
7. Generic Case File further evidence - interviews with Dr Code A
8. Code A Volume 1
9. Volume 2
10. Additional Evidence
11. Hospital Medical Records
12. Code A Volume 1
13. Volume 2
14. - further evidence
15. - further evidence
16. Hospital Medical Records
17. Hospital Medical Records
18. Code A Volume 1
19. Volume 2
20. Hospital Medical Records
21. Hospital Medical Records
22. Code A Volume 1
23. Volume 2
24. - further evidence
25. police interviews with Dr Code A
26. Hospital Medical Records
27. Code A Volume 1

28. Code A Volume 2
29. Code A Hospital Medical Records
30. Code A Hospital Medical Records
31. Code A Volume 1
32. Code A Volume 2
33. Code A Hospital Medical Records
34. Code A Hospital Medical Records
35. Code A Volume 1
36. Code A Volume 2
37. Code A Hospital Medical Records
38. Code A Hospital Medical Records
39. Code A Volume 1
40. Code A Volume 2
41. Code A Hospital Medical Records
42. Code A Hospital Medical Records
43. Code A Volume 1
44. Code A Volume 2
45. Code A Hospital Medical Records
46. Code A Hospital Medical Records
47. Code A Hospital Medical Records
48. Code A Volume 1
49. Code A Volume 2
50. Code A Hospital Medical Records
51. Further evidence re: Code A
52. GP Records for Code A
53. GP Records for Code A
54. Copy Extracts from Patient Admission Records
55. Extracts from controlled drugs record book dated 26 June 1995 - 24 May 1996

OPERATION ROCHESTER

Investigation Overview 1998-2006.

Background.

Gosport War Memorial Hospital (GWMH) is a 113 bed community hospital managed during much of the period under investigation by the Fareham and Gosport Primary Care Trust. The hospital fell under the Portsmouth Health Care (NHS) Trust from April 1994 until April 2002 when services were transferred to the local Primary Care Trust.

The hospital operates on a day-to-day basis by nursing and support staff employed by the PCT. Clinical expertise was provided by way of visiting general practitioners and clinical assistants, consultant cover being provided in the same way.

Elderly patients were generally admitted to GWMH through referrals from local hospitals or general practitioners for palliative, rehabilitative or respite care.

Doctor Jane BARTON is a registered Medical Practitioner who in 1988 took up a part-time position at GWMH as Clinical Assistant in Elderly Medicine. She retired from that position in 2000.

Police Investigations.

Operation ROCHESTER was an investigation by Hampshire Police into the deaths of elderly patients at GWMH following allegations that patients admitted since 1989 for rehabilitative or respite care were inappropriately administered Diamorphine and other opiate drugs at levels or under circumstances that hastened or caused death. There were

further concerns raised by families of the deceased that the general standard of care afforded to patients was often sub-optimal and potentially negligent.

Most of the allegations involved a particular General Practitioner directly responsible for patient care Doctor Code A

Two allegations Code A and Code A were pursued in respect of a consultant Dr Code A.

Of 945 death certificates issued in respect of patient deaths at GWMH between 1995 and 2000, 456 were certified by Doctor Code A

The allegations were subject of three extensive investigations by Hampshire Police between 1998 and 2006 during which the circumstances surrounding the deaths of 92 patients were examined. At every stage experts were commissioned to provide evidence of the standard of care applied to the cases under review.

The Crown Prosecution Service reviewed the evidence at the conclusion of each of the three investigation phases and on every occasion concluded that the prosecution test was not satisfied and that there was insufficient evidence to sanction a criminal prosecution of healthcare staff, in particular Dr Code A

The General Medical Council also heard evidence during Interim Order Committee Hearings to determine whether the registration of Dr Code A to continue to practice should be withdrawn. On each of the three occasions that the matter was heard the GMC was satisfied that there was no requirement for such an order and Dr Code A continued to practice under voluntary restrictions in respect of the administration of Opiate drugs.

The First Police investigation.

Hampshire Police investigations commenced in 1998 following the death of Code A Code A aged Code A years.

Code A died at the GWMH on Friday 21st August 1998 whilst recovering from a surgical operation carried out at the nearby Royal Haslar Hospital to address a broken neck of femur on her right side (hip replacement).

Following the death of Code A two of her daughters, Code A and Code A Code A complained to the Hampshire Police about the treatment that had been given to their mother at the GWMH. Code A contacted Gosport police on 27th September, 1998 and alleged that her mother had been unlawfully killed.

Local officers (Gosport CID) carried out an investigation submitting papers to the Crown Prosecution Service in March 1999.

The Reviewing CPS Lawyer determined that on the evidence available he did not consider a criminal prosecution to be justified.

Code A then expressed her dissatisfaction with the quality of the police investigation and made a formal complaint against the officers involved.

The complaint made by Code A was upheld and a review of the police investigation was carried out.

Second Police Investigation

Hampshire Police commenced a re-investigation into the death of Code A on Monday 17th April 2000.

Professor Code A an elected member of the academy of experts provided medical opinion through a report dated 9th November 2000 making the following conclusions:

- "Doctor Code A prescribed the drugs Diamorphine, Haloperidol, Midazolam and Hyoscine for Code A in a manner as to cause her death."

- "Mr. Code A, Code A and Code A were also knowingly responsible for the administration of these drugs."
- "As a result of being given these drugs, Code A was unlawfully killed."

A meeting took place on 19th June 2001 between senior police officers, the CPS caseworker Code A, Treasury Counsel and Professor Code A

Treasury Counsel took the view that Professor Code A report on the medical aspects of the case, and his assertions that Code A had been unlawfully killed were flawed in respect of his analysis of the law. He was not entirely clear of the legal ingredients of gross negligence/manslaughter.

Professor Code A provided a second report dated 10th July, 2001 where he essentially underpinned his earlier findings commenting:-

- "It is my opinion that as a result of being given these drugs Code A death occurred earlier than it would have done from natural causes."

In August 2001 the Crown Prosecution Service advised that there was insufficient evidence to provide a realistic prospect of a conviction against any person.

Local media coverage of the case of Code A resulted in other families raising concerns about the circumstances of their relatives' deaths at the GWMH as a result four more cases were randomly selected for review.

Expert opinions were sought of a further two medical professors Code A and Code A who were each provided with copies of the medical records of the four cases in addition to the medical records of Code A

The reports from Professor Code A and Professor Code A were reviewed by the Police and a decision was taken not to forward them to the CPS as they were all of a similar nature to

the Code A case and would therefore attract a similar response as the earlier advice from counsel. A decision was then made by the Police that there would be no further police investigations at that time.

Copies of the expert witness reports of Professor Code A and Professor Code A were forwarded to the General Medical Council, the Nursing and Midwifery Council and the Commission for Health Improvement for appropriate action.

Intervening Developments between Second and Third Investigations

On 22nd October 2001 the Commission for Health Improvement (CHI) launched an investigation into the management provision and quality of health care for which Portsmouth Health Care (NHS) Trust was responsible at GWMH interviewing 59 staff in the process.

A report of the CHI investigation findings was published in May 2002 concluding that a number of factors contributed to a failure of the Trust systems to ensure good quality patient care.

The CHI further reported that the Trust post investigation had adequate policies and guidelines in place that were being adhered to governing the prescription and administration of pain relieving medicines to older patients.

Following the CHI Report, the Chief Medical Officer Sir Code A commissioned Professor Code A to conduct a statistical analysis of the mortality rates at GWMH, including an audit/review of the use of opiate drugs.

On Monday 16th September 2002 staff at GWMH were assembled to be informed of the intended audit at the hospital by Professor BAKER. Immediately following the meeting nurse Code A (who had been employed at GWMH since the late 1980s) handed to hospital management a bundle of documents.

The documents were copies of memos letters and minutes relating to the concerns of nursing staff raised at a series of meetings held in 1991 and early 1992 including :-

- The increased mortality rate of elderly patients at the hospital.
- The sudden introduction of syringe drivers and their use by untrained staff.
- The use of Diamorphine unnecessarily or without consideration of the sliding scale of analgesia (Wessex Protocol).
- Particular concerns regarding the conduct of Dr Code A in respect of prescription and administration of Diamorphine.

Nurse Code A disclosure was reported to the police by local health authorities and a meeting of senior police and NHS staff was held on 19th September 2002 the following decisions being made:-

- Examine the new documentation and investigate the events of 1991.
- Review existing evidence and new material in order to identify any additional viable lines of enquiry.
- Submit the new material to experts and subsequently to CPS.
- Examine individual and corporate liability.

A telephone number for concerned relatives to contact police was issued via a local media release.

Third Police Investigation

On 23rd September 2002 Hampshire Police commenced enquiries. Initially relatives of 62 elderly patients that had died at Gosport War Memorial Hospital contacted police voicing standard of care concerns (including the five original cases)

In addition Professor Code A during his statistical review of mortality rates at GWMH identified 16 cases which were of concern to him in respect of pain management.

14 further cases were raised for investigation through ongoing complaints by family members between 2002 and 2006.

A total of 92 cases were investigated by police during the third phase of the investigation.

A team of medical experts (key clinical team) were appointed to review the 92 cases completing this work between September 2003 and August 2006.

The multi-disciplinary team reported upon Toxicology, General Medicine, Palliative Care, Geriatrics and Nursing.

The terms of reference for the team were to examine patient notes initially independently and to assess the quality of care provided to each patient according to the expert's professional discipline.

The Clinical Team were not confined to looking at the specific issue of syringe drivers or Diamorphine but to include issues relating to the wider standard and duty of care with a view to screening each case through a scoring matrix into predetermined categories:-

Category 1- Optimal care.
Category 2- Sub optimal care.
Category 3- Negligent care.

The cases were screened in batches of twenty then following this process the experts met to discuss findings and reach a consensus score.

Each expert was briefed regarding the requirement to retain and preserve their notations and findings for possible disclosure to interested parties.

All cases in categories 1 and 2 were quality assured by a medical/legal expert, **Code A** to further confirm the decision that there was no basis for further criminal investigation.

Of the 92 cases reviewed 78 failed to meet the threshold of negligence required to conduct a full criminal investigation and accordingly were referred to the General Medical Council and Nursing and Midwifery Council for their information and attention.

Fourteen Category 3 cases were therefore referred for further investigation by police. Of the fourteen cases, four presented as matters that although potentially negligent in terms of standard of care were cases where the cause of death was assessed as entirely natural. Under these circumstances the essential element of causation could never be proven to sustain a criminal prosecution for homicide.

Notwithstanding that the four cases could not be prosecuted through the criminal court they were reviewed from an evidential perspective by an expert consultant Geriatrician Dr Code A who confirmed that the patients were in terminal end stage of life and that in his opinion death was through natural causes.

Accordingly the four cases ...Were released from police investigation in June 2006:-

- Code A
-
-
-

The final ten cases were subjected to full criminal investigation upon the basis that they had been assessed by the key clinical team as cases of 'negligent care that is to day outside the bounds of acceptable clinical practice, and cause of death unclear.'

The investigation parameters included taking statements from all relevant healthcare staff involved in care of the patient, of family members and the commissioning of medical experts to provide opinion in terms of causation and standard of care.

The expert witnesses, principally Dr Code A (Palliative care) and Dr Code A (Geriatrics) were provided guidance from the Crown Prosecution Service to ensure that their statements addressed the relevant legal issues in terms of potential homicide.

The experts completed their statements following review of medical records, all witness statements and transcripts of interviews of Dr Code A and Dr Code A the

healthcare professionals in jeopardy. They were also provided with the relevant documents required to put the circumstances of care into 'time context' The reviews were conducted by the experts independently.

Supplementary expert medical evidence was obtained to clarify particular medical conditions beyond the immediate sphere of knowledge of Dr's Code A and Code A

A common denominator in respect of the ten cases was that the attending clinical assistant was Dr Code A who was responsible for the initial and continuing care of the patients including the prescription and administration of opiate and other drugs via syringe driver.

Dr Code A was interviewed under caution in respect of the allegations.

The interviews were conducted in two phases. The initial phase was designed to obtain an account from Dr Code A in respect of care delivered to individual patients. Dr Code A responded during these interviews through provision of prepared statements and exercising her right of silence in respect of questions asked.

During the second interview challenge phase (following provision of expert witness reports to the investigation team) Dr Code A exercised her right of silence refusing to answer any questions.

Consultant Dr Code A was interviewed in respect of 2 cases Code A and Code A following concerns raised by expert witnesses. Dr Code A answered all questions put.

Full files of evidence were incrementally submitted to the Crown Prosecution Service between December 2004 and September 2006 in the following format:-

- Senior Investigating Officer summary and general case summary.

- Expert reports.
- Suspect interview records.
- Witness list.
- Family member statements.
- Healthcare staff statements.
- Police officer statements.
- Copy medical records.
- Documentary exhibits file.

Additional evidence was forwarded to the CPS through the compilation of generic healthcare concerns raised by staff in terms of working practices and the conduct of particular staff.

The ten category three cases were:-

1. Code A Admitted to GWMH 21st October 1999, diagnosed multi-infarct dementia, moderate/chronic renal failure. Died 21st November 1999, 32 days after admission cause of death recorded as Bronchopnuemonia and Glomerulonephritis.

2. Code A Admitted to GWMH 22nd February 1996 with head injury /brain stem stroke. She had continued pain around the shoulders and arms for which the cause was never found. Died 6th March 1996, 14 days after admission cause of death recorded as Cerebrovascular accident.

3. Code A. Admitted to GWMH 3rd September 1999 with fractured neck of the femur, hypothyroidism, asthma and cardiac failure. Died 22nd November 1999, 81 days after admission cause of death Bronchopnuemonia.

4. Code A Admitted to GWMH 14th October 1998 with fractured left humerus and alcoholic hepatitis. Died 18th October 1998 4 days after admission cause of death recorded as congestive cardiac failure and renal/liver failure.

5. Code A. Admitted to GWMH 26th March 1999 with a fractured neck of the femur. Died 13th April 1999 18 days after admission cause of death recorded as cerebrovascular accident.

6. Code A Admitted to GWMH 18th August 1998 with a fractured neck of the femur, diarrhea atrial fibrillation, ischemic heart disease dehydrated and leg/buttock ulcers. Died 21st August 1998 3 days after admission cause of death recorded as bronchopneumonia.

7. Code A. Admitted to GWMH 5th January 1996 with Parkinsons disease he was physically and mentally frail immobile suffering depression. Died 24th January 1996 15 days after admission cause of death recorded as bronchopneumonia.

8. Code A rs. Admitted to GWMH 3rd June 1997 with many medical problems, diabetes, congestive cardiac failure, confusion and sore skin. Died 5th June 1997 2 days after admission cause of death recorded as congestive cardiac failure.

9. Code A 66yrs. Admitted to GWMH 23rd August 1999 with morbid obesity cellulitis arthritis immobility and pressure sores. Died 3rd September 1999 13 days after admission cause of death recorded as myocardial infarction.

10. Code A. Admitted to GWMH 21st September 1998 with Parkinson's disease and dementia. Died 26th September 1998 5 days after admission cause of death recorded as bronchopneumonia.

Dr Code A provided extensive evidence in respect of patient care concluding with particular themes 'of concern' in respect of the final 10 category ten cases including:-

- *'Failure to keep clear, accurate, and contemporaneous patients records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed'*

- *'Lack of adequate assessment of the patient's condition, based on the history and clinical signs and, if necessary, an appropriate examination'*

- *'Failure to prescribe only the treatment, drugs, or appliances that serve patients' needs'*

- *'Failure to consult colleagues Including:-*

Code A – *orthopaedic surgeon, microbiologist*

Code A – *general physician, gastroenterologist*

Code A – *general physician, cardiologist*

Code A – *haematologist*

Code A – *psychogeriatrician*

Code A – *general physician/palliative care physician*

Code A – *palliative care physician.*

Many of the concerns raised by Dr Code A were reflected by expert Geriatrician Dr Code A and other experts commissioned, the full details being contained within their reports.

There was however little consensus between the two principal experts Drs Code A and Code A as to whether the category 3 patients were in irreversible end stage terminal decline, and little consensus as to whether negligence more than minimally contributed towards the patient death.

As a consequence Treasury Counsel and the Crown Prosecution Service concluded in December 2006 that having regard to overall expert evidence it could not be proved that Doctors were negligent to criminal standard.

Whilst the medical evidence obtained by police was detailed and complex it did not prove that drugs contributed substantially towards death.

Even if causation could be proved there was not sufficient evidence to prove that the conduct of doctors was so bad as to be a crime and there was no realistic prospect of conviction.

Family group members of the deceased and stakeholders were informed of the decision in December 2006 and the police investigation other than referral of case papers to interested parties and general administration was closed.

Code A

Code A

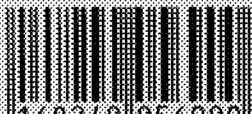
Senior Investigating Officer.

16th January 2007.

GMC101167-0022

AAP10

Ref : 05180501



OPERATION ROCHESTER
GENERIC CASE SUMMARY

Further to the individual case summaries and files prepared for the individual patients. A further file of evidence has been prepared that should be read as an over view regarding events at the Gosport War Memorial Hospital from 1990 to 2002. Although this file alone does not pertain to any criminal charges it does corroborate all of the individual case files and should be read in conjunction with them.

The main points covered are as follows:-

1. Working Practices at the Gosport War Memorial Hospital

   Code A is an experienced retired Staff Nurse who joined Northcotte Annexe in 1972, she moved to Redcliffe Annexe and then to Dryad Ward in 1994, she details the general running of the hospital and the changing needs of the patients throughout the years.

2. Concerns raised by the nursing staff in 1991 regarding the excessive use of diamorphine via syringe drivers on Dryad Ward and the resultant management action.

   In 1991 a number of night nursing staff including Code A and Code A had serious concerns about the use of syringe drivers on the ward. These concerns included:-

   - Patients placed on syringe drivers when not in pain.
   - The blanket use of syringe drivers before any other analgesics were tried.
   - The blanket prescribing of diamorphine prior to the patient actually requiring a strong opiod, allowing the nursing staff to commence the use of the driver without the knowledge of the Doctor.
   - Used to calm patients who were aggressive or noisy rather than for pain management.
   - Patient deaths were sometimes hastened unnecessarily.
   - The use of the syringe driver or commencing diamorphine prohibits trained staff from adjusting dose to suit the patient needs.
   - That too high a degree of unresponsiveness from patients was sought at times.
   - That sedative drugs such as thioridazine would sometimes be more appropriate.
   - That diamorphine was prescribed prior to such procedures such as catheterisation where diazepam would be just as effective.

- That not all staff views were considered before a decision was made to start patients on diamorphine.
- That other similar units did not use diamorphine as extensively.

These concerns were aired in a meeting held at Redcliffe Annexe on 11th July 1991 that had been arranged in conjunction with the patient care manager Code A Code A who addressed the concerns. A number of meetings then took place between nursing, medical and management staff. This resulted in the training of staff in the use of syringe drivers and pain control and an agreement that a policy be written by management on the use of syringe drivers and controlled drugs.

Code A a Convenor for the Royal College of Nursing states that: Training was provided for staff by a Code A probably, but a policy was never written. Code A correspondences with regard to these meetings are available identification numbers Code A to Code A

The training did not allay the nursing staff fears and when Code A attended a course in Elderly care at the Queen Alexandra Hospital she chose to speak on 'The use and abuse of the syringe driver'. Her course tutor Code A visited Radcliffe Annexe and met nursing staff on 31st October 1991 after a request by Code A The main conclusion of Code A visit was that:-

* The staff are concerned that non opiods or weak opiods were not being considered prior to the use of diamorphine.

* The staff have had some training arranged by the Hospital manager namely

  - the syringe driver and pain control
  - pain control

* Staff Nurse Code A wrote to Code A the producers of diamorphine and reviewed literature and a video – Making Pain Management More Effective.

* Staff Nurse Code A is undertaking a literature on Pain and Pain Control.

A copy of Code A report was sent to both Code A (deceased) the General Manager, Gosport War Memorial Hospital, Code A the Patient Care Manager, and Code A, Solent School of Health Studies, Principal her CV is available Code A).

As a result of this Code A circulated a memorandum on 7th November, asking for staff to identify any patient that they felt diamorphine (or any other drug) had been prescribed inappropriately. Due to the memo which mentioned 'allegations' and asking for individual responses to be put in writing Code A Code A sought the assistance of the Wessex Regional Office of the Royal

College of Nursing. This prompted a Code A to write to Code A outlining the nurses' position. In the main after the meeting in July it was decided that:-

1. The concerns would be addressed.

2. Clear guidance/policy would be promulgated.

It had now become a matter of serious concern that:-

1. The complaints were not acted upon.

2. The management were now seeking formal allegations.

At this time the RCN stated that the RCN would not be prepared to be drawn into what could emerge as a vindictive witch hunt that would divide nursing staff, medical staff and management. The complaints were adequately repeated to management and that if a policy was not formulated out then action would be taken by way of the grievance procedure.

A further meeting was then held at Radcliffe Annexe on 17th December 1991 with Medical, Nursing Staff and Code A This meeting is described as a 'them and us' meeting, medical staff on one side sat like a panel. During the meeting Code A highlighted the action management had taken:-

(i) The staff meeting on 11th July.
(ii) Code A lecture on drug control.
(iii) Staff being invited to detail individual cases, none were forthcoming.
(iv) The stressed placed on medical staff and the issue being detrimental to patient care.

She also presented the staff concerns and a Dr Code A spoke regarding symptom control.

It was agreed that if any of the nursing staff had concerns in the future they would approach Dr Code A or Sister Code A in the first instance and if not resolved they could speak to Dr Code A

The medical staff then left the meeting and Code A asked if there was still a need for a policy relating to nursing practice on the issue. No one at this meeting thought it was appropriate. Code A then addressed staff stating she was concerned over the manner in which these concerns had been raised, as it had made people feel very threatened and defensive. It is clear that the concerns had been turned around the result being that the syringe drivers were not an issue recognised by the management, but the nursing staff who had raised the concerns and the way the concerns were raised were. As such the nursing staff felt vulnerable and unsupported to such an extent that they stopped complaining.

Due to the fact that the RCN took its lead from the nursing staff and as they did not hear anything further from them they also took the matter no further.

3. The Recovery of Letters and Meeting Minutes regarding the Events in 1991.

On Monday 16th September 2002 in order to inform staff that Professor Code A had been tasked with reviewing the Gosport War Memorial Hospital and the prescribing procedures and policy's a meeting was called with the nursing staff. Prior to the meeting Code A and Code A approached Code A a nursing manager at GWMH and handed to her a file containing letters and the minutes of the meetings held in 1991, these were subsequently handed to Code A and are available (Code A). These papers detailed the nursing staff concerns and management action. When asked why they had brought the documents forward now Code A stated that she had seen an article in the Sunday newspaper about the GWMH which stated that no one had ever brought the concerns about syringe drivers to the attention of management before and that there had been no training in their use, but she had received training. When asked whether they felt the matter had been solved, as the documents seemed to stop abruptly, Code A said that things had changed for a short period of time as patients didn't appear to be automatically put on diamorphine and that Dr Code A had been on a palliative care course and knew what she was talking about. The replies were recorded (Code A). A further meeting was held on the 18th September 2002 to investigate the events of 1991 with Code A Code A (Personnel Director) and Code A (RCN Representative) being present. Notes from this meeting (TJS/2) reflect how Code A felt in 1991 throughout the different meetings and why they decided to speak to Code A now.

Code A also kept the minutes of the 1991 meetings and letters relating to the concerns (Code A). Code A identifies her letters from the bundle Code A and these are available Code A.

Code A corroborates the meetings of the 16th and 18th September 2002 and provides continuity of the Exhibit Code A. Code A and Code A also provide corroboration to the events of the 16th September 2002.

The concerns of Code A and Code A and Code A although not shared by all of the staff on Dryad Ward are corroborated by Code A and Code A is a RCN Steward and represented Code A and Code A at the meeting on 18th September and she provides a note of the invitation to the meeting (Code A), notes of the meeting (Code A) (Typed Code A. A list of the documents in Code A

4. Concerns held by training nursing staff at Gosport War Memorial Hospital relating to diamorphine, syringe drivers and general patient care that were never aired with the management.

A number of nursing staff have subsequently been interviewed and have highlighted concerns that had never been mentioned before these include:-

Enrolled Nurse Code A – syringe drivers were used too often. Rather than being used to control pain they were used on patients who were approaching death and suffering anxiety and distress. Dr Code A prescribed the diamorphine but it was up to a senior nurse when to use it. It was apparent that an awful lot of patients that died were on syringe drivers.

Sister Code A – shared concerns of the nurses in 1991 and felt optimistic that the issues would be addressed. Left a couple of weeks after the meeting in July 1991 so didn't see how the issues were dealt with or what guidelines were put in place.

RGN Code A – worked on Sultan Ward although covered other wards so is able to compare working practices between the different wards. In Daedalus ward the doses of diamorphine prescribed were set between large parameters leaving the dose administered to be decided by the attending nurse.

Nurse Code A – the needs and demands of the patients changed, by taking more acute patients. Medical cover was not reflected in the changes. Work load increased and patient contact was often less. By 2003 there was a lack of leadership and structure.

By charting a variable dose of medication the responsibility of the dose administered falls to the qualified nurse.

E Grade Nurse – Code A – Dr Code A would prescribe diamorphine by phone but not conduct a follow up visit. Inappropriate prescribing of diamorphine i.e when a patient was not in pain and/or other analgesics not used prior. 'It seemed that people were going onto syringe drivers for no reason at all. They were not ill or in pain and yet they were dying shortly after going on the drivers'.

Recalls a patient Code A that was prescribed diamorphine.

Nursing Auxiliary – Code A – Corroborates the statement of Code A regarding Code A States that Dr Code A would mention diamorphine and the patient would be dead within the week.

Staff Nurse Grade F Code A – acknowledges that some staff had concerns with regard to the use of syringe drivers but did not have any herself. Attended the staff and management meetings, in 1991 regarding the staff concerns.

Staff Nurse Code A – on a couple of occasions a patient was put onto a syringe driver with diamorphine when there was no indication that they needed it. Attended the 1991 meeting but nothing changed as a result of it.

Staff Nurse Grade F Code A – syringe drivers were used too early before other methods of pain control had been tried, they were prescribed by Dr Code A on the admission of the patient as, as and when

required prescription. Doses of diamorphine and midazolam were too high.

Dr Code A actions were ill thought out and could have led to the premature death of a patient. Nurse Code A discussed her concerns with her mother Code A who recorded these concerns in her diary of 2001 (Code A) and 2002 (Code A)

Grade F Staff Nurse Code A – had concerns over the high dosages of diamorphine given to patients. Drugs including diamorphine and midazolam were prescribed to patient on their arrival. It therefore became a decision for the nurses when to administer it. Patients went onto morphine without starting at the bottom of the analgesic ladder.

5. Concerns of Untrained Staff at Gosport War Memorial Hospital

Nursing Auxiliary Code A – holds concerns about the indiscriminate use of syringe driver. It appeared that euthanasia was practised. All patients upon their admission were written up by Dr Code A who authorised the use of a syringe driver if appropriate, and that any person put onto a driver would die shortly afterwards.

Nursing Auxiliary Code A – believed that syringe drivers were used too soon on some patients. Patients were put on them because they just moaned and groaned. Patients put on a syringe driver would go into a coma and die a day or two week later.

Nursing Auxiliary Code A – untrained nurse would double check medication with a trained nurse if no other trained nurse was available and give patients medication that had been checked and left out by trained nurses when there wasn't any trained nurses on. Didn't understand why some stroke patients who didn't appear to be in pain were put on syringe drivers. When patients were put on syringe drivers they were not taken off of them until they died. In her opinion the use of a syringe driver shortened the patient's life. Diamorphine was used inappropriately, it made the patient quiet and shortened their life. It was given to patients who didn't require that level of pain relief. Diamorphine was used to keep the patients moving through the Annexe to keep waiting lists down. Dr Code A didn't spend much time with the patients.

Nursing Auxiliary Code A – on occasions would leave work and a patient would appear to be well. On her return they would be receiving diamorphine through a syringe driver.

Nursing Auxiliary Code A – patients were placed on syringe drivers very early in their treatment. Other types of pain relief were not tried first.

Nursing Auxiliary Code A – syringe drivers used prematurely.

Nursing Auxiliary Code A – wondered why patients were on syringe

drivers.

RGN Grade D Code A – concerns re the lack of labels on drugs, or what was in the syringe driver.

Nursing Auxiliary Code A – untrained nurse who would countersign a withdrawal of diamorphine as a witness and was asked to countersign a withdrawal when she hadn't witnessed it.

RGN Staff Nurse Code A – there was a practice of pre-prescribing syringe drivers and diamorphine. This was a practice that was not used on other wards.

RGN Code A – worked on Daedalus ward in 1999 – 2000. States that the nursing care provided was very poor due to the poor management of the ward. Pain management was inadequate. No consideration was given to opiod tolerance. Correspondence outlining her concerns are available Code A to Code A

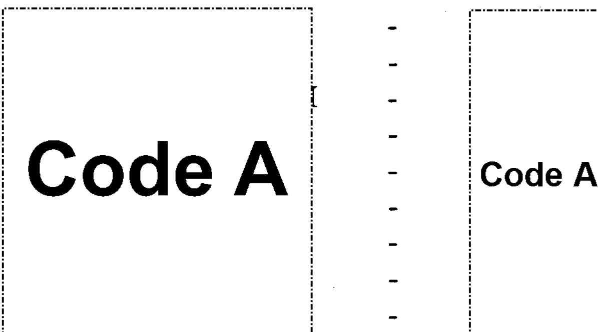
Staff Nurse Code A – there was a culture within Gosport that would not change, there was little support from Doctors and Management. Had to request his own training for syringe drivers.

RGN Sister Code A – describes how and why it was decided by Dr Code A Dr Code A and herself to prescribe medication prior to it being required.

6. Technical Matters, Production of Medical Records and Exhibit Continuity

Code A – provides details as to what Nozinam is used for, its properties, recommended dosages, when caution should be exercised prior to prescribing, and side effects.

Code A – produces the medical records of:-

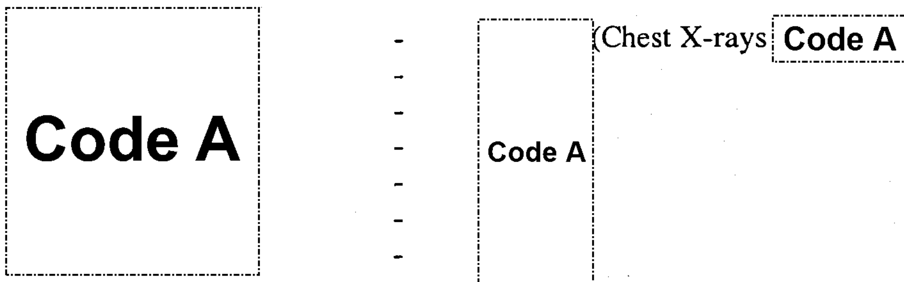


showing the deceased's treatment at Gosport War Memorial Hospital and Queen Alexandra Hospital and the admission books relating to Gosport War Memorial Hospital.

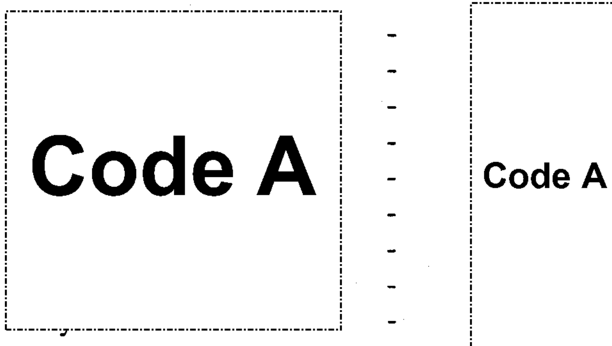
Dryad Ward 93/96
Dryad Ward 79/03 Code A
Daedalus Ward 01/03

Dc Code A provides continuity for these exhibits and also produces cremation certificates for Code A and Code A (Code A that show that both patients were in a coma prior to death.

Seven of the deceased were treated in Halslar Hospital (Military Hospital) prior to their admission to GWMH and their medical records are produced by Code A



The GP medical records for each of the patients are produced by Code A Code A as follows:-



The controlled drugs record books for Gosport War Memorial Hospital, Sultan Ward, Dryad Ward, Daedalus Ward, Redcliffe Annexe, the female ward are produced by Code A and run from Code A to Code A. Dryad Ward controlled drugs record books are available and cover the following periods,

25/06/95 to 24/05/96 –
06/03/05 to 08/12/96 –
22/11/96 to 23/06/97 –
08/12/96 to 22/12/97 – Code A
02/09/98 to 18/06/99 -
18/06/99 to 04/07/01 -
12/07/97 to 05/03/02 –

The bed numbers register from November 1992 t January 1997; Code A is also produced and covers Sultan, Dryad and Daedalus wards.

Code A the Pharmacy Services Manager for Portsmouth Hospitals NHS Trust explains how medicines are ordered, supplied and recorded and produces a hand book covering Palliative Care which gives guidance on Clinical management of patients who are dying Code A. This includes, pain, diagnosis, strong opiods and syringe drivers.
Code A produces a fax copy headed 'Protocol for Prescription and Administration of Diamorphine by Subcutaneous Infusion' ID/F & GPCT/1 that was sent to her by Code A Medical Director PHCT) Secretary. This would appear to be the earliest protocol or policy regarding the prescribing of diamorphine by syringe drivers issued by PHCT and can be dated around the end of 1999. Even at this time it can be seen by this draft protocol the confusion surrounding the prescribing of diamorphine as it states:-

Dosage

Guidance from the palliative care service indicates that if pain has not been controlled in the previous 24 hours by 'X mg' of diamorphine then up to double the dose should be administered the following day, ie up to 2x 'X mg' should be given.

Prescription

Diamorphine may be written up as a variable dose to allow doubling on up to two successive days,

Although these entries have been corrected to show the correct prescribing regime it clearly demonstrates the lack of knowledge and understanding by the hospital staff.

This is further highlighted by the patient care manager Code A who was responsible for all nursing care within the hospital who states incorrectly that if a patient was getting 10mgs of diamorphine orally every four hours amounting to 60 mgs over a 24 hour period then they would receive 60 mgs sub cut via the syringe driver over a 24 hour period.
The dose should be reduced by 1:3 or 1:2

Dr Code A a GP in Petersfield describes the procedure for certifying cause of death within the PHCT and Code A explains the procedure at Gosport War Memorial Hospital producing an administrative form Code A showing the administrative procedure followed in the hospital. Guidance of notice for the completion of cause of death certificates and a certificate Code A Once the certificate is completed by the Doctor certifying death the certificate is placed in an envelope (Code A) which is sealed and taken by the deceased's relative or representative to the registrar. If the deceased is to be cremated further forms BC & F (Code A) are also completed. She also

produces the Cause of Death Certificate book with the relevant stub for each of the deceased:-

Code A

A certified copy of the deceased's death certificate is available produced by Code A

Code A

Code A a personnel assistant employed by Fareham and Gosport Primary Care Trust produces the job description for the Clinical Assistant at Gosport War Memorial Hospital that would have been applicable to Dr Code A Code A. This outlines the job summary as,

This is a new post of 5 Sessions a week worked flexibly to provide a 24hour Medical Cover to the Long Stay patients in Gosport. The patients are slow stream or slow stream rehabilitation, but holiday relief and shared care patients are admitted. An important aspect of this role is for the postholder to be seen not only as a medical advisor but as a friend and counsellor to patient's, relatives and staff.

Duties include, (This is not the entire list)

1. To visit the units on a regular basis and to be available "On Call" as necessary.
2. To ensure that all new patients are seen promptly after admission.
3. To be responsible for the day to day Medical Management of the patients.
4. To be responsible for the writing up of the initial case notes and to ensure that follow up notes are kept up to date and reviewed regularly.
5. To complete upon discharge the Discharge summary and Code A
6. To take part in the weekly consultant rounds.

7. Other Witnesses

On 4th April 2000 a Mr Code A years of age was admitted to Haslar Hospital due to pain from arthritis and gout. As his condition was not acute he was discharged to Sultan Ward at The Gosport War Memorial Hospital for rehabilitation. Once there he was prescribed morphine sulphate tablets, a strong opiod for his pain. He became dozy suffering hallucinations and eventually slipped into unconsciousness. He was transferred back to the Haslar Hospital and diagnosed as having been given an analgesic over dose. Code A has a very poor memory of the whole episode. Code A Code A recalls the events. (Further work will be required around this part of evidence).

In 2002 the Chief Medical Officer commissioned Professor Code A to conduct a statistical analysis of the mortality rates at the Gosport War Memorial Hospital, including an audit and review of the use of opiate drugs. His CV (Code A) outlines his qualifications and experience. The report itself Code A concludes that a practice of almost routine use of opiates before death had been followed in the care of patients of the Department of Medicine for Elderly People at Gosport hospital, and the attitude underlying this approach may be described in the words found in many clinical records – 'please make comfortable'. It has not been possible to identify the origin of this practice, since evidence of it is found from as early as 1988. The practice almost certainly had shortened the lives of some patients, and it cannot be ruled out that small number of these would otherwise have been eventually discharged from hospital alive.

The practice was disclosed in several key findings.

Opiates had been administered to virtually all patients who died under the care of the Department of Medicine for Elderly People at Gosport, and most had received diamorphine by syringe driver.

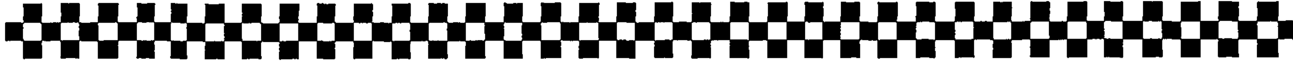
Opiates were administered to patients with all types of conditions, including cancer, bronchopneumonia, dementia and strokes.

Opiates were often prescribed before they were needed – in many cases on the day of admission, although they were not administered until several days or weeks later.

In many records, evidence of a careful assessment before use of opiates was absent, and the stepped approach to management of pain in palliative care had not been followed.

In addition to these findings, two other matters also gave rise to concern. The amount of information recorded in the clinical notes was often poor, and recent fractures that had contributed to deaths, most commonly fractured hips, had not been reported on MCCDs.

MG 9



RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
1	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
2	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
3	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
4	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
5	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE E GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
6	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE F GRADE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
7	Name: Code A Address (HOME): Code A Occupation: RETIRED PATIENT CARE MANAGER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
8	Name: Code A Address (HOME): Code A Occupation: RCN CONVENOR Date of Birth: Code A Telephone: WORK Code A E-mail address:			
9	Name: Code A Address (HOME): Code A Occupation: RISK SERVICES MANAGER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
10	Name: Code A Address (HOME): Code A Occupation: FULL TIME RCN OFFICER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

R v

◆ Previous convictions? Enter Y or N

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
11	Name: Code A Address (HOME): Code A Occupation: Code A Date of Birth: Telephone: HOME Code A E-mail address:			
12	Name: Code A Address (HOME): Code A Occupation: RCN OFFICER Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			
13	Name: Code A Address (HOME): Code A Occupation: SENIOR NURSE Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			
14	Name: Code A Address (HOME): Code A Occupation: HOSPITAL SERVICE MANAGER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
15	Name: Code A Address (HOME): Code A Occupation: PERSONNEL DIRECTOR Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

R v ◆ Previous convictions? Enter Y or N

Wit No	Witness Details *(In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)*	Statement Number	✱	◆
16	Name: Code A Address (HOME): Code A Occupation: DIRECTOR OF PUBLIC HEALTH Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			
17	Name: Code A Address (HOME): Code A Occupation: COMMUNICATIONS MANAGER Date of Birth: Code A Telephone: WORK E-mail address:			
18	Name: Code A Address (HOME): Code A Occupation: RISK ADVISER AND FACILITATOR Date of Birth: Code A Telephone: HOME Code A E-mail address:			
19	Name: Code A Address (HOME): Code A Occupation: STATE ENROLLED NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
20	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:
✱ Tick if statement attached
◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
21	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
22	Name: Code A Address (HOME): Code A Occupation: COMMUNITY STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
23	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
24	Name: Code A Address (HOME): Code A Occupation: STUDENT Date of Birth: Code A Telephone: E-mail address:			
25	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE F GRADE Date of Birth: Code A Telephone: E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:
✱ Tick if statement attached
◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
26	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
27	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
28	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
29	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
30	Name: Code A Address (HOME): Code A Occupation: PROVIDENT AGENT Date of Birth: Code A Telephone: HOME Code A WORK E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

R v

◆ Previous convictions? Enter Y or N

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
31	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Telephone: HOME Code A E-mail address:			
32	Name: Code A Address (HOME): Code A Occupation: LEARNING SUPPORT ASSISTANT Date of Birth: Telephone: HOME Code A E-mail address:			
33	Name: Code A Address (HOME): Code A Occupation: WARD CLERK Date of Birth: Code A Telephone: HOME Code A E-mail address:			
34	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Telephone: HOME Code A E-mail address:			
35	Name: Code A Address (HOME): Code A Occupation: EX NURSING AUXILIARY Date of Birth: Code A Telephone: HOME Code A E-mail address:			

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

R v

◆ Previous convictions? Enter Y or N

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
36	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
37	Name: Code A Address (HOME): Code A Occupation: REGISTERED GENERAL NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
38	Name: Code A Address (HOME): Code A Occupation: PHYSIO TECHNICIAN Date of Birth: Code A Telephone: HOME Code A E-mail address:			
39	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: E-mail address:			
40	Name: Code A Address (HOME): Code A Occupation: MEDICALLY RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Page 9 of 13

Date of completion:
✱ Tick if statement attached
◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
41	Name: Code A Address (HOME): Code A Occupation: STAFF NURSE Date of Birth: Code A Telephone: HOME Code A E-mail address:			
42	Name: Code A Address (HOME): Code A Occupation: RETIRED RGN Date of Birth: Code A Telephone: HOME Code A E-mail address:			
43	Name: Code A Address (HOME): Code A Occupation: MEDICINES / PHARMASIST INFORMATION MANAGER Date of Birth: Code A Telephone: MOBILE Code A WORK Code A E-mail address:			
44	Name: Code A Address (HOME): Code A Occupation: OUTPATIENT SERVICES MANAGER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
45	Name: Code A Address (HOME): Code A Occupation: CIVIL SERVANT Date of Birth: Telephone: HOME Code A WORK Code A E-mail address:			

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:
✱ Tick if statement attached
◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
46	Name: POLICE Code A Address (): Occupation: Detective Constable Code A Date of Birth: Telephone: WORK Code A E-mail address:			
47	Name: POLICE Code A Address (): Occupation: Detective Constable Code A Date of Birth: Telephone: WORK Code A E-mail address:			
48	Name: Code A Address (WORK): HAMPSHIRE AND ISLE OF WIGHT PRACTITIONERS AND PATIENTS SERVICE AGENCY COITBURY HOUSE FRIARSGATE WINCHESTER HAMPSHIRE Occupation: ACCESS TO MEDICAL RECORDS COORDINATOR Date of Birth: Code A Telephone: WORK Code A E-mail address:			
49	Name: Code A Address (HOME): Code A Occupation: PHARMACY SERVICES MANAGER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
50	Name: Code A Address (HOME): Code A Occupation: PERSONNEL ASSISTANT Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:
✱ Tick if statement attached

R v

◆ Previous convictions? Enter Y or N

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
51	Name: Code A Address (HOME): Code A Occupation: SECRETARY Date of Birth: Code A Telephone: HOME Code A E-mail address:			
52	Name: Code A Address (HOME): Code A Occupation: GENERAL PRACTITIONER SELF EMPLOYED Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
53	Name: Code A Address (HOME): Code A Occupation: PATIENTS AFFAIRS OFFICER Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
54	Name: Code A Address (WORK): Code A Occupation: CIVIL SERVANT Date of Birth: Telephone: E-mail address:			
55	Name: Code A Address (): Occupation: SECRETARY TO PERSONNEL DIRECTOR Date of Birth: Code A Telephone: WORK Code A E-mail address:			

MG 9

RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

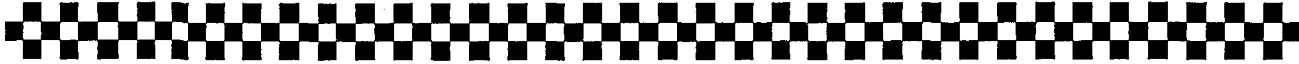
✱ Tick if statement attached

◆ Previous convictions? Enter Y or N

R v

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
56	Name: Code A Address (HOME): Code A Occupation: RETIRED ELECTRICAL MANAGER Date of Birth: Code A Telephone: HOME Code A E-mail address:			
57	Name: Code A Address (HOME): Code A Occupation: RETIRED Date of Birth: Code A Telephone: HOME Code A E-mail address:			
58	Name: Code A Address (WORK): LEICESTER GENERAL HOSPITAL CLINICAL GOVERNANCE RESEARCH AND DEVELOPMENT UNIT GWENDOLEN ROAD LEICESTER LEICESTERSHIRE LE54PW Occupation: DIRECTOR AND PROFESSOR OF QUALITY IN HEALTH CARE Date of Birth: Code A Telephone: HOME Code A WORK Code A E-mail address:			
59	Name: POLICE Code A Address (): Occupation: Detective Constable Code A Date of Birth: Code A Telephone: E-mail address:			

MG 9



RESTRICTED – FOR POLICE, PROSECUTION, AND THE WITNESS SERVICE ONLY

URN:

WITNESS LIST

Date of completion:

✱ Tick if statement attached

R v ◆ Previous convictions? Enter Y or N

Wit No	Witness Details (In the 'Wit.No.' column enter 'V' if the witness is a victim, 'Vu' if vulnerable or intimidated)	Statement Number	✱	◆
60	Name: POLICE Code A Address (): Occupation: Date of Birth: Telephone: E-mail address:			

2004(1)

RESTRICTED

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: Code A

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: RETIRED

This statement (consisting of 8 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: Code A Date: 16/10/2002

I am the above named person and I reside at an address known to the Hampshire Police. I am a retired Registered Staff Nurse having retired in November 1999.

I trained as a Nurse at the Royal Portsmouth Hospital and finished my training in 1961. I was then a qualified State Registered Nurse. I left nursing straight after my training in 1961 in order to have a family. I had not specialised during my training and was only qualified in general nursing.

In 1971 I decided to return to nursing. I felt it was unlikely that I would be able to specialise without pushing myself. I did not have this sort of ambition and was content to return to geriatric care. I went to work at St. Mary's Hospital in Portsmouth on a long stay Geriatric Ward. I was surprised that I did not have to do any form of refresher course after a 10 year break from my profession. Qualified Nurses were in great demand in those days and I was under the guidance of a Charge Nurse who was always available if I needed any help.

After a year at St. Mary's Hospital on nights I found the travelling a bit much. I managed to find a vacancy at the Gosport War Memorial at the Northcotte Annexe as a Staff Nurse on a long stay Geriatric Ward which had 12 beds. There were 4 male beds and 8 female beds on this ward. The patients were those that could not be nursed at home and their ailments ranged from strokes, severe heart attacks, arthritis etc. These patients were with us for general nursing care, mainly bodily care until they died. Some patients were with us for 5 - 6 years and I can remember one that was with us for 10 years. This was the time before Nursing Homes were able to take these sort of patients and also before the time of physiotherapy and care intended to

assist the patients back into the community. I would only work on a Friday and Saturday night. There would only be me and an auxiliary Nurse on duty.

My direct supervisor would be a sister from the Gosport War Memorial Hospital. The Sister would generally visit twice during my tour of duty. She would always attend once in the evening and then her duties permitting once in the morning. My duty was from 1930 hours to 0730 hours.

The purpose of this ward was to provide the patients with good nursing care in their final years which would include administering pain killing drugs which ranged from analgesics to controlled drugs. The relevant drugs were always prescribed by a doctor. If memory serves me correctly there was a Consultant Geriatric Doctor in overall charge but the patients were still under their own GP's.

If a patient required analgesics as per their care chart I could administer this myself. If a patient required any controlled drugs then there had to be another registered Nurse present. The sister would fill this role and attend. The controlled drugs administered were all entered into the controlled drugs book which was known as the DDA book then and signed by both the Sister or other registered Nurse and myself. There were not many of our patients that were on the stronger drugs, i.e. controlled drugs. The more common of these was MST which was a Morphine based tablet and a Morphine Elixir or Morphine tablet. The only problem with giving pain killing drugs orally was the patient would always have to suffer pain as the effects of the drug wore off. The later introduction of syringe driver did away with this.

Around 1989 the lease ran out on the Northcotte Annexe and I moved to Redcliffe Annexe which is another Annexe of the Gosport War Memorial in The Avenue, Gosport. I continued to work Friday and Saturday nights from 1930 to 0730 hours. Redcliffe Annexe was another long stay Geriatric Ward with about 22 beds. The other Nurses that worked there were Code A Code A, Code A and Code A Again the Sisters in charge were based at the Gosport War Memorial Hospital and from memory were Sisters Code A and Code A They would visit twice

during the night once in the evening and once in the morning. As this ward was larger than Northcotte Annexe we would have two Staff Nurses on duty when possible with two auxiliary Nurses. If there was only one Staff Nurse on duty we would have an extra auxiliary on duty. I predominantly worked with a Staff Nurse Code A although I worked with them all.

Redcliffe Annexe is a three-storey building but we only used the first two floors as wards and the third as a changing room. There would be two drugs trolleys, one on each floor. There was only the one drug cabinet which was on the first floor.

The patients were all long stay geriatric patients just as they had been at Northcotte annexe. I can remember that the Consultant was Dr. Code A at this time but she was only on duty during the day. At night if a Doctor was required we would have to call a GP. I am not sure of the date but a Doctor Code A joined the staff while I was working at the Redcliffe Annexe. I did not have personal contact with the Doctors as my shift would finish before their rounds.

The care of the patients at the Redcliffe annexe was similar to that at Northcotte Annexe. I would check the patients care chart to see what medication had been prescribed. The need for strong painkilling medication such as controlled drugs was determined on a sliding scale. If a patient was in pain then analgesics which are a milder form of pain control would be tried first. If these did not relieve the pain then a stronger drug would be tried and so on until the patient could be made comfortable. The drugs could be administered in one of many ways, orally as an elixir or tablet, as a suppository or by injection. The one thing that all thee methods had in common was a lack of constant pain relief. As the effects of the drug started to wear off the patient would then suffer discomfort until they were able to receive another dosage. Their discomfort and pain could often be made worse by the need to turn them etc in bed. Staff would always report back if a patient appeared in more discomfort than normal and a record would be made of this.

At some time while I was working at Redcliffe Annexe I came on duty to find that a patient was receiving pain relief via a syringe driver. The syringe driver had obviously been set up during the day by staff. I had never seen this type of equipment before and had no training in its use. I

made it clear that training would be required if we were expected to care for patients who were receiving pain relief by this method. Very shortly after I and another staff had expressed our need for training it was received. A trainer came to Redcliffe Annexe and explained the theory and use of a syringe driver. By the time I had to use a syringe driver myself I had received my training.

The benefits of using a syringe driver are a better management of pain control, the patient does not suffer the peaks and troughs of pain encountered with other methods. A patient may have difficulty in swallowing and could therefore not take medication orally. The syringe driver would administer a constant dose of medication over a 24 hour period. A syringe driver was only ever used for those patients who were in a lot of pain, to my memory they were in so much pain that they were nearly losing consciousness.

Before a syringe driver was used all other methods of pain control had been tried but been unsuccessful. The doctor would then sign the patient's card up stating the drug, dosage and method of administration. It would then be the decision of the Staff Nurse when to actually start the patient on a syringe driver if this was a method recommended by the Doctor. I was personally reluctant to start the patient on a syringe driver until absolutely necessary as I wanted to make sure that all other forms of pain control had been tried before. During the time I worked at the Redcliffe Annexe very few patients received medication through a syringe driver. A syringe driver would only be used for administering Diamorphine originally but Hyoscine could also be mixed with this if the patient had fluid in the lungs.

About 1994 most of the patients from Redcliffe Ward were moved to Dyrad Ward which was part of the new building at the Gosport War Memorial. The staff from Redcliffe Annexe also moved across. There were about 20 - 22 beds on Dryad Ward. Initially it was a long term geriatric care ward but as some of the patients passed away naturally or could be moved out to Nursing Homes their beds were filled with terminally ill elderly patients. Care for these patients was known as palliative care. A system started of assessing patients. Patients that showed signs of improving or maintaining their health without too much medication were sent to Nursing Homes. Those whose health was deteriorating and were expected to die sooner rather than later

RESTRICTED

were admitted to Dyrad. I found this rather depressing as although patients would die on the long stay geriatric wards it would not be as regular as it was on a palliative care ward.

The patients on Dryad Ward were all suffering with serious conditions and the majority were in a lot of pain. Dr. Code A was the doctor for this Ward among others. Dr. Code A would attend the ward every morning during the week. She used to come in quite early so we would see more of her. My shifts had changed when we moved to Dryad as the staff were no longer allowed to work permanent nights and had to work flexi-shifts.

As a palliative care ward I found that the use of syringe drivers was becoming more common. As pain relief was more common on this ward I attended a pain relief control course in 1993 at the Gosport War Memorial. New methods of pain control were coming into use all the time now and one of the new methods was Fentanyl patches for pain relief. The syringe driver remained the last resort though.

During the time I spent working at the Gosport War Memorial and its annexes I found the staff training more than adequate. Courses were always available and you decided which courses you wished to attend in order to improve your knowledge. Staff and ward meetings were established where you would discuss patient care. Dryad was a very happy ward. Daedelus Ward was not as cheerful and I was aware that there were some grumblings over issues of staffing and the like. I think some of the reasons why Dryad was such a happy ward was due to the fact that Sister Code A ran it so well.

RESTRICTED

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: Code A

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

This statement (consisting of 4 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: Code A Date: 12/12/2002

I am the person named above and live at the address shown on the attached form.

I am a trained nurse and was until recently employed by the Portsmouth Health Trust at Gosport War Memorial Hospital.

I commenced training as a nurse in 1956 and after I completed training I began working as a State Registered Nurse at the St Mary's Hospital, Portsmouth.

In 1973 I commenced work at the Gosport War Memorial Hospital in Gosport.

I worked at the Redcliffe Annexe which was a unit based approximately half a mile from the main hospital site. The Redcliffe Annexe was a unit of about 17 beds used for the elderly patients, who were coming to the end of their lives. I worked happily at the unit and felt that we treated the patients well and that we made them comfortable as they approached the end of their life. This was based on a 'tender, loving care' type of treatment.

However this all changed when Code A took over as the sister for the unit in the early nineties. It seemed that she had a vendetta against people she did not like. She made it obvious that she did not like the night staff and she targeted me in particular.

I remember on one occasion that Code A, the senior nurse in charge of the unit, visited us early one morning stating that Code A had complained about our work.

However, Code A congratulated us because she could not find any problems.
The other problems with Code A was that she encouraged the use of syringe drivers.

A syringe driver is a syringe attached to the patient that injects them over a 24 hour period to give constant pain relief.

Prior to Code A coming to the unit we rarely used the syringe drivers. However when she arrived their use escalated, although this was at the time when they were initially introduced. I felt this was wrong, because it seemed that most patients were going on drivers even when they were not in pain and their use was a matter of course rather than need. Therefore they were going to meet their 'maker' full of drugs. I felt that in the right circumstances the syringe drivers were the correct method to ease pain. But I did not agree with their 'blanket' use on patients.

The other problem with the syringe drivers was the fact that when they were first introduced we did not receive any formal training on their usage.

Another problem was the fact that on nights there was only one trained nurse and two untrained healthcare workers. Which meant that when I was on duty at night, I was the only trained nurse in the unit.

There was no medical care at night therefore if there was any problems with the patients and the drivers, I had to contact the main hospital unit.

The decision to place patients on the syringe drivers was entirely down to the doctor responsible for the ward. This was Doctor Code A she was the unit doctor for several years.

I got on well with Doctor Code A and felt she was a competent doctor.

However what usually happened was that Doctor Code A would 'sign up' that a patient was suitable to be placed on a syringe driver then Code A or one of the duty staff would decide if and when it was necessary to place the patient on it This meant that if the drivers were

required in Code A opinion, the authority was already signed.

Eventually I spoke to my colleagues at the unit about my concerns over the drivers. I remember we had a meeting and it seemed that they shared my concerns. However when I complained to the management they did not support me because they were frightened of losing their jobs.

It was not until Code A, another nurse, became involved that I got any real support. Though I did approach Sister Code A who was based at the main hospital building and she was also supportive.

Finally I contacted my union rep, Code A, who wrote to Code A the general manager for the nursing staff and conveyed my concerns.

Various meetings between staff and management were arranged but these were mainly aimed at pacifying our fears and make us feel that something was being done.
We also had a meeting with the 'pain control people' in order to train us in the use of the syringe drivers.

I remember at one meeting Doctor Code A stated that she felt we were accusing her of euthanasia. Despite these meetings and my protestations the use of syringe drivers continued to increase.

I cannot remember the names of any patients that I felt suffered or died because of the syringe drivers but I do recall on one occasion that Doctor Code A asked my advice in regard to a patient that was on Valium, that Code A wanted to place on a syringe driver.

I told her that I thought it was unfair to do this and that she should be placed back on Valium/Diazepam. She was placed back on Valium and lived for a further ten years.

Another problem with the drivers that continued after the meetings was although the correct dosage of say Diamorphine was given to them, the dosage would automatically increase once

they got used to it. This would also upset me a great deal.

I also recall that a check at the pharmacy revealed that the Redcliffe Annexe was using more painkillers than other similar units, which tends to support the above claim.

Eventually I gave up complaining despite the fact I was not happy with what was occurring.

After a few years we moved to the new hospital building and we worked in different wards. Until after sometime we were once again 'ward based' and I ended up on Daedalus Ward.

In September 2002 I left the nursing profession after being on sick leave for a year with stress brought about by the problems I was having at the hospital.

A few weeks ago I became aware that there was an enquiry into work procedures at the hospital. Therefore I sent Code A copies of paperwork I had saved from the 1991 episode. This consisted of letters, reports and minutes of meetings.

I would like to add that I worked on nights at the Redcliffe Annexe for ten years before someone died on nights.

However once Code A arrived it became a regular occurrence, I can even remember one of the ambulance drivers joking about it.

On Thursday 12th December 2002 (12/12/2002) I gave DC Code A several documents I have retained relating to the incidents I have mentioned in this statement.

These documents have given identification reference Code A

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 22/08/2003

I live at the address shown overleaf and I worked at the Gosport War Memorial Hospital from 1963 until I retired in 1996.

I was a qualified SEN, having completed my training in 1963.

I worked three nights a week, originally working at the Northcote Annex for twenty years and then moving to Redcliffe Annex when the lease ran out at Northcote. I then moved to Daedalus Ward at the main hospital site when Redcliffe closed and was taken over by Knowle Hospital. I continued to work nights.

I have been asked to describe the standard of general patient care at the hospital.

I always found it to be quite good.

I have been asked if I had any concerns about the use of syringe drivers and diamorphine . I didn't but I didn't have much to do with them. They were always set up prior to me coming on duty and as they ran for 24 hours I would only have to check them through the night.

I know that the Staff Nurse I worked with at Redcliffe did have concerns about their use. I knew that she thought that patients were put onto syringe drivers without first trying less strong pain relief. The Staff Nurse was Code A I knew that she raised her concerns with the day sister.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I presume that the sister told Dr Code A who was the doctor who prescribed for Redcliffe Annex. I thought that when Dr Code A came into the annex in the morning before we went home there seemed to be an atmosphere between them, Dr Code A and Code A I didn't have any concerns about the use of diamorphine. I trusted those who were in the position to prescribe it and set the syringe drivers up.

I have never received training in the use of syringe drivers. My knowledge of the enquiries at the hospital comes from the media.

I have been asked if I can recall the names of doctors who visited the wards and the only one that comes to mind is Dr Code A I remember that the day sister was called Code A.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: RETIRED

This statement (consisting of 4 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: Code A Date: 28/10/2002

I am the above named person and I live at the address shown overleaf. I live alone as my husband requires full time care. I retired from nursing in about the year 2000.

I qualified as a Nurse in 1961 and held the post of RGN or Staff Nurse. I began working at the GWMH in about 1984. I worked on all the wards to begin with because I was working permanent nights. I worked at the Redcliffe and Northcote annexe both of which were geriatric wards. I also worked on surgical wards and the children's ward.

In about 1987 I became the Night Sister which meant when I was on I was the Senior Nurse on duty at night. Again this would mean I was working on all the wards.

I do not know when Dr. Code A began working at the GWMH, but it was after me. I always got on with Dr. Code A and in my opinion she was a first class and very caring doctor.

I have been asked if I recall when syringe drivers came into general use. I do not. Syringe drivers were used to control pain on any patient who was in severe pain, normally these patients were terminally ill. The drugs that we would give via a syringe driver would include Diamorphine, Largactil and a sterile mixing solution.

It would always be a Doctor who would prescribe a drug for a patient with some drugs the doctor could prescribe over the phone. However, with controlled drugs such as Diamorphine the doctor would need to attend the hospital and sign the prescription sheet so that the patient

RESTRICTED

would be given the drug.

To check these drugs the Nurses would always act in pairs. As the Night Sister I can say that good practice was always followed by staff whilst I was on duty.

I do not think there was any one Doctor at the GWMH who prescribed Diamorphine more than the others. There were some doctors who wouldn't turn out at 0200 hours or were at least were reluctant to do so, to prescribe Diamorphine or any other controlled drug. However, Dr. Code A would always turn out if requested.

I never had any concerns about any Doctor prescribing Diamorphine. As someone with many years experience, in my opinion these drugs were always given correctly. I was aware that some nurses didn't feel the same way. I was only working three nights a week, and I was never told directly by anybody but I heard that some Nurses thought that Diamorphine was being used to calm patients who were aggressive or noisy rather than for pain management. I also felt that Diamorphine was also only being given as a last resort. Other types of pain management were always tried first.

As the Night Sister I was allowed and qualified to pronounce death if the patient had been seen within the last 24 hours by a Doctor. This would save having to call a doctor out at three in the morning. However, it would always be a Doctor who would certify death. If a patient was obviously very ill the doctor may write 'NTBR' in the notes which meant not to be resuscitated. Some doctors would verbally tell me that were happy for me to pronounce death if a patient died.

Whilst I was at the GWMH I attended courses on both syringe drivers and a course on palliative care. Setting a syringe driver up always required two Nurses. I would check the drug against the prescription chart and the rate of the driver. The patient would also be checked on a regular basis during the night. The checks for those on syringe drivers like all patients would be about 15 - 20 minutes apart.

Signed: Code A

Signature Witnessed by: DC Code A

RESTRICTED

After some nurses had raised concern about the use of syringe drivers and Diamorphine, a meeting was held. I attended the meeting as one of the Senior Nurses. I could understand why some Nurses were concerned about the use of Diamorphine, it is neat Heroin and very addictive.

Although I went to the meeting I personally did not have any concerns either about palliative care, the use of syringe drivers, the prescribing of Diamorphine or Dr. Code A. The meeting was in 1991 and up to my retirement in 2000 I continued to work with and have contact with Dr. Code A

I wish to repeat that throughout this period I had no concerns about Dr. Code A or the use of Diamorphine at the GWMH.

RESTRICTED

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: Code A

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

This statement (consisting of 7 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: Code A Date: 29/10/2002

I live at the address shown overleaf with my family.

I am currently employed as a Staff Nurse on Dryad Ward at the Gosport War Memorial, Gosport.

I started my nursing career in November 1967 when I qualified as a State Enrolled Nurse, having carried out my training at the Queen Alexandra Hospital, Cosham.

I worked from 1967 until 1972 at the Gynaecological Unit at St. Mary's Hospital, Portsmouth.

I then left nursing for a year and worked as a Clerical Assistant in the Civil Service.

From 1973 until 1974, I worked as a Community Nurse based at Cosham Health Centre, leaving to bring up my first child.

I returned to nursing on a part time basis in 1976. I worked for twenty hours per week, covering the weekend day shifts at the Redcliffe Annex, The Avenue, Gosport. The Redcliffe Annex was a geriatric unit of the Gosport War Memorial Hospital. It was not based on the hospital site but situated a couple of miles away. This was my first experience of working with the elderly. The patients were long term stroke patients and as such didn't 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 would attend and administer any medical care at the request of the nursing staff.

At this point in time, it was the practice for State Enrolled Nurses to take charge of the ward so when I was on duty I would be responsible and I would work with an auxiliary nurse. There was a sister in overall charge of the unit and she would work opposite my shift. However, there were occasions when we did work together and we did overlap.

In 1978 I left the unit in order to have my second child. I returned in around 1981 to the same working hours at the Redcliffe Unit. The unit was operating in the same way, the patients had the same nursing requirements. At this time I think that there were around nine to ten patients on the unit.

In 1984 I changed my working hours to the night shift. I worked twenty hours per week working Friday and Saturday one week and then Tuesday and Wednesday the following week. I started my shift at 2015 hrs and finished at 0745.

In 1994 - 1995 I undertook a conversion course from State Enrolled Nurse to State Registered Nurse and I subsequently became a Staff Nurse Grade D.

When I first started work at the Redcliffe Annex it was like working in a Nursing Home or a Rest Home. The patients needed long term care, they were not there to recuperate but to be cared for until they died. Some patients had been on the unit for up to ten years. The majority of patients did not require pain relief and I do not remember any of them requiring any opiate based painkillers.

About 1986, I am not exactly sure of the dates, the method of staffing changed and a Staff Nurse was required to work at the unit. It was also around this time that the second floor of the building was opened up to take patients and the unit eventually ended up with around eighteen to twenty patients.

Although the number of patients increased the general nursing they didn't require change, they were still long term care patients who were dealt with medically by their own GP's.

RESTRICTED

I cannot remember the year but there was another change in the way the unit was run. Instead of patients being the responsibility of their own GP, a local GP was appointed to take responsibility of the unit. This was Dr. Code A. If we had a problem during the night with a patient, then we would contact her practices and either she or one of her partners would attend or give advice. I don't know what her responsibilities were during the day because I only worked at night, but I did use to see her start her ward rounds as I was going off duty.

It was around this time that I noticed the use of syringe drivers on the ward. This device was used to administer strong narcotic analgesic to patients. An analgesic is a painkiller. The type of pain relief being used was Diamorphine along with Midazolam which is a sedative.

The result of being put on a syringe driver meant that the patients were sedated, became unrousable and subsequently died.

I was extremely concerned because I thought that syringe drivers were being used on patients who had not presented any symptom of pain.

All of the patients who were prescribed this method of pain relief were under the care of Dr. Code A and it was done on her instruction but it was at the Nurses discretion to administer the drugs.

I was aware that there were patients on the ward who did require pain relief and the syringe driver was appropriate but I was concerned for the number of patients who seemed to be prescribed Diamorphine and strong opiates without first trying weaker analgesics.

I was aware that other members of the nursing staff were concerned about the use of syringe drives on the unit. I can remember speaking to Code A and Code A about it.

I remember that Code A had drawn the attention of others to her concerns. I do not recall who these people were or what she actually said but I know that she did pass her concerns on. I think that this may have been in 1989-1990 but I'm not sure.

There were a number of meetings during 1991 which I attended. These meetings were all related to the use of the syringe driver on our unit. I have kept all of the minutes and correspondence I had at the time.

I have minutes of a meeting which Code A, the Hospital Manager attended. I raised my concerns of the use of the strong opiates before trying the other drugs shown on the analgesic ladder. I know that some of the nurses who attended the meeting did so in their own time because they were so concerned. I recall that Code A was going to get some training for stuff in the use of syringe drivers. This issue did not affect me. As a SEN I didn't set up syringe drivers or replace any drugs that had to be administered via them. I was just concerned with what I considered was their misuse. I saw the consequences of it.

I can remember that I was still not happy with the result of the meeting with Code A I am aware that Code A went to see her and Code A was in touch with the Royal College of Nursing over the matter.

I cannot recall if I received any training about pain relief or the use of syringe drivers but I remember that Code A sent for videos on the subject and got information on syringe drivers.

I remember that Code A held a meeting at her house and a male RCN Rep came and he was very concerned about the situation. I was still concerned about what I considered to be inappropriate pain relief.

I remember that I then attended a meeting called by a doctor from the geriatric department, Dr Code A. I still remember that the meeting felt very much like 'them and us'. The medical staff were on one side and the nursing staff were on the other. The medical staff were sat like a panel.

The general tone was that the nursing staff didn't know what they were talking about, and that we didn't know the properties of Diamorphine. I remember feeling very vulnerable and that no

one was listening to us.

I remember that a policy was going to be drawn up, detailing the criteria for the use of pain relief. I never saw one and to my knowledge one was never drawn up.

I was still concerned about the use of syringe drivers but I felt that nothing had appeared to have happened as a result of raising over concerns.

I remember feeling as if I and my colleagues were labelled as troublemakers. There was an 'atmosphere' between the night staff and the day staff at the unit.

The Redcliffe Unit then moved site to join the main hospital and the Redcliffe Unit patients moved into the Dryad Ward.

The type of patient remained the same in Dryad, long stay with minimal medical care required. The doctor responsible for the patients was still Dr. Code A and I believe the Consultant was Dr. Code A

The type of patient being admitted in Dryad, long stay with minimal medical care required. The doctor responsible for the patients was still Dr. Code A and I believe the Consultant was Dr. Code A

The type of patient being admitted onto Dryad would begin to change. 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 more verbal and able to express their needs. We had more people in for rehabilitation although we continued to have some continuous care patients.

I have been asked if I was expected to find out each patient's requirements. I would read the notes of each of my patients to see what I needed to do for each of them. Each nurse would do the same. All nurses have access to patients medical notes.

RESTRICTED

I have been asked if I attended a meeting with Code A who was the tutor on a course I was doing in 1991. I was taking an Code A in the Care of the Elderly. I did attend the meeting. I remember it was about the inappropriate use of the syringe driver but I cannot remember any of its content.

I received a number of letters at the time from the NCN representatives and I kept them all.

I have been asked why have I produced them now.

I am aware of the recent publicity concerning the death of elderly patients at the Gosport War Memorial Hospital and the concerns of their relatives. I believe the concerns relate to the use of syringe drivers.

The hospital called a staff meeting about a Professor Code A, who did an investigation into the Code A enquiry. He is coming to do an investigation on behalf of the relatives of patients who had a syringe driver prior to their death.

Before attending this meeting I spoke with Code A and we both decided to take our letters and documents to the meeting.

Once at the hospital Code A and I handed our documents to Code A.

On the following Wednesday (18th September 2002) (18/09/2002) I and Code A went to a meeting with Code A and Code A, the RCN representative.

I have been shown a typed copy of the minutes of the meeting by DC Code A and having read them I agree them to be an accurate record of the meeting.

I have also been shown a red plastic document holder with letters to Code A exhibited as Code A Inside this red holder are a number of letters addressed to me.

RESTRICTED

These letters are together in a clear plastic wallet. These letters and documents are my original documents which I handed to Code A, they have obviously been placed within the red document holder, though they are clearly separate. I produce my letters and documents as Code A

I have been asked if I had any concerns over the incorrect use of syringe drivers when the unit moved to Dryad Ward. I did not. I believe that the syringe drivers were correctly used for people who needed them. As I remember it, the issue seemed to have been resolved.

I have been asked if I can remember any particular patients who I felt had been prescribed Diamorphine when I didn't consider it to be appropriate.

I can only remember the name of one patient who was placed on a syringe driver with a Diamorphine prescription. I remember her name because she lived for at least two months after being placed on one which was highly unusual, her name was Code A

RESTRICTED

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: Code A

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

This statement (consisting of 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: Code A Date: 31/10/2002

I live at the address shown overleaf with my family.

I am employed by the Fareham and Gosport Primary Care Trust and I work as a Senior Staff Nurse at the Gosport War Memorial Hospital.

I qualified as a Registered General Nurse in July 1986 and I began working at the Beechcroft Manor Rest Home in Gosport in August 1986 as a Staff Nurse.

In May 1987 I left Beechcroft to take up a post at the Gosport War Memorial Hospital. I was employed as a staff nurse at the Redcliffe Annex, The Avenue, Gosport. I worked twenty five hours per week as a member of the night staff, working two nights one week, followed by three nights the following week. I didn't have set working days when I first started at the Annex and my hours were from 2030 hrs until 0745 hrs with a hour and a half break during the night.

The Redcliffe Annex was a geriatric ward for patients who couldn't cope on their own, they were not necessarily very ill but needed nursing care. I remember that some of the patients lived at Redcliffe for a number of years before they died.

The unit didn't have it's own medical staff each patient was treated by their own GP. If we had cause for concern over a patient then we would notify their GP and they would come to the unit and address any problems and prescribe any treatments.

I do not know if the unit had a consultant at this time but as I only ever worked nights I would not have seen them anyway.

I remember that when I first went on the unit the patients who required pain relief were given mild analgesics such as Paracetamol, coproxamol and we would try and manage their pain by changing their position and using distraction methods. Very occasionally a patient would be given Diamorphine or possibly morphine tablets. They would not be a regular constant dose, but the 'odd dose'.

Signed: Code A Signature Witnessed by:

RESTRICTED

The patients at this time were not in need of the acute ward, they were generally just elderly and unable to look after themselves.

I have been asked about procedures at this time if an occasion arose if I felt that a patient had been prescribed medication by their GP which I didn't agree the patient should have. I can say that I have no recollection of anything of this nature happening but if I had thought that a drug had been prescribed by a GP and I didn't think it was for the good of the patient then I would not have administered it and I would have passed my concerns onto the day shift for them to take it up with the patient's GP.

In 1991 the medical care for Redcliffe Annex changed. Instead of the patients own GP being responsible for their care a clinical assistant was appointed. The clinical assistant visited the ward daily and dealt with all medical matters concerning the patients in the unit.

The clinical assistant was Dr Code A She was a local GP who had her own practice. She would visit the annex before starting her morning surgery and other members of her practice would cover for her at the annex when she was on leave or away for any reason. I recall that Dr Code A, Dr Code A and Dr Code A covered for Dr Code A and I particularly remember that Dr Code A would cover for Dr Code A holidays.

I am aware that at this time Dr Code A was a consultant to the annex and I'm not sure but I believe that there may have been another consultant as well.

I remember that when Dr Code A took over the medical side of running the unit it became better organised and seemed to be better structured. Patients were seen on a regular basis whereas before if a patient was not ill then they could go for a long period of time without being seen by a doctor.

The nursing structure began to change as well. More staff were brought in as the number of beds increased. I recall that we seemed to get new equipment that the other units had for some time. At this point moral was good and I and the rest of the staff I worked with were happy.

I think it was also around this time that syringe drivers were introduced to the unit. I have no recollection of them being used in the unit prior to this.

I remember asking Sister Code A, the ward sister, how to use a syringe driver . She told me that I must have seen one as a student nurse and to get on and use it. She showed me how to use one and then I was left to work it out for myself.

A syringe driver is a device for administering a drug slowly and continuously over a 24 hr

RESTRICTED

period.

It appeared to me that it became the preferred method of administering drugs. I certainly noticed them being used more and more. I do not know if this is because more were purchased and therefore available.

Our patient type then began to change. We began admitting people who were far more poorly and who required more nursing and medical intervention. More of our patients required palliative care, by this I mean the patient was made comfortable until his or her death. A patient who required palliative care was expected to die.

It was up to the nursing staff to read the notes to see if a patient was for palliative or rehabilative care, although we were given some information at handover.

At this point my main concerns were that the staff who had to set up the syringe drivers and then administer them had not been trained properly. I felt that I personally was not trained in an appropriate manner as to their use.

Such was the level of concern amongst staff about the use of the syringe driver that a staff meeting was called and Code A the patient care manager, listened to these concerns and some training was arranged for us. I recall I had 1 hour of training with a Marie Curie nurse .

I then began an Elderly Care Course at the Queen Alexandra Hospital in Cosham and one of my projects was to study methods of pain control.

I was also trying to find out as much as I could about syringe drivers and the drugs that could be used with them. I did this for my course work and for my own benefit as I wanted to use them correctly. I completed a literary review on the syringe driver.

I also had to prepare for a class discussion as a part of my course, a conversation topic or something that bothered me at my place of work. I chose to speak on the 'use and abuse of the syringe driver'.

The course tutor, Code A had heard of other people who had raised concerns about syringe drivers and the lack of proper training. I do not know if these people were from my hospital or other areas. Code A wanted to come to my hospital to see me in my place of work in order to clarify the position.

I knew that Code A was involved in 'Elderly care' and I think that she was a senior steward in the Royal College of Nursing at this time.

I told some other members of staff who I knew were concerned about the use of syringe drivers

and the pain killers they were used to administer about the meeting with Geri at the hospital and they wanted to be present, these included Code A, Code A and Code A Code A, who everyone called Code A I also told two members of the day staff, Code A Code A and Code A but they didn't come although I know that they had the same concerns.

Code A came to my ward and we explained our concerns and showed her drugs charts relating to patients in the ward, she then checked the controlled drugs register and it then became apparent to me that a large amount of Diamorphine was being used on the ward.

Code A told us that this was an issue that we had to take further and that we would be in breach of our UKCC code if we did not. It would be a breach of our 'code of conduct'. I was worried about the consequences as this was around the time of Code A. He was a nurse who had voiced his concerns over some practice in his work place and had been sacked because of it. I remember that it was in all the papers at the time.

I know that minutes were kept of the meeting with Code A I think that everyone who attended got a copy.

I had been aware that we had more patients dying but we had been admitting people who were far more poorly than our previous patients and I thought this to be the reason.

I informed Code A the Patient Care Manager at the hospital of our meeting with Code A She was pleased that I had told her of the meeting but concerned that she hadn't been present.

I know that I spoke with her on a few occasions about my concerns but I remember that my mother was dying of a tumour at this time and Code A thought that I was not being objective in my opinions of the use of Diamorphine and syringe drivers. My mother received Diamorphine via a syringe driver and was in a lot of pain so I could see the benefits of this method of pain relief, but my mother's circumstances were different to the patients receiving Diamorphine in my ward.

I have been asked if I can remember if there were any patients who recovered and went home after being placed on a syringe driver. I do recall that some did although I cannot remember any details.

I remember that after the meeting with Code A I, as a member of the night staff seemed to be better updated by Dr Code A I spoke of my concerns to her but after a couple of occasions of being given to belief that 'she was the expert' 'she knew more about these things'.

RESTRICTED

I felt that I was getting the cold shoulder from Dr Code A and from Code A, who was at that time the ward manager. I felt that I was being ignored and not being supported by my managers.

I have been asked why I did not continue with my concerns but I felt that more senior people were involved and had knowledge of my concerns which included Dr Code A

Later I went for promotion for Senior Staff Nurse and Code A was on the interviewing panel. I distinctly remember her saying to the rest of the panel that I had a heart of gold but was a trouble maker.

Because of this reference and because I had raised my concerns with management at the hospital and with the RCN I believed that my concerns over the use of the syringe driver was now a matter of record and was on file.

I cannot recall when but the unit moved to the main hospital site and the Redcliffe annex became Dryad Ward.

This ward still had long stay patients but also admitted patients who were for assessment and rehabilitation.

As I remember I didn't have the same issues concerning the syringe drivers. I had more training in their use and I was happy with my knowledge and understanding of the way they worked. There was more communication between the day and night shift and I believed that Dr Code A appeared more accessible. I do not remember feeling that I needed to speak to her.

I have been asked why I did not bring up my concerns about the use of syringe drivers when I was spoken to by the CHI.

When I was interviewed the CHI were interested in the running of the ward in 1997/1998. By this time the practices and procedures had changed as had the medical cover and management. They didn't mention 1991 and because I believed it to be a matter of record I didn't bring it up either.

I had kept all of the documents that were generated as the result of my and others concerns and I had made a list of all the training I had received whilst at the hospital, especially relating to pain control.

When the report was finally published by the CHI it stated that staff at the hospital had received little training in 'pain control'. I was annoyed at this because had the CHI asked me when they spoke to me, I would have been able to tell them exactly what training I and my colleagues had

RESTRICTED

received.

Recently we were informed that the man who had investigated the Code A cases was coming to look at the hospital records. I believed that if he did so then the use of the Diamorphine and syringe driver would become known and I wanted it known that I and my colleagues were concerned at the time. I felt very unsupported and vulnerable.

I spoke with my colleague Code A and we decided to take our documentation to the meeting that had been called to inform us of the enquiry.

I had my documents in a document holder with a clear front and red plastic back, Code A had hers in a clear wallet.

I have been shown a red backed document holder containing correspondence addressed to me. I can confirm that these are the documents I handed to Code A.

On the following Wednesday I and Code A went to a meeting with Code A, Code A Code A and Code A, the RCN representative. The meeting was minuted. I have been shown a copy of the minutes of the meeting which took place on 18th September 2002 (18/09/2002) and I agree with their content and accuracy.

I produce the list of my training whilst at the hospital (Code A

I have been asked if any of the names of patients stick in my memory, I can remember only one. There was an elderly lady who came to the Redcliffe Annex and was put on a syringe driver. She lived for about three months which was unusual. Her name was Code A

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RETIRED PATIENT CARE MANAGER

This statement (consisting of 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: Code A Date: 12/11/2002

I am the person named above and live at the address shown on the attached form.

In 1961 after completing my training I became a State Registered Nurse.

Then in 1966 I commenced employment at the Gosport War Memorial Hospital as a Staff Nurse in the Accident and Emergency Department.

In 1978 I became Ward Sister in the female ward at the hospital.

Eventually, in 1988 I progressed to become a Matron and a few years later I then became Patient Care Manager. I fulfilled this role until my retirement in 1996.

My responsibilities in 1991 as Patient Care Manager was for all nursing care within the hospital units. Which consisted of 3 wards, operating theatre, outpatients and the Accident and Emergency Department.

There was also two annexes known as Redcliffe House and Northcote House , which I was also responsible for.

In regard to the Redcliffe House annexe this was a 22 bed unit for the long term care of elderly patients who were all under the care of a consultant.

The staff requirements for the unit was 5/6 in the morning, 3/4 in the afternoon and evening and a minimum of 2 at night.

When I took control of the Redcliffe House annexe it was obvious that there were problems with the unit and the staff. These were mainly due to outdated nursing practices, poor morale and inappropriate treatment of patients.

A nursing auxiliary indicated that some patients were being force fed and that the general manner in which patients were treated by some staff was quite poor.

One example given was of a patient who was incapable of moving who was sat in chair one day. When two nurses told her that there was a rat behind her and that if she did not cease to be

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 2 of 4

troublesome they would leave it there. I conducted an enquiry into these allegations but was unable to prove or disprove. However as a result of this enquiry one member of staff was moved and another retired.

I also started implementing other measures to improve nursing practices and help morale at the unit.

Unfortunately some of these ideas were resisted by some of the nurses at the unit, who were not happy with this 'culture change'.

In 1991 we started using syringe drivers at the unit. This was a result of some staff attending study days where it was recommended that pain relief given a regular/constant basis would alleviate pain better than giving painkilling drugs irregularly, which was the normal practice.

One of the painkilling drugs we used on a regular basis was Diamorphine and sometimes a syringe driver was used.

Shortly after we began this practice some of the staff from Redcliffe House approached me, this included Code A and Code A. They expressed concerns over the amount of Diamorphine used at the unit.

I was already aware at this time that Code A who was a staff nurse at the unit, did not give patients Diamorphine at night unless they were awake, when she was on duty. She complained that she had been criticised for this. After listening to their concerns I spoke to Dr Code A, who was the clinical assistant for the unit and the unit sister, Code A.

They satisfied me that all usage of the drivers at the unit was safe and appropriate.

I felt that the problem was that the drivers were new and the staff did understand the thinking behind their usage.

Therefore I arranged training for them and Code A, a pain control expert, to attend on study days to give lecture on drivers.

Another expert Code A also came along and showed them how to set the drivers up and who to use them on.

In regard to the amount of Diamorphine used some of the staff were under the perception that patients were getting more. This was because they were used to giving the patient for example 10 milligrams of Diamorphine orally every four hours.

However, now with the use of the syringe drivers they were getting 60 milligrams at once but this was fed to them over a 24 hour period by the driver at a constant level. This obviously

Signed Code A

Signature Witnessed by:

2004(1)

equated to 6 doses of 10 milligrams over 24 hours but some of the staff could not originally comprehend this.

The other complaint by the staff was that patients who were not in pain were placed on the syringe driver. However they could not give any examples. I think the problem here was that at the time we had patients who could not express themselves due to the fact they were suffering from strokes or were confused. Therefore they could not indicate if they were in pain.

At the time I had no concerns about syringe drivers and indeed I instigated their purchase. I believed that they offered the highest level of pain control on the smallest dosage possible.

Furthermore in 1991 there was only five syringe drivers in the entire hospital complex, with Redcliffe House only having one driver with access to another spare one. So their usage then was rather conservative. Although I was totally surprised by the staff fears, I did not think it was likely to become a problem.

I did make Doctor Code A, the senior consultant at the unit, aware of their concerns. I must add here that the doctors were responsible for the prescription of painkillers to patients and who should be placed on a syringe driver.

In respect of Doctor Code A and Doctor Code A I found them both approachable and capable professionals.

However despite the training I received a letter from the staff representative stating that they still had concerns over the syringe drivers.

I spoke to Doctor Code A who said that he would not respond to this letter without examples of their misuse. Therefore I sent a memo to all the staff at the unit requesting examples. Unfortunately I did not receive one reply. I was still anxious to address this problem so a meeting was arranged. Which was attended by Doctors Code A and Code A and all the trained staff and myself from the unit.

I brought up all the concerns raised by the staff and gave them the opportunity to amplify these. Doctor Code A answered all their concerns over the syringe drivers and the prescribing of Diamorphine. I felt that everyone was satisfied by the answers given. Indeed the issue was never again raised between then and my retirement in 1996.

I would like to state that Dr Code A was also the clinical assistant to two other units within the hospital complex, the Northcote House annexe and the geriatric beds within the female/male ward in the main building.

Signed: Code A

Signature Witnessed by:

RESTRICTED

There was never any complaints forthcoming from those units about Dr Code A prescribing medication.

My personal opinion is that these problems in 1991 were due to the culture changes at the unit which I helped impose there.

These were mainly the use of painkillers and bringing the nursing practices up to date.

I was supported in the effort to impose the changes by Code A the sister in charge of the unit.

I recently became aware of problems at the hospital through the local papers.

On 23rd October 2002 (23/10/2002) I was shown various papers with identification reference number Code A. This is a collection of meeting minutes, letters and memos. Some of which I recognise. In respect of the report by Code A I cannot recall seeing it but I may have seen it at the time.

However in respect of the minutes of the meeting held on 18th September 2002 (18/09/2002). This document is misleading and does not show the full circumstances.

I can honestly say that I did not do anything incorrectly and I am satisfied that all patients who were placed on syringe drivers were appropriate.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RCN CONVENOR

This statement (consisting of 9 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: Code A Date: 21/10/2002

I am the above named person and reside at an address known to the Hampshire Constabulary. I am employed as a fully qualified G grade charge nurse by the Portsmouth Hospitals NHS Trust and for the last two years I have been working in a full time basis as a convenor for the Royal College of Nursing . I undertook my nurse training in Portsmouth from 1967 to 1970 and after qualifying followed this by 18 months training in psychiatric nursing. After completion of this training I returned to general nursing where I have remained until my present role. I currently work from home as I do not have the provision of an office. While I am no longer actually practicing in the true sense of the word I remain an employee of the National Health Service and have to keep myself updated on nursing issues.

The Royal College of Nursing acts as a trade union and a professional organisation that formulates and writes policy on nursing issues. The RCN has people at each hospital known as Stewards who are a first contact point for the membership, a convenor is for want of a better way of putting it, one up from a steward and has a responsibility for a larger area encompassing several hospitals. The position is purely voluntary it is unpaid and persons filling this role are expected to do this in addition to their nursing duties. A convenor is expected to deal with a variety of concerns relating to nursing issues through to contractual/labour issues. In order to assist me in this role I underwent a five-day training course and then the training was an ongoing process where I attended study days and other courses. As a nurse I was expected to keep myself updated on new procedures and the like as well as identify courses that I wished to attend.

To assist me in the making of this statement I have referred to correspondence that I made with the staff and management of which I have copies, as did the police. All items given an identification reference of Code A are items of correspondence that I still have copies of but

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

the police did not. All items given an identification reference beginning with Code A were already in the possession of DC Code A but I still have my own copies.

In 1991 I was employed as a G grade Charge Nurse on an orthopaedic ward at the Queen Alexandra Hospital in Cosham, Portsmouth . I was also a RCN convenor for Portsmouth and the surrounding areas. During the early part of 1991 I was contacted by a Staff Nurse Code A Code A who was working on an elderly care ward at Redcliffe Annexe, The Avenue, Gosport . Redcliffe was an annexe to the Gosport War Memorial Hospital and was an elderly care ward. As such it was not unusual for a large proportion of the patients to remain on the ward until they died. However if possible it would be preferred to care for the patients until they were able to return to care in the community. Staff Nurse Code A identified concerns that she and other members of the night staff at Redcliffe Annexe had over the use of Diamorphine and Syringe Drivers . I do not have a record of this telephone conversation but my pattern for dealing with such matters has always been the same. This occasion was not any different and I arranged a meeting for staff that wished to attend at the home address of Staff Nurse Code A . I cannot recall the date other than it would have been in February 1991 nor can I remember who was there but do remember that there were about five to six members of staff from the Redcliffe Annexe present.

During this meeting the staff expressed their concerns about patients being inappropriately prescribed Diamorphine either via a syringe driver or by other means. The nurses present expanded and explained that Diamorphine, which is an extremely powerful sedative used for pain relief was being prescribed without due consideration being given to the use of milder sedatives first. It was and still is normal practice to use a sliding scale when prescribing pain relief medication. If a patient is in pain then consideration should be given to the use of an analgesic first, at the bottom of the scale are such medication as Aspirin and the like. A doctor alone was responsible in 1991 for prescribing drugs to be used and common sense would dictate where, on the scale the patients needs would fall but it was not acceptable practice to start a patient immediately on Diamorphine. To use an anecdote, "you do not need a sledgehammer to crack a walnut".

Diamorphine would normally be used for patients that were terminally ill, suffering with coronary thrombosis or occasionally for postoperative care. This is by no means an exhaustive list for when this drug may be prescribed but gives an indication that it was the exception rather

than the norm.

Examples were given by the staff of Diamorphine being used to insert a catheter into patients. This can be a particularly painful procedure especially for males but a local anaesthetic in the form of a jelly would normally be used.

Staff stated that not only was Diamorphine being prescribed but also the use of a syringe driver was being advocated. A syringe driver was quite a new piece of equipment as far as the nurses were concerned and it is a battery-powered device that administers a drug via a syringe at a steady rate over a 24 hour period. The benefit of this would be that a patient that was in considerable pain would not suffer the peaks and troughs suffered by a patient that was receiving pain control by another means. Without the use of a syringe driver a patient would suffer pain, pain relief would be administered as prescribed, the patient would have to wait for the drug to take effect before enjoying relief but as the effects of the drug wore off would again start to suffer before further pain control could be administered. A syringe driver is an excellent piece of equipment in the field of pain control but should be used very much as a last resort. If a patient has been tried on other forms of pain control and it has now been decided that Diamorphine should be the next step then other methods of administering it should be considered and have failed before resorting to the use of a syringe driver.

Diamorphine is an extremely strong sedative as previously stated but does have some side effects one of which is the reduction of the respiratory rate. A patient that is elderly and lying in bed will not breathe deeply so could therefore suffer with congestion in the lungs leading to Hypostatic Pneumonia and to combat this often another drug such as Hyoscine was prescribed. Although I am not an expert in this field this was one of the common side effects that we were taught could accompany the administration of diamorphine.

I do not know what the staff to patient ratio was at the Redcliffe Annexe and also do not know what the care regime was in the way of attempting to return patients to care in the community. There were obviously Doctors that attended the annexe on a daily basis and one such Doctor that was named by the staff at the meeting was Doctor Code A There was also a consultant geriatrician that would visit on certain days by the name of Doctor Code A

As a result of this meeting I felt that their concerns were justified and suggested that they sent a letter to Code A who was the Patient Services Manager. I drafted this letter myself and posted the draft to Staff Nurse Code A with an accompanying letter dated the 15th

RESTRICTED

February 1991, (15/02/1991) I also enclosed a copy of the UKCC (code of professional conduct). I still have a copy of these documents, which are available with an identification reference of Code A

Staff Nurse Code A obviously sent this letter as I later received a copy of a letter to Staff Nurse Code A from Code A dated 28th February 1991, (28/02/1991) this letter contained a suggestion that they met to identify specific areas of concern so that a plan of action could be determined if necessary. This document is available with an identification reference of Code A

On the 4th March that year I sent a letter to Code A stating that Staff Nurse Code A had expressed a wish that she be represented at any meeting that should be convened on the receipt of her letter and that I wished to be informed of any such meeting so that this could be arranged. A copy of this letter is available with an identification reference of Code A I sent a copy of this letter to staff Nurse Code A

I was then sent a copy of a handwritten letter dated 5th March 1991 (05/03/1991) from Staff Nurse Code A to Code A stating that she was willing to attend any meeting but wished to be represented by me. The copy of this letter is available with an identification reference of Code A

On 26th April 1991 (26/04/1991) I represented Code A during a meeting with Code A Code A I cannot recall anything about the meeting from memory but from other paperwork can say that it was decided that a notice should be displayed at the Redcliffe Annexe informing staff that the RCN were now aware of concerns regarding the use of syringe drivers on their ward and having discussed the matter with Code A that a meeting would be arranged where staff could attend and voice any concerns without fear of reprisals by disciplinary action. Also a written policy be agreed on the use of syringe drivers and controlled drugs. I have a copy of this notice along with a letter that I sent to Code A accompanying the notice dated 30th April 1991 (30/04/1991). These documents are available with an identification reference of Code A

On the same day I sent a copy of the above notice to Code A thanking her for the meeting held on 26th April 1991 (26/04/1991) and also conveying my apologies to Dr. Code A as she had apparently felt that her clinical judgement was being questioned. A copy of this letter is available with an identification reference of Code A

I was later sent a copy of the minutes of a meeting held at the Redcliffe Annexe on 11th July

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

1991 (11/07/1991) where the staff reiterated their concerns. I had not been informed of this meeting so did not attend. A copy of these minutes is available with an identification reference of Code A .

I was sent and still have a copy of a report regarding the visit of Code A to the Redcliffe Annexe dated 31st October 1991 (31/10/1991). Code A was the community tutor for continuing education and the purpose of the visit was recorded as in response to a request by Staff Nurse Code A to discuss the issue of anomalies in the administration of drugs. The conclusion of the report was that the staff were concerned that Diamorphine was being used indiscriminately even though they reported concerns to their manager on 11th July 1991 (11/07/1991). The staff were also concerned that non-opoids, or weak opoids are not being considered prior to the use of Diamorphine. The staff had received some training arranged by the hospital manager, namely 'the syringe driver and pain control' and 'pain control'. Staff Nurse Code A was in undertaking literature on pain and pain control. A copy of this report is held by DC Code A and bears an identification reference of Code A I can remember receiving a telephone call from Code A prior to this meeting stating that she had had a member of staff from Redcliffe Annexe on a training day, this member of staff had got herself in to such a state over the matter that she poured her heart out to Code A which is what prompted the above meeting.

I was extremely concerned about the issues being raised by members of staff at the Redcliffe Annexe so I ensured that Code A the RCN Regional Officer responsible for my area was constantly updated. At this stage I did not feel as though anything was being accomplished through the correspondence and meetings with Code A so I contacted Code A in writing. As a result of this Code A wrote a letter dated 22nd November 1991 (22/11/1991) to Code A stating that it was now a matter of serious concern that these complaints were not acted upon in the way that had been anticipated and that management were, some months after the discussions seeking formal allegations. It also stated that if a clear policy on the use of diamorphine and syringe drivers was not forthcoming then the RCN would need to seek further instructions from it's membership to pursue this matter through the grievance procedure on the basis that the management had failed to manage the situation properly. DC Code A holds a copy of this report bearing the identification reference of Code A

On the 2nd December 1991 (02/12/1991) I wrote to Code A, who was the then District

Signed: Code A

Signature Witnessed by:

2004(1)

General Manager asking advice on how best to resolve this matter, a copy of which is held by DC Code A bearing the identification reference of Code A

I also informed Staff Nurse Code A that I had corresponded with Code A and a copy of this letter was shown to me by DC Code A bearing an identification reference of Code A. The same letter was sent to Staff Nurse Code A and the copy held by DC Code A bears the identification reference of Code A

I can remember getting a reply from Code A but no longer have a copy. Code A stated that he had passed the matter down to the management at the Gosport War Memorial to act upon. I felt that this action was totally inappropriate and we were in fact back to square one.

I again wrote to Staff Nurse Code A on the 10th December 1991 (10/12/1991) enclosing a copy of a letter that I had sent to Code A which related the serious concern I had in the lack of response to what was considered a reasonable request from staff and that 7 months had now passed since the issue was first brought to her attention. Copies of these letters are held by DC Code A bearing the respective identification references of Code A and Code A

On 11th January 1992 (11/01/1992) I wrote to Staff Nurse Code A explaining what action Code A had taken. A copy of this letter is available with an identification reference of Code A

I also have a copy of a handwritten note from Code A to Staff Nurse Code A which is not dated but refers to a letter dated 31st October 1991 (31/10/1991) informing her of a meeting with Code A Code A stated that she welcomed open discussion regarding any areas of concern. A copy of this is held by DC Code A with an identification reference of Code A

A copy of a typed memo from Code A dated 7th November 1991 (07/11/1991) stating that it had come to her attention that members of staff still had concerns over the appropriateness of prescribing Diamorphine to certain patients at the Redcliffe Annexe. This was addressed to all trained members of staff at the redcliffe Annexe and Dr.'s Code A and Code A and the Night Sister. A copy of this report is held by DC Code A with an identification reference of Code A

A letter from me addressed to Code A dated 14th November 1991 (14/11/1991) stating that it would appear that the only manner in resolving this matter would be through the

grievance procedure. This letter is available with an identification reference of Code A
I felt that the concerns raised by the staff at the time were serious enough to request that a policy should be decided for ALL staff on the use of Diamorphine and that ALL staff should receive training in the matters highlighted by the policy. To my knowledge such a policy was not made as a result of my request. I would say that the training within the National Health Service around the time of these events was somewhat lacks so I also asked that staff should receive training in the use of syringe drivers.

The Gosport War memorial was quite an isolated hospital in that it did not have other major hospitals in it's vicinity, the Redcliffe Annexe was even more isolated as it was situated about a mile from the Hospital.

I must add that although the onus is on hospital management to ensure that it's staff received adequate training it was also the responsibility of members of staff to ensure that they attend updating courses and any other courses that they feel relevant to their current work. The staff would however find themselves in a somewhat 'catch 22' situation as although they may identify courses that they wish to attend it would not always be possible for the management to release them to attend due to staffing commitments.

Around the middle of 1992 correspondence with the staff at the Redcliffe Annexe ceased so I assumed that the matter had been resolved to the satisfaction of both parties. I therefore had no further dealings with the staff at the Redcliffe Annexe about the subject of Diamorphine and syringe drivers.

RESTRICTED

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: Code A

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: RISK SERVICES MANAGER

This statement (consisting of 2 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: Code A Date: 08/10/2002

I am employed as the Risk Services Manager for West Hampshire NHS Trust. I have been involved in nursing since 1979. I am a registered mental nurse, a registered general nurse. I hold an Code A which is a clinical qualification regarding elderly care and an Code A which relates to the care of the dying. I hold a degree in nursing and am a trained investigator within the NHS. I also hold a diploma in management.

I have never worked at the Gosport War Memorial Hospital (GWMH), however from December 1999 - November 2001 I was a Clinical Development Advisor and looked at risk, governance and recruitment for the whole of Portsmouth Healthcare Trust. I did not have any involvement in the day to day running of the GWMH and I doubt I visited the hospital more than five or six times. I have never worked with Dr Code A, this is only a person I have heard of and never met.

I have been asked about a course I may have given in August 1991. At the time I was the Senior Nurse Manager at the Queen Alexander Hospital dealing with ten wards caring for the elderly. I am unable to recall the course itself or its contents but it was common place for me to give lectures. In February 1989 I had set up the first ward dealing with palliative care.

Prior to 1998 I was not aware of any concerns from staff, relatives or any other person with regard to the care of patients, their clinical care or any palliative care. In about 2000 I was asked by Code A to assist her in the development of the checking of syringe drivers and the patient who was using it.

Signed: Code A Signature Witnessed by: DC Code A

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 2 of 2

The use of syringe drivers it is a very complicated affair, it requires knowledge of the driver, the drugs and the patient. It is something that needs to be monitored closely by trained staff. It is common for Diamorphine to be given to the patient by syringe driver this gives the patient the optimal pain management without the peaks and troughs.

I have been shown documents within exhibit Code A in giving this statement. I am aware of complaints made by relatives of patients who have died whilst at the GWMH. In my opinion I have seen nothing that would support the complaint or that palliative care was inappropriate. More people complain about the lack of pain killing drugs given to their relatives.

In about 2000 the three people I recall as having most involvement in the two tools programme were Code A, Code A and Dr Code A The two tools programme related to the use of syringe drivers and patients connected to them.

Signed: Code A

Signature Witnessed by: DC Code A

GMC101167-0088

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: Registered Nurse

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: Code A Date: 10/12/2002

I live at the address shown overleaf. I am a Registered Nurse, Registered Nurse Teacher and a M.A Wales.

I qualified in 1976 within the East Surrey Health Authority at the Ivy School of Nursing.

In March 1976 I began nursing at the Redhill General Hospital, Surrey.

In September 1977, I began working as an assistant matron at Longcliff Nursing Home, Harrogate and I remained there until January 1978 when I moved to Cornwall and worked within the Cornwall and Isle of Scilly Health Authority as a staff nurse.

In May 1979 I became a ward sister and at this time I worked in elderly care.

In October 1981 I became a nursing officer, my responsibilities were for the in service training of nurses and nursing auxiliaries in the geriatric and general divisions of the health authority.

Between 1983 - 1985 I became a professional development officer with the same responsibilities. At this time I undertook a course for a certificate in education and qualified as a Teacher of Nursing in 1985.

In 1985 I became a Nurse Tutor at Basingstoke at the South Hants School of Nursing.

In 1988 I became a Community Tutor on the Community Unit in Portsmouth.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

In December 1991 I became a senior lecturer as director of Community and Child Health Studies at the University of Portsmouth .

In February 1993 I moved to Birmingham and Solihull School of Nursing where I was concerned with teaching post registered nurses and with developing the curriculum for the English National Board for Nursing, Midwifery and Health Visiting Higher Award.

In April 1994 I became an officer for the Royal College of Nursing in the West Midlands region.

In 1988 I became a visiting lecturer at the University of Huddersfield . I dealt in the main with nursing and healthcare studies and the ethics surrounding them.

I have been asked about a document which relates to a visit I made to the Redcliffe Annex, Gosport War Memorial Hospital on 31st October 1991 (31/10/1991).

I have been shown a copy of this document taken from a number of documents exhibited as Code A.

I can say that I recognise this as a copy of a document that I wrote. I can identify the signature at its conclusion as mine. I was in possession of the original document until around 1998. I normally keep my documents for around seven years and I believe that I have destroyed it.

I would like to provide a little background information to explain my involvement with the staff in relation to this matter.

When I took up my post in Portsmouth as the Community Tutor for Community Education, I was responsible for the teaching of staff in nine small hospitals, the district nurses, the health visitors and the school nurses.

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

In 1985, the National Association of Health Authorities issued guidelines for handling staff complaints about patient care. I developed the training for staff, in the Community Unit, in the recognition and prevention of patient abuse. This training was to support the Portsmouth and South East Hampshire Health Authority policy on recognition and prevention of patient abuse.

This training would include all staff from auxiliaries to managers and also include staff in nursing homes monitored by the South East Hampshire Health Authority at that time.

I recall that the training for the trainers took 1-2 days. Code A, senior lecturer in ethics led some of the training. He was based in the Nursing School at St James' Hospital, Portsmouth..

I have been asked if I taught this program to staff at this time. I was involved in developing the training programme with the trainers from the multi disciplinary health care team of the community unit of Portsmouth and South East Hampshire Health Authority.

The course amongst other things, covered recognising abuse, how to report it and what is now considered 'whistle blowing'.

I have been asked how I met with Code A I cannot remember how or when I spoke to her but I know that it was in my capacity as tutor, not through any association with the Royal College of Nursing. I can remember going to a meeting with staff at the Redcliffe Annex in Gosport. I cannot recall any individual cases but I recall looking at the controlled drug register. I noted that a large amount of Diamorphine had been used and I did not know the reason why.

I remember going home and typing the report. Prior to my visit to the Redcliff Annex I had informed Code A, my boss, that I was going to meet staff to discuss their concerns. Afterwards I gave her a copy of the report and informed her of my findings and the action I was taking after the meeting.

I gave a copy to Code A, the Patient Care Manager at the Gosport War Memorial

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Hospital and I provided Code A, the General Manager of the Western Area of the Community Unit of the Hampshire Health Authority, with a copy.

In effect I brought the concerns of staff members to the managers responsible for addressing the perceived problems in accordance with the policy of the Portsmouth and South East Hampshire Health Authority.

I sent a copy of my report to Code A and Code A, these were all members of staff at the Redcliffe Annex, present at the meeting I attended.

I didn't hear from any of these people again so I concluded that the problems had been addressed. I am aware that Code A, the Royal College of Nursing Lead Steward, was supporting the staff who were Royal College of Nursing members in raising their concerns.

I also remember having a conversation with Code A, who was a senior nurse with the health authority. She asked me how I had become involved in the matter and I explained that it was through the School of Nursing and in accordance with the policy in relation to patient abuse.

I have been asked if I was aware of any enquiry into the Gosport War Memorial Hospital. I first became aware of an enquiry into the hospital around the beginning of October 2002, when I received an email from Code A which was concerned with obtaining legal representation by the RCN.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 06/11/2002

I reside at the address shown overleaf. I am currently employed as the Dean of the School of Human and Health Sciences at the University of Huddersfield.

I qualified as a State Registered Nurse in 1972 and qualified as a Registered Health Visitor in 1974. I then worked in the Gosport and Portsmouth area as a health visitor until around 1976.

In 1976 I became a Community Nurse Teacher, teaching pre-registered nurses at the School of Nursing at the Queen Alexandra Hospital in Cosham, Hampshire.

In 1978 I trained as a Registered Nurse Teacher and obtained a Certificate of Education from London University and registered with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting as a Nurse Teacher.

In 1986 I obtained a degree in Social Sciences and in 1988 I was appointed Deputy Principal at the School of Nursing.

In 1991 I became the Principal of the Solent School of Health Studies, the nurse training school in Portsmouth and in the September the school transferred to become part of Portsmouth University. At this time I came under the management of the Dean of Faculty of Humanities and Social Studies in the University of Portsmouth (the faculty title may be slightly inaccurate). I was no longer employed by the Health Service. I became the Head of the School of Health Studies in the University and Associate Dean for Nursing.

In 1993 I became the Director of Adult and Children's Nursing at the English National Board, the educational regulatory body for nursing.

In 1988 I obtained a Master of Philosophy from the University of Bath.

In 1997 I was appointed Dean and Professor of Nurse Education at the University of Huddersfield, a post I still hold.

I have been asked if I recall any incidents or conversations relating to the use of syringe drivers

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

and diamorphine whilst I was in charge of the nursing school in Portsmouth.

In 1991 I was in charge of the school that provided education courses for student nurses leading to them qualifying and registering as nurses. We also provided some courses for qualified nurses, eg. theatre nurses. We also provide some in-service training on request and where appropriate to our skills (eg, lifting).

Most technical training was carried out by the Health Service staff themselves. Any training carried out by the School of Nursing was at the request of the Health Service Managers.

I have been asked if I know Code A. I have known Code A known as Code A since the late 1980's. She was a tutor at the School of Nursing until she was appointed Senior Tutor at my direction. She has an honorary teaching contract at Huddersfield University and I see her socially occasionally.

I have been asked if I have any recollection of any concerns that Code A may have had around 1991 relating to the Gosport War Memorial Hospital. I can remember Code A advising me that she had had some serious concerns raised by nurses at Gosport War Memorial Hospital. As I recall these related to a wide number of incidents about standards of patient care particularly in relation to pain management. I cannot remember the specific details. I am certain that Code A followed this up advising me of a number of actions she had taken in reporting the concerns she had identified and I am confident that the matter was handled swiftly and efficiently by Code A in alerting the hospital manager to the concerns.

I have been shown a copy of a report written by Code A It relates to a visit to the Redcliffe Annex, Gosport War Memorial Hospital and is dated 31 October 1991 (31/10/1991) Code A. I have no recollection of seeing either of these reports before. I believe that I would have remembered them because of the serious nature of their content. However I do know that Code A briefed me on the general gist of the concerns.

I have printed a copy of my curriculum vitae as posted on the University of Huddersfield website (Code A

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RCN OFFICER

This statement (consisting of 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: Code A Date: 13/01/2003

I am Code A and I reside at the address as given.

I am presently employed by the Royal College of Nursing as a RCN Officer for the Portsmouth area, based at the RCN Offices, 8 Southgate Street, Winchester .

I am also a fully qualified psychiatric Nurse having qualified in Oxford in 1974 at Littlemore and Warneford Hospital where I worked as a staff nurse.

I then qualified as a charge nurse and worked in the inpatients department at the same hospital for two years before becoming a community psychiatric nurse, during which time I served approximately 1 year as a full time convenor at Oxford for the Royal College of Nursing.

In 1981 I joined the Royal College of Nursing (RCN) as a fully paid member of staff at High Wycombe serving Oxfordshire and Northwest Thames, where I remained until 1984/1985, when I moved to the Winchester office to cover the Winchester area where I currently remain, but now consistently covering the Portsmouth area.

Also covering the Portsmouth and surrounding areas is Code A, who now works as a full time convenor. Code A is employed by the Portsmouth Hospital NHS Trust .

Part of my job is to support Code A and other local RCN representatives and if there is a major issue on the go which Code A was aware of, then he and I would discuss the

issue by telephone as well as face to face so that we were both aware of what was happening in the area.

I am uncertain as to when I was first made aware of concerns being shown by members of the Royal College of Nursing (RCN) working at Gosport War Memorial Hospital , but from my recollection I believe that this was sometime during the year of 1991.

I no longer have records covering this period as it is RCN policy to destroy documents after a period of 6 years has elapsed.

I have now been shown by DC Code A , correspondence bearing item reference Code A 2 in order to refresh my memory and I can see from them that I indeed had contact with the hospital by letter, which is dated 22nd November 1991 (22/11/1991).

I had been aware at that time, that there had been some concerns about over prescribing of medication, in particular Diamorphine, but my understanding was that it had been agreed that the hospital would create a policy and or other guidance in relation to this issue.

The management was to make this policy, not as the result of individual complaints, but because of the concerns shown by members of the Royal College of Nursing (RCN) and that it should be clear guidance so that everyone should know of the administration of these medications.

Again from memory Code A raised with me his concerns about a memorandum which had been sent by Code A , the Patient Care Manager at the Hospital, to trained staff at Redcliffe Annex asking them to identify patients who had been given Diamorphine and for whom they had shown concerns about the administration of the medication.

I have now seen a copy of this memorandum amongst the correspondence Code A and can now see that it is dated the 7th November 1991 (07/11/1991) and signed by Code A

RESTRICTED

Having had a discussion with management and it being agreed with the Royal College of Nursing members that a policy would be produced, this memorandum asking for names of patients, was in my opinion back tracking and against the earlier agreement.

My concerns at this time was that if staff had given their names, that this could turn into a witch hunt and set people up against each other.

I was also aware of a report by Code A, a community tutor at the time, which had already identified some specific concerns in relation to the prescribing of Diamorphine via a syringe driver.

Code A is a very experienced nurse and her report carried a great deal of credibility and it is clear that she recognised the problem together with the management but again nothing was done by them.

Again reviewing the correspondence marked Code A 2 I now see that this report by Code A is dated the 31st December 1991 (31/12/1991).

As previously stated I had a discussion about this matter with Code A as a result of which I raised the letter dated the 22nd November 1991 (22/11/1991) which I sent to Code A Code A the Patient Care Manager at the Hospital.

I am unable to say from memory if I received a reply from Code A, but again looking at the correspondence Code A I now see a copy of a letter dated 10th December 1991 (10/12/1991) sent by Code A to Code A in which he refers in it to her letter to me dated 5th December 1991 (05/12/1991).

However again without seeing that letter I cannot comment upon it, but believe that we would have had a discussion about it as I see that a copy of his letter was also sent to me.

The basis of my letter dated 22nd November 1991 (22/11/1991) was that if the policy was not

formulated out then action would be taken through the grievance procedure.

I am aware that Code A took this matter further to other senior managers, including Code A, the District General Manager, but I have no recollection of the final outcome and can only assume that the matter had been resolved or indeed the Royal College of Nursing (RCN) members had ceased to raise the matter further.

RESTRICTED

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: Code A

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

This statement (consisting of 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: Code A Date: 21/02/2003

I reside at the address shown overleaf. I am currently employed as the Senior Nurse at the Gosport War Memorial Hospital by the Fareham and Gosport Primary Care Trust.

I began my nursing career as a State Enrolled Nurse (SEN) in the Royal Navy. I left the Navy in 1989 and went to work at St Mary's Hospital in Portsmouth. I was employed by the Portsmouth Acute Trust (Renal Unit).

In November 1990 I began a conversion course to become a Registered General Nurse (RGN) and qualified in April 1991.

I remained at St Mary's Hospital until July 1999 when I left to become the General Manager for Medicine, still working for the Portsmouth Acute Trust.

In November 2000 I moved to my current position. My role includes the responsibility of managing the development of G Grade Nurses (Sisters), I also help develop the local environment which includes working on the ward as well as in teaching.

At the time of commencing at the GWMH, I was not aware of any enquiries or concerns relating to the use of Diamorphine and syringe drivers.

I had not worked in a community hospital before and I considered the way that the doctors were regarded and treated as antiquated, by that I mean that I thought that the nursing staff regarded them as being all powerful figures and that their instructions were to be carried out without

Signed: Code A Signature Witnessed by:

RESTRICTED

question. I also considered that the patient documentation was poor, which leads to poor continuity of care. This was identified as being a problem and training was put in place to rectify it.

At this point the hospital was engaged in the training of staff in the development of intermediate care.
I would describe intermediate care as the care given after the medical care has finished and before the patient is suitable for discharge. It encompasses all areas of rehabilitation.

Prior to this the Daedalus Ward had contained a mixture of patients, those who required continuing care and those who required rehabilitation. A period of change came whereby the number of continuing care patients decreased and the number of intermediate care patients increased, hence the training put into place. Dryad Ward had only continuing care patients.

I first became aware that there was an issue with the use of Diamorphine in the hospital when the Commission for Health Improvement (CHI) came to the GWMH at the request of the police, although I was aware that there were ongoing complaints.
CHI carried out an enquiry into the working practises of the hospital and developed an action plan for the hospital to follow which would improve its working practises. Some of its recommendations had already been identified and were being addressed.

In September 2002 I became aware that Professor Code A would be coming to the hospital in order to carry out an audit of its records.

In order to make the staff aware of this audit a staff meeting was called for 1300 on Monday 16th September 2002 (16/09/2002) at the hospital.

The meeting was going to be attended by Code A, Chair of the Fareham and Gosport Primary Care Trust. Code A, Personnel Director of the Fareham and Gosport Primary Care Trust and Code A, Services Manager - Community Hospitals, Fareham and Gosport Primary Care Trust.

RESTRICTED

I and the various members of staff from around the hospital were waiting for the meeting to start when I received notification from Jan that they had been delayed and the meeting was to be put back until 1330. I told the staff of the delay and suggested they go and get a drink.

It was as the other staff members were leaving the room that I was approached by Code A Code A and Code A, both RGN's. They asked if they could speak to me and I took them both to my office where Code A gave me a file with a clear plastic front. I flicked through its contents, I didn't pay particular attention until I came to a copy of a set of minutes made by Code A. These minutes referred to a meeting held at the GWMH and were concerned with the use of Diamorphine and syringe drivers. When I read the minutes I felt sick. I considered the minutes to be very damming in relation to current climate. I stopped reading and asked them why they had brought the file in now. Code A told me that she had seen an article in a Sunday newspaper about GWMH which stated that no one had ever brought their concerns about syringe drivers to the attention of management before and that there had been no training in their use but she had received training.

I told them I would have to take it further and I spoke to Code A who was about to go into the staff meeting, so I locked the file in my filing cabinet in my office and went to the meeting. I gave Code A the file after the meeting and together we approached Code A and Code A Code A with it.

At 1700 hrs I received a telephone call from Code A, the Chief Executive of Fareham and Gosport Primary Care Trust, asking that I put a couple of questions to Code A and Code A I noted the questions and answers and then typed them up. I produce a typed copy (Code A).

The questions were 'Why had they brought the documents forward now?' This question had already been asked of Code A and Code A so I was able to answer and did they feel that the matter had been sorted as the document seemed to stop abruptly.

They told me that they felt the matter had been sorted out. Code A said that things had changed

RESTRICTED

for a short period of time as patients didn't appear to be automatically put on Diamorphine.

They were also told that Dr Code A had been on a palliative care course and knew what she was talking about. I informed Code A of their replies.

On Wednesday 18th September 2002 (18/09/2002) I attended a meeting at the GWMH. The meeting was chaired by Code A and I took the minutes (Code A). Code A Code A and Code A the RCN Steward, were also present.

A copy of the minutes was given to all those present and has been agreed as an accurate record.

I have been asked if I have ever met Code A, Dr Code A or Dr Code A. I have never met or heard of Code A before. I have met Dr Code A once and I found her to be very abrupt. I know Dr Code A and I would describe her as being a lovely, caring lady who works very hard.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: MODERN MATRON

This statement (consisting of 2 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: Code A Date: 01/06/2005

Further to my statement made to the Police on 21st February 2003 (21/02/2003) regarding the Gosport War Memorial Hospital I would like to state the following. I have today Wednesday 1st June 2005 (01/06/2005) read my previous statement made and also a copy of Exhibit Code A I have been asked to clarify the following point: On page 4 paragraph 3 of my signed statement I have stated "They told me that they felt the matter had been sorted out. Code A said that things had changed for a short period of time as patients didn't appear to be automatically put on diamorphine ".

On Exhibit Code A which I typed up myself regarding the telephone conversation at 1700 on 10th September 2002, I have stated "Both felt nothing had been sorted, although Code A said that things had changed for a short period, as patients didn't appear to automatically be put on diamorphine". I can see the discrepancy in the two accounts. But after all this time I cannot recall specifically what I said. I can concede that I may have made an error in my typing up of the telephone conversation.

However, I feel that I was told that things had been sorted out at the time and that things did change for a short period. I can make no further assumptions on this matter because I cannot remember that far back.

Signed: Code A Signature Witnessed by: D Williamson

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: HOSPITAL SERVICE MANAGER

This statement (consisting of 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: Code A Date: 21/02/2003

I reside at the address shown overleaf. I am currently employed as the Service Manager for the Community Hospitals and Health Centres by the Fareham and Gosport Primary Care Trust (F&GPCT).

I am responsible for the efficient management of two community hospitals, six health centres and Coldeast Hospital, 'outpatients' department.

I am a State Registered Nurse, qualifying in December 1982 and I began my nursing career in General Medicine at St Mary's Hospital, Portsmouth .

In 1985 I became the Ward Sister on the elderly medicine ward at the Queen Alexandra Hospital, Cosham (QA).

In 1991 I became the Senior Sister and subsequently the Service Manager at St Mary's Hospital.

In 1994 I moved to the Queen Alexandra Hospital and became the Operational Manager for elderly medicine at the QA and St Mary's Hospital.

In March 2000 I moved to the Gosport War Memorial Hospital (GWMH) as Service Manager. My predecessor was Code A.

As Service Manager my role is to ensure the efficient management of the entire hospital on a

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 2 of 4

daily basis and the service development within the community hospitals.
From the time that I was Service Manager at the QA part of my role was concerned with the bed management and the number of admissions to the wards. As such I was aware of the case mix and number of beds available in the continuing care facility at the GWMH.

I remember that all of the continuing care wards had waiting lists and that some patients were placed outside of the area, ie, Petersfield and Liss.

I was not aware of individual cases and I was never approached by anyone who had concerns over the bed spaces at the GWMH.

I have been asked when I first became aware of any complaints relating to the GWMH and concerns over the use of Diamorphine.

Shortly after I arrived at the GWMH in 2000 I became aware that there were a series of ongoing complaints from 1998. I was not aware of their content, and I took no part in them. Code A Code A, the Quality Manager, was dealing with them. There was then a second enquiry carried out by the police. A number of staff were interviewed during the investigation. I was involved by the fact that I assisted in the setting up of interviews by arranging for staff to be made available and providing rooms for people to be spoken to in.

I was aware that Code A had involved the police, in relation to her mother. She had concerns regarding what she believed to be her untimely death and excessive doses of Diamorphine. I again had no knowledge or involvement in that.

Subsequently the Commission for Health Improvement carried out an enquiry and published its report in June 2002.

The hospital was then informed that Professor Code A, the gentleman who had carried out the research for the Code A enquiry would be reviewing all patient records. As a result of this, a staff meeting was arranged for staff on duty at the GWMH for the afternoon of 16th September

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

2002 (16/09/2002).

I went to the meeting at the GWMH with Code A, Personnel Director Code A and Code A, Chair of Code A

Prior to going into the meeting I was approached by Code A, Senior Nurse for GWMH who wanted to speak with me urgently. I was about to go into the meeting so I asked her to wait until its conclusion.

After the meeting I saw Code A in her office. She gave me a red folder with a number of documents in it. I flicked through them and saw that they were minutes of meetings held and a number of letters. I don't know how many documents were there or the entire contents.

I did note that they raised concerns about the use of Diamorphine in Redcliffe House and Dryad Ward in 1991. I was joined by Code A and I handed the folder and its contents to her.

I have been asked how I felt upon scanning the documents. I was stunned to think that concerns that had been around in 1991 were still around in 1998 and I didn't understand why they had not been produced to CHI or the police enquiry.

Later that afternoon I attended a meeting with Code A, Code A and Code A. Its purpose was to discuss the documents, their contents, how they came into our possession and why at this particular moment in time.

I am aware that Code A telephoned Code A to ensure that the staff that had produced the documents were all right and to discover why they had taken so long to produce them.
Code A later confirmed to me that she had this conversation with Code A

It was decided at the meeting that the nurses who had produced the documents would be spoken to and that as Code A was their line manager and that the nurses had handed the documents to her, she would be present with Code A during the meeting.

RESTRICTED

I have been shown copies of a number of documents exhibited as Code A They appear to be copies of the documents handed to me by Code A, which in turn I handed to Code A

RESTRICTED

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: Code A

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

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: Code A Date: 19/08/2004

Further to my statement dated 21/02/03 (21/02/2003), I wish to add the following.

At the request of Professor Code A, I supplied him with the following controlled drugs record books, relating to SULTAN ward at the Gosport War Memorial Hospital . I now formally produce these records as follows;

Six 'Patients Own' Controlled Drugs Record Books, covering the following periods,

1.
2.
3. Code A
4.
5.
6.

Ten 'Controlled Drugs Record Books' covering the following periods,

1.
2.
3.
4. Code A
5.
6.
7.)
8.

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 2 of 4

9. Code A
10.

Three 'Night Sedative Drugs Books' covering the following periods,

1. Code A
2.
3.

I supplied the following documentation relating to DRYAD ward at the Gosport War Memorial Hospital.

Five 'Controlled Drugs Record Books' covering the following periods,

1. Code A)
2. This book was issued on 6/3/95 but was first used on
3.)
4.)
5.

I supplied the following documentation relating to DAEDALAS ward at the Gosport War Memorial Hospital.

Six 'Controlled Drug Record Books' covering the following periods,

1. Code A The last entry in this book is actually dated as 8/2/97.
2.
3.
4. The first entry in this book is actually dated 11/9/98
5.) The first entry in this book is actually dated 27/3/99 and the last entry as 25/11/99.
6. Code A Code A.

Signed: Code A
2004(1)

Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I supplied the following documentation relating to REDCLIFFE HOUSE ward at the Gosport War Memorial Hospital.

Five 'Controlled Drug Record Books' covering the following periods,

1. Code A)
2. 2)
3.)
4. This book was issued on 9/6/94, it was actually first used on 31/7/94.
5. Code A)

I supplied the following documentation relating to the FEMALE ward at the Gosport War Memorial Hospital.

Six 'Controlled Drugs Record Books' covering the following periods,

1. Code A) This book was issued on 30/9/87, it was first used on 28/11/87.
2. Code A)
3.) This book is marked as commencing and finishing on these dates,

However, it was first used on 31/8/90 and was concluded on the 29/8/91.

4. Code A) This book was issued on 10/2/92, but was first used on 23/2/92.
5. Code A) This book was issued on 4/3/93 but was first used on 4/8/93.
6. Code A) This book was issued on 21/10/88 but was first used on 26/10/88.

Two 'Patients Own Controlled Drug Records Books' covering the following periods,

1. Code A

Signed Code A

Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

2. Code A)

Three 'Sedations Drugs Record Books' covering the following periods,

1. Code A)
2.)
3.)

I also supplied a 'Bed Numbers Register' from November 92 until January 97. (Code A This book included SULTAN, DRYAD and DAEDALUS wards.

Taken by:DC Code A

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: HOSPITAL SERVICE MANAGER

This statement (consisting of 2 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: Code A Date: 01/02/2005

I am currently the deputy head of adult services at Gosport War Memorial Hospital . I am employed by Fareham and Gosport Primary Care Trust.

Further to my previous statements I add the following. Today, Tuesday 1st February 2005 (01/02/2005) I have been shown a Ward Controlled Drugs Record Book for Dryad Ward, the book commenced on the 2/9/98 (02/09/1998) and concluded 18/6/99 (18/06/1999). I produce this as Code A . I have also been shown a Ward Controlled Drugs Record Book for Dryad Ward which commenced on 18/6/99 (18/06/1999) and concluded on 4/7/01 (04/07/2001). I produce this as Code A .

At this stage I am unable to find any previous Ward Controlled Drugs Record Books for Dryad Ward other than those I have already produced.

At the request of the police I have also retrieved from the appropriate wards the Off Duty Records. I produce those for Sultan Ward from 19/3/95 (19/03/1995) to 23/12/2001 Code A and those for Daedalus Ward from 4/1/98 (04/01/1998) to 28/12/2002 as Code A . In the case of Daedalus Ward I understand that they only cover day staff as the records for night staff have been shredded, this is also the case for any previous records.

Taken by: DC Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: PERSONNEL DIRECTOR

This statement (consisting of 3 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: Code A Date: 14/10/2002

I am employed by the Fareham and Gosport Primary Care Trust and hold the position of Personnel Director. I am responsible for the strategy relating to human resources. I advice on the employment laws and I oversee personal policies.

I have worked within the Health Service since 1982 when I was employed as a Nursing Assistant.

In 1986 I moved to the personnel side of the organisation and in October 1991 I worked within the Fareham and Gosport Community Services. This department dealt with the Gosport War Memorial Hospital. In April 2002 I took up my current title and position.

A decision has been taken to review the Gosport War Memorial Hospital and its prescribing procedures and policies. Professor Code A has been tasked with carrying out this work.

In order to inform the staff of this review a number of meetings were arranged at the hospital and staff were spoken to on a rotation basis.

On Monday 16th September 2002 (16/09/2002) I, along with Code A Chair of Fareham and Gosport Primary Care Trust, spoke with a number of Nurses at the Gosport War Memorial Hospital. The meeting ended around 3 pm (1500) and at its conclusion I was approached by Code A the Hospital Service Manager who said, 'Look Code A this has just been handed to Code A. Code A handed me a red plastic document wallet which contained letters and memos dated 1991. I briefly looked at the documents which related to

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

staff concerns over the use of Diamorphine on patients which they felt was inappropriate (Code A).

I kept the folder with me and returned with Code A to my office in Fareham. I intended to give the documents to Code A Chief Executive of the Fareham & Gosport Primary Care Trust.

Upon my arrival Code A was about to give a television interview so I waited until he was available and then I drew his attention to the documents.

He then called a meeting to decide the next course of action. This meeting was attended by myself, Code A and Code A. During the meeting Code A took the documents and photocopied them. She returned the original documents to me.

On Wednesday 18th September 2002 (18/9/2002), I held a meeting with two Nurses who were named in the documents given to me (Code A). These were Senior Staff Nurse Code A Code A and Staff Nurse Code A Code A RCN Representative and Code A the Senior Nurse, were also present.

The meeting was recorded and Code A kept the minutes.

On Friday 24th September 2002 (24/09/2002) I handed DC Code A the red document wallet and its contents (Code A).

I have been asked if I was aware of any issues concerning Diamorphine and its usage when I worked for the Fareham and Gosport community Services in 1991.

In November 1990 I went on maternity leave. At this point I worked within the Learning Disabilities Department. Upon my return from maternity leave in October 1991 I began working within the Personnel Department on a part-time basis, working 2 days per week. I was not aware of any concerns or issues with regards to the use of Diamorphine at the hospital.

Signed: Code A

Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Signed Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PERSONNEL DIRECTOR

This statement (consisting of 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: Code A Date: 20/03/2003

Further to my statement made to DC Code A in relation to the Gosport War Memorial Hospital.

I have been asked if I can recall the occasion when I handed the documents Code A to Code A on 16th September 2002 (16/09/2002).

I gave the documents or dossier as I call it, to Code A when he was in his office, after having given a television interview. I believe that we we were alone at the time but I recall that other members of staff came into the room shortly afterwards.

I said something like, "I am not normally lost for words, but I am now, I think that you should read this," and I handed him the dossier. I explained to him that I had been handed the dossier by Code A following my and Code A meeting with the staff at the Gosport War Memorial Hospital, I told him that I had only scanned the papers but they appeared to be correspondence relating to concerns that nurses had regarding the administration of medication at Radcliffe in 1991.

I have been asked if I remember Code A reaction. I can quite clearly. He looked stunned, he took the papers and flicked through them. I would describe him as looking stunned and shocked.

At this point the other people mentioned in my previous statement came in and I explained to them what had happened.

Signed Code A Signature Witnessed by:

RESTRICTED

We all began looking at the documents, everyone expressed disbelief that no one had been aware of the issues raised in the documents.

Code A then joined us and was able to say that the dossier had come from staff members of the Gosport War Memorial Hospital. I believed them to be nurses.

Code A began to telephone people who he thought might have some knowledge.

I know that he telephoned Code A, I was present in the room at the time.

Code A said something to the effect that a dossier had been handed out relating to concerns about medication in 1991 and did he have any knowledge.

When Code A finished speaking with Code A he put the phone down and told us words to the effect, "He's got no recollection at all, he doesn't know anything about it."

He phoned Code A who was the General Manager at the time and again briefly outlined what had happened.

When he put the phone down he told us that Code A had no recollection of it at all.

I remember thinking that I had seen that on at least one of the documents, it had shown that a copy had been sent to Code A

I knew that Code A tried to contact Code A but I cannot remember if he did so whilst I was present.

I do remember that later that evening Code A told me that Code A had no recollection of the issues raised either, so I assume that he had spoken to him at some point.

I remember that the following day Code A told me that Code A had come in to look at the dossier to see

if that triggered any memories but having seen them he still had no recollection of the issues raised.

I wish to clarify that when I refer to the issues raised, I am referring to the time of 1991. I also wish to clarify that when I mean that people were not aware, I am referring to the content of the documents and the existence of the documents at any point in time.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: DIRECTOR OF PUBLIC HEALTH

This statement (consisting of 2 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: Code A Date: 09/01/2003

I am Code A and I live at an address known to Hampshire Police. I have been employed by the Health Authority since 1994 and am presently the Director of Public Health with the Fareham and Gosport Primary Care Trust, Fareham Reach, 166, Fareham Road, Gosport . I was officially appointed to this position on 1st July 2002 (01/07/2002). Previous to this appointment I was the Nurse Advisor and Specialist in Public Health to the Isle of Wight, Portsmouth and South East Hampshire Health Authority.

During the morning of Monday, 16th September 2002 (16/09/2002) I attended a meeting with Code A and Code A to discuss how we would manage and coordinate the media and other communications surrounding Professor Code A audit into the issues surrounding the Gosport War Memorial Hospital . The meeting was adjourned as Code A and Code A had a prearranged meeting at the Gosport War Memorial Hospital that afternoon with staff to bring them up to date with the issues of this audit. It was agreed that the meeting would reconvene later that afternoon.

When the meeting was reconvened the same persons were present. Code A then disclosed that a member of staff at the Gosport War Memorial Hospital had handed her a package of documents. I had brief sight of some these documents and can recall that there was a letter to or from Code A included in the bundle. The documents were photocopied by Code A and then handed back to Code A who kept constant control of them. The contents of these documents were discussed and related to the use of diamorphine at the Gosport War Memorial Hospital.

Signed: Code A Signature Witnessed by:

The following day, Tuesday, 17th September 2002 (17/09/2002) I personally took an envelope containing what I believed to be copies of the original documents and handed them to the Director of Public Health, Code A secretary at the Hampshire and Isle of Wight Strategic Health Authority, Oakley Road, Southampton.

I did not have any knowledge of the existence of these documents prior to the 16th September 2002 (16/09/2002) and I was certainly not aware of any issues concerning the use of Diamorphine at the Gosport War Memorial Hospital until the media coverage last year and the launch of the CHI enquiry.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: COMMUNICATIONS MANAGER

This statement (consisting of 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: Code A Date: 06/08/2003

I am the Communication Manager within the Media and Communications Service for the Portsmouth City, East Hampshire and Fareham and Gosport Primary Care Trusts. The Media and Communications Service is hosted by the East Hampshire Primary Care Trust but I service all three equally.

I have worked within the Health Service in a purely administrative role. I have no medical training or background.

Prior to joining the Portsmouth and South East Hants Health Authority in May 1999, I worked for the West Surrey Health Authority as Communications Manager and prior to that, for the South West Surrey Health Authority as Legal Liaison Officer.

I came to Hampshire as Communications Manager and was based at Finchdean House on The St Mary's Hospital site in Portsmouth. My role was to manage the internal and external methods of communication, by that I mean devising and implementing internal methods of communication for staff. Liaising with all forms of the media. Arranging PR events, ensuring their coverage and advising and supporting the Chief Executives and Directors in relation to all matters of communication.

I have been asked when I first became aware of the situation at the Gosport War Memorial Hospital . I first became aware when I was informed that the Commission for Health Improvement was coming to the hospital to conduct an investigation. I took no part in this enquiry and was not involved in any of the departmental or media briefings.

RESTRICTED

On 1st April 2002 (01/04/2002) my role changed to my current position whereby I covered the three Primary Care Trusts as Communications Manager with a lead on external communications.

In May 2002 the CHI report was published and I then became involved with drafting the press releases and press packs in preparation of the press conference in relation to the report. I took my general briefing notes in preparation for the press conference from the CHI report.

In September 2002 there was a piece in the Times newspaper relating to Professor Code A who had been commissioned to review the GWMH's records. I set up a press conference and an interview with Meridian Television Company which was to be taken by Code A, the Chief Executive Fareham and Gosport Primary Care Trust.

On 16th September 2002 (16/09/2002) I attended a meeting at Fareham Reach. This meeting was also attended by Code A and Code A. At the conclusion of this meeting, Code A and Code A went on to the GWMH in order to speak to staff. I remained at Fareham Reach with Code A and I watched whilst he gave a television interview. The interview was delayed whilst we wanted for the cameraman to arrive.

When the interview ended I went with Code A to his office and saw that Code A and Code A were already there. As we walked in Code A was handed a thin file of papers and told "I think you need to see this". I cannot remember who handed him the file. I have been asked how Code A reacted when he read the papers. I would describe his reaction as one of shock and disbelief. It looked to me as if this was the first time he had been aware of their content.

Code A flicked through the papers and asked "Where has this come from?"

He then made a couple of phone calls to various people I believe he rang Code A and

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 3 of 3

Code A. I was present in the room at the time of these calls. Code A briefly outlined the content of the document. It appeared to me that the people he was speaking to did not know what he was talking about, in relation to the document.

While Code A was on the phone, I scanned through the documents. I noted that they were old, the staples holding some of them together were rusty and they had been typed on a typewriter as opposed to a word processor. I recall that the papers related to concerns over prescribing issues, there were minutes of meetings and copies of letters.

I remember that Dr Code A name was mentioned in the documents.

I then made two copies of the documents. I remember seeing minutes of a meeting. I remember seeing Code A name. I didn't read all of the documents I just scanned them. I got Code A to check my copies as I thought that I had copied some twice but it appeared that some documents were the same but sent to different people. The letters didn't mean anything to me and I didn't recognise any of the names.

I gave both copies to Code A

I have been asked if I know Dr Code A I have met her on a number of occasions as she used to be the Chair for the Gosport Primary Care Group. I would not describe her as a friend, I only know her professionally.

I have been asked how long I have known Code A I have known him for the last 2-3 years in my professional role.

I have been shown a photocopy of some documents exhibited as Code A.

I believe that this is a copy of the original documents handed to me by Code A and subsequently copied by me.

Signed Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RISK ADVISER AND FACILITATOR

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: Code A Date: 01/02/2003

I live at the above address shown overleaf.

I am currently employed by the Fareham and Gosport Primary Care Trust , as a Risk Adviser and Facilitator, a position I took up on 1st April 2002 (01/04/2002).

I am a R.G.N., qualifying in 1960 and I have worked within the Health Service throughout the south of England and abroad. I retired from full time nursing in 2000 but continued in my role as Risk Adviser/Facilitator on a part time basis.

I am a Steward for the Royal College of Nursing and I advise and support colleagues in the RCN in an official capacity.

In 1978 I joined the Gosport War Memorial Hospital as a Senior Staff Nurse, grade F, in the minor injuries department. Due to some man management issues I became actively involved in the RCN and subsequently a Steward shortly afterwards.

When I arrived at the GWMH it was an old building and had off site annexes for some of its patients, one of these being The Redcliffe Annex which was a geriatric unit, housing patients who had suffered strokes or required looking after on a long term basis.

Around 1993/1994 Redcliffe Annex patients were moved to the main hospital and were placed in Dryad Ward. The staff who had worked in the Redcliffe Annex moved with them.

RESTRICTED

Redcliffe Annex was renamed Redcliffe House and its patients came from Knowle and Coldeast Hospitals .

In 1994 the GWMH ceased to come under the administration of the Portsmouth and South East Health Authority and came under new management in the Portsmouth Health Care NHS Trust. I found the new managers approachable and accessible; they promoted an open culture and welcomed the observations of all of the Unions who represented staff at the GWMH.

I have been asked if I was approached in any capacity by members of staff, in relation to syringe drivers and the use of diamorphine.

I was first approached in relation to these issues in 1998 when seventeen RCN members sought representation in relation to an enquiry involving a previous patient, Code A

As duty sister for the hospital, normally on my weekend shifts, I had access to the hospital keys. I was aware that there were syringe drivers in the hospital because some were kept in the storeroom and occasionally I would be asked for the keys to the store in order for a syringe driver to be removed.

I have been asked if I ever attended the Redcliffe Annex as the duty sister. I never went down to the Redcliffe Annex, as this would have left the Casualty Department unsupervised.

I have been asked if I received any training in their use whilst at the GWMH. I did not. This was because I did not use them during the course of my work. I had the initial training in their use when I was qualifying but as I worked entirely within the A & E Department, I had no cause to use them, Syringe drivers were not used to administer pain relief in my department, any diamorphine given, would have been via an ordinary syringe.

I have been asked about documents relating to the use of syringe drivers and diamorphine at the GWMH in 1991.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 3 of 4

I first became aware of their existence on 17th September 2002 (17/09/2002). I received a telephone call late in the evening from Code A, the Personnel Director of the Fareham and Gosport Primary Care Trust, inviting me to a meeting the following day which would be highly sensitive, I noted the conversation directly afterwards (Code A). I then contacted Code A Code A, a senior RCN Officer, and informed him of the conversation and meeting.

At 1030 hrs on Wednesday 18th September 2002 (18/09/2002) I attended a meeting with Code A Code A and Code A. Code A and Code A are Staff Nurses at the GWMH. I spoke briefly to Code A and Code A prior to going into the meeting to offer my services as a RCN Code A

Details of the meeting were kept by Code A. I have received a copy of these minutes and confirm that they are an accurate record. I made my own notes of the meeting Code A) which I typed up afterwards(Code A)

A number of documents were discussed and a copy of these documents were made. Code A Code A and I were given copies of these documents and this was the first time I had seen them.

I made a note of the documents given by Code A to Code A).

On 7th October 2002 (07/10/2002) I visited Code A at her home. I went to give her the legal representation form required by the RCN. Code A gave me a number of documents, some of which appeared to be copies of the documents given to Code A by Code A and Code A

I took copies leaving the originals with Code A and handed the copies to DC Code A later that afternoon.

I am aware of the publicity surrounding the GWMH and certain members of its medical staff.

I would like to say that during my time of employment at the GWMH I have had contact with

Signed: Code A

Signature Witnessed by:

2004(1)

Dr Code A on a regular basis. I have always found her to be very accommodating and very nice to the patients I have seen her with. I have always found her to be approachable, humorous, friendly and very professional.

I have worked on a number of occasions with Dr Code A. I would describe her as being one of the most professional Consultants I have ever worked with. I have always found her to be extremely knowledgeable and friendly. She is extremely caring to both her patients and her staff.

RESTRICTED

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: Code A

Age if under 18: Over 18 (if over 18 insert 'over 18') Occupation: ENROLLED NURSE

This statement (consisting of 4 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: Code A Date: 11/10/2002

I am the person named above and live at the address shown overleaf.

I am a D Grade Enrolled Nurse and I am employed by the Gosport and Fareham Primary Care Trust.

I started training as a Nurse in 1965 and qualified in 1967.

I began as a General Nurse, but in 1968 I became a Naval Nurse at the Haslar Hospital in Gosport.

In 1971 I had my first child, and then in 1977 I returned to work as an Agency Nurse.

Then in 1981 I was employed at the War Memorial Hospital in Gosport.

I worked at the Redcliffe Annexe part of the hospital which deals in caring for the elderly.

Most of the patients although elderly were there for long term care.

Several years ago, I cannot remember exactly when we started using 'syringe drivers' on the patients.

All of a sudden they were there. Their use caused me some concern and I was uncomfortable with their use.

RESTRICTED

This was because I felt that they were used too often.

Rather than being used to control pain they were used on patients who were approaching death and suffering from anxiety and distress.

The main medication used in the 'drivers' was Diamorphine. However, sometimes there would be an addictive or Midazolam.

The use of the 'driver' and the medication to be used within it would be prescribed by the doctor who covered the ward, who at that time was Doctor Code A

Then the decision when to use it would then be made by a Nurse who would choose the appropriate time.

However, I never made these decisions because they had to be made by a Senior Nurse.

My concerns were increased because it appeared that an awful lot of the patients that died were on syringe drivers.

Around this time the capacity at Redcliffe changed from 11 patients to 20, this was because the top floor was opened.

The type of patients we were receiving changed whereby we started having some with acute problems.

I discussed my concerns over the use of the drivers with Code A a Senior Nurse, and other nursing staff.

I recall that there was meetings with management at the hospital over the concerns that I and the other nursing staff had over the use of syringe drivers but I cannot recall anything about them.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I cannot remember what the management's response was to our concerns.

However, I have checked my training records and discovered that I received training on pain control and the use of syringe drivers on the 10/12/1990.

But I cannot recall if this was prior to or after the above incidents.

In regard to the use of syringe drivers by Nurses.

Because I am only an Enrolled Nurse I am not allowed to set them up. This can only be done by a Senior Nurse, and Enrolled Nurses can only assist.

Furthermore, it takes two Nurses to set a syringe driver up for use.

In the intervening years Code A has mentioned that she has papers relating to this period and the problems we had.

Approximately eight years ago we moved from the Redcliffe Annexe into the Dryad Ward at the new War Memorial Hospital.

Doctor Code A has still remained the doctor who covered the ward until fairly recently.

Also throughout this time myself and some of the nursing staff have shared concerns over the use of syringe drivers.

I have worked at the Gosport War Memorial Hospital since 1981 to date. I work 10 hours one night every week.

I am aware that the 'papers' that Code A referred to over the years were handed over to the hospital management at a recent meeting.

Signed: Code A

Signature Witnessed by: DC Code A

2004(1)

RESTRICTED

Continuation of Statement of: Code A

I can confirm that I have never seen these papers.

I have always felt that Doctor Code A and the Nursing Staff always acted in the best interest of the patients.

Just because I was concerned about the syringe drivers does not necessarily mean that their use was wrong.

Finally I never directly discussed my concerns with Doctor Code A

Signed: Code A

Signature Witnessed by: Code A

RESTRICTED

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: Code A

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

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: Code A Date: 07/11/2002

I am the above named person and I live at the address shown overleaf.

I began nursing in 1971 and qualified in 1974 as an SRN. An SRN is now called an RGN. I am currently doing part time bank nursing and I work for the Medical Directorate.

After qualifying I worked on surgical wards and became a ward sister in 1978. I first worked at the Gosport War Memorial Hospital (GWMH) in 1985. I worked for 20 hours a week as a relief Staff Nurse. I would work at the GWMH, Northcote and Redcliff annexes. I was more involved in caring for the elderly than I had been in my career to date. I only worked at the GWMH for about 2 years. During that stint at the hospital syringe drivers were never used. I do not recall if Dr Code A was working at the hospital, there were numerous GP's because it was a GP community hospital.

During my time at the GWMH we, the nurses and the doctors, would always try and keep the patients pain free and improve their quality of life.

Having left the GWMH in 1987, I returned in about May 1990. This time I worked for the hospital for about 15 months. I was working part time, 30 hours a week, on the day duty. By the time I got back to the GWMH the use of syringe drivers was in place. This was a new concept for me. I was slightly uncomfortable with the use of syringe drivers when I got back to the GWMH but this was because of a lack of training.

The advantages of pain control via a syringe driver was that it gave the patient a more level feeling of well being without peaks and troughs. The main drug used in syringe drivers was Diamorphine. Diamorphine would always be prescribed by a doctor. However it would always be given to patients by two qualified nurses.

There is nothing in my mind that makes me think that certain doctors were prescribing Diamorphine more than others. I am unable to recall how the scale worked but it would be fair

Signed: Code A Signature Witnessed by:

RESTRICTED

to say consideration would be given to other types of drugs prior to Diamorphine. There were pain control charts that would help determine the correct level of pain management.

Patients were not commenced on syringe drivers containing Diamorphine without first having been prescribed other forms of analgesic. Some of the patients were unable to take analgesic in an oral format and the use of a syringe driver was appropriate. I can only remember very ill people being put on syringe drivers. People on syringe drivers with Diamorphine were not expected to live that long, they were prescribed the driver to manage their pain prior to death.

I do remember that certain staff nurses, especially those who worked nights were allowed to pronounce death but not to certify death. During my second stint at the GWMH I only worked at the Redcliff Annexe. During this time I worked with Dr Code A and other GP's and doctors. I always found Dr Code A approachable and a very professional person, I had no social contact with her but found her caring towards the patients as were all the other staff.

As I have already said, I did have concerns with the concept of syringe drivers and Diamorphine. This was because of the delivery method as much as anything else. I was not the only person to have concerns.

I have been shown exhibit Code A and can confirm that I was present on 11/7/91 (11/07/1991). I am unable to recall what I said but I very much felt in tune with the rest of the group in their worries and concerns. I did think at that time that most of the problems raised could be addressed by better training, weekly meetings and more communication between staff of all grades.

I left the hospital within a few weeks of this meeting and didn't really get to see how the issues were dealt with or what guidelines were put in place. However as a result of the meeting I felt optimistic that all the issues would be addressed.

I didn't work at the GWMH again until February 2000 and I left in May 2001. During this final period I again worked in the continuing care of the elderly ward which was Dryad Ward. Again I was part time working on day duty. I worked 30 hours a week. In my opinion the care of the patients was very high, as it always had been. Syringe drivers were still in use. I am unable to say if they were being used more or less but it was an appropriate use of that device for the patient.

I was aware at this time of an ongoing police investigation, however I was never spoken with. The investigation caused distress to both patients and staff. Patients did not wish to take

GMC101167-0133

analgesics.

I have worked in hospitals all over the UK and in my opinion there was a high standard of nursing practiced at the GWMH.

RESTRICTED

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: Code A

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

This statement (consisting of 3 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: Code A Date: 18/08/2003

I live at the address known to the police. I qualified as a SEN in 1972 and I converted to RGN in July 1991.

I began working at the Gosport War Memorial Hospital , Bury Road, Gosport in 1975 and I retired in 1998.

I worked exclusively on the female ward which later became Sultan Ward.

My role required me at times to visit other wards in order to countersign and check the prescribed drug books/registers as the second trained staff present. I have been asked to describe the standard of general patient care on the wards. I would describe the level of care on Sultan Ward as second to none. It was excellent.

I have been asked about the way syringe drivers were used and the way that diamorphine was used.

On Sultan Ward both were used within the guidelines set out and if there was any uncertainty then we would contact the Countess Mountbatten Hospice for their advice. The staff I worked with were very experienced in dealing with terminally ill patients. I was very experienced in using syringe drivers and diamorphine. On Sultan Ward the pain management guidelines were strictly adhered to.

I noticed that when I visited other wards, by that I mean Daedalus Ward, the amount of

Signed: Code A Signature Witnessed by:

RESTRICTED

diamorphine prescribed was set between quite large parameters and therefore the amount administered was left to the discretion of the attending nurse. This placed a lot of responsibility on the attending nurse.

I received training in the use of syringe drivers at the School of Nursing at Queen Alexandra Hospital, Cosham when I did my conversion. I had used them prior to my conversion course but the training I received at QA reinforced the knowledge that I already had. I researched syringe drivers for my course project. I am aware of the police enquiry, I have heard about it from current staff members and from the local media. I am also aware of the internal enquiry again from current members of staff.

I am aware that local GP's were reluctant to admit their patients to the hospital and Dr's at the hospital are apprehensive about prescribing strong pain relief. I have been informed of this from current members of staff.

I have been asked about the details of the attending medical staff.

At one point I researched the number of visiting GP's to my ward. I remember that there were 44 GP's attending the ward. I recall that the Sultan drug trolley was always full of different types of drugs as each doctor had their own preferences. By contrast Daedalus Ward had a very tidy and easily managed drug trolley because it only had Dr Code A and Dr Code A prescribing for it or consultants from other specialities, ie, dermatology, rheumatology.

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 06/06/2003

I am the above named person and I live at the address overleaf. I qualified as a nurse in 1979. I have worked in hospitals all over the UK and in January 1993 I began work at the GWMH . I started work at the Redcliffe Annexe but this was later to become Dryad within the GWMH complex. In 1997 I transferred to Sultan Ward.

I would describe the general patient care on the wards as very good. The needs and demands of patients changed by taking more acute patients and I don't feel medical cover was reflected in the changes. The work loads increased and patient contact was often less.

In May 2003 I left the GWMH, I felt there was a lack of leadership and structure. The hospital did not seem to have a defined role, that it could stick with.

In relation to syringe drivers, the pathway was always met correctly. I believe medications ordered by the doctor have always been justified but by charting a variable dose this puts responsibility onto the qualified nurse. I had some concerns that not all nurses were educated or updated in this field and the subsequent use of diamorphine and midazolom.

In my opinion there were people in key posts at the GWMH who lacked education in their specific field. I do not wish to name these people but my fears relate to senior nursing/management staff. Had a variable range of dose not been charted by the doctors less responsibility would have been put upon the nursing staff.

At not time do I think there was any intention to harm but I do feel there was a lack of

RESTRICTED

education.

I am aware that there is a complaint in existence relating to a Mr Code A and general patient care. Mr Code A died at the QA . I was involved in his care whilst he was at the GWMH.

I wish to conclude by saying that the GWMH suffered from what I would call small hospital syndrome, in that it was sometimes difficult to challenge. Also people were allowed to become comfortable in an isolated position.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: DEPUTY NURSING MANAGER

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: Code A Date: 02/07/2003

I am the above named person and I live at the address shown overleaf. I qualified as a nurse in April 1990 and between July 1990 and October 1991 I worked at the Redcliffe Annex of the Gosport War Memorial Hospital .

This was my first proper nursing post and from the outset I found the other staff very friendly. I was able to progress to an 'E' grade within six months. On the whole I felt that general patient care was excellent. This was in no small way due to the work of Code A , the ward sister. Code A was someone who was what I would call a traditional ward sister. She made sure people worked hard and that patients were kept clean and given a very high level of nursing care.

However it is fair to say that whilst I was working at the hospital I did have several concerns regarding the use of syringe drivers and the use of diamorphine.

It appeared to me that if the ward sister stated a patient was in pain, she could call a local GP. This was normally Dr Code A . Dr Code A would agree that diamorphine and give a starting dose over the phone. The driver would then be set up by two nurses. The procedure was that the doctor would do a visit within 24 hours to ensure that the drugs and the driver were being correctly used.

I was never present when Code A called Dr Code A but diamorphine would be prescribed with a note on the patients record that it was a telephone prescription. As far as I was concerned the follow up visit did not seem to happen. Since I left the GWMH I have

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

worked as a Marie Curie/McMillan Nurse, my fears about the poor administration have been confirmed.

I also feel that there were cases when it was inappropriate to prescribe diamorphine. This is a drug that should only be used when a patient is in acute pain or long term terminal cancer cases. Patients were going onto diamorphine without having used the appropriate analgesic scale. In my opinion Code A wanted to put patients onto diamorphine before it was required.

I also feel in hindsight that Dr Code A was overly trusting of Code A I say this because Code A was able to call Dr Code A and have patients placed on diamorphine without making a proper assessment first.

Once a patient was authorised to go on diamorphine it would be Code A who set up the syringe driver. She would show great care of the patients and spend time with the relatives. Although great care should be shown, it seemed that Code A would become obsessed about these people. It was as if she had an unhealthy interest in the death process.

At the time I found it unnerving, I would make excuses not to be around when the syringe drivers went up. I don't recall anyone going onto a syringe driver in the Redcliffe Annex who did not die. Of the patients that I recall one in particular has caused me real upset.

I only remember her as Code A we would call her Code A "Code A". She was a lady in her late 70's. She was a lovely person with a jolly demeanour. She could be quite demanding. She would bang her chair if she wanted something. She was one of our long term care cases. She had been at the hospital a couple of years prior to my arrival. Code A was in a wheelchair and this made her quite dependent on staff.

I recall that one day, I don't know when, she fell out of her wheelchair. She fell on the floor and because of the way she fell it appeared that she had fractured her neck of femur. I made her comfortable and called an ambulance. She went for an x-ray and it was discovered that there was no fracture but she did have bruising.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

The next day I was told off by Dr Code A. She was quite severe and said "We don't do things like that here". I was told that it took money out of the budget. I thought Dr Code A was wrong and I was angry. I told Dr Code A that when I was trained I had been taught that if a patient fell they had an x-ray.

Code A was in some pain following the fall. I was told by someone, I don't know who, that Code A now had an abscess. Not long after this the syringe driver went up. I know that Code A set the driver up and I was told by another nurse that as Code A set it up Code A asked "Why are you doing this to me?". I think that Code A knew that this would lead to her death. Code A did not have any life threatening illness that required diamorphine. There are other cases that have caused me concern but I can't recall their names.

One lady in her 70's had a syringe driver put up out of the blue. Code A spoke with the relatives. She said to the relatives "Doesn't she look peaceful". She was a frail lady but I was not aware of any reason why she required diamorphine.

It seemed that people were going onto syringe drivers for no reason at all. They were not ill or in pain and yet they were dying shortly after going on the drivers. It was always Code A who was around when people went onto syringe drivers.

I began to share my concerns with other members of staff. Code A called a meeting with management, however I was unable to attend. Code A told me it was a waste of time. I don't know when the meeting was but it was prior to the death of Code A

Even though I couldn't make the meeting I was supportive of Code A I made no secret of the fact but after the meeting Code A didn't speak to me as much as she once had.

I left the hospital shortly afterwards. Looking back I am angry that management did not follow up the concerns of qualified staff.

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

As a result of the training I have now had, I don't think Code A had enough training in syringe drivers. In my opinion she needed this training to make proper informed decisions of when patients should go on the drivers. Code A did not consult other staff for their views. Therefore she was negligent in what she did.

I also feel that Dr Code A was negligent in that she failed to maintain proper patient contact at critical times. As I have said she was overly trusting of Code A judgement.

With regard to Code A I can't say that she intended to harm or kill any patient but she would have known the consequences of using the syringe driver.

RESTRICTED

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: Code A

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

This statement (consisting of 3 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: Code A Date: 29/04/2003

I am the above named person and I reside at an address known to Hampshire Police.

From December 1990 to June 1991 I worked at the Gosport War Memorial Hospital as a domestic assistant. I worked on both the male and female ward but as a domestic assistant I had very little to do with patient care and dealt mainly with meals and cleaning.

From June 1991 to 31st August 1991 (31/08/1991) I worked as a nursing auxiliary at the Redcliffe Annexe which comes under the Gosport War Memorial Hospital. This was the first time I had worked as a nursing auxiliary and I was very inexperienced. I felt that the general patient care of the annexe was average to good. All the patients of the annexe were elderly, some would later move on to a nursing home but all the patients were going to be there long term.

I cannot specifically remember seeing a syringe driver being used at the annexe but that does not mean that they were not used, just that I cannot remember.

The main doctor that visited was Dr Code A. I do not think she came to the annexe daily but certainly attended frequently. Dr Code A would do the rounds and I would be present with trained nursing staff. I can remember on one occasion there was an elderly patient called Code A at the annexe. She had been sat up in bed, quite well for her age. Code A was still eating and I had helped her with her porridge not long before. I heard Dr Code A mention diamorphine in relation to Code A I was not too sure what diamorphine was so did not say anything but looked it up in my medical dictionary when I got home. I found that it was

RESTRICTED

heroin, an extremely strong painkiller and can be used when patients are on deaths door to assist them to pass away without pain.

I thought that this was very strange as Code A did not appear to be on deaths door or in pain.

I returned to work a couple of days later and found that Code A was comatosed and within the next couple of days she died. I was concerned about this and spoke to Staff Nurse Code A Code A who I used to go to for advice. Staff Nurse Code A told me that she was not happy with the way that diamorphine had been used, not only in this case but others as well. Staff Nurse Code A said that diamorphine had been used for catheterisation. I did not make an official complaint though.

Other occasions followed when Dr Code A would mention diamorphine for a patient and the patient would die within the week. It got to the stage that every time Dr Code A came to the annexe I would think to myself "who's going to die now".

I would like to add that I had no nursing qualifications and was very inexperienced as a nursing auxiliary. My feelings about the use of diamorphine were exact that, feelings. This was the reason that I did not take matters any further as I did not think I was in a position to.

My only knowledge of a police investigation is what I have seen on the news and I was not surprised to see that Dr Code A name was mentioned in the paper.

RESTRICTED

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: Code A

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

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: Code A Date: 13/11/2002

I am the person named above and live at the address shown on the attached form.

In 1971 I qualified as a nurse at the Royal Naval School of Nursing in Gosport.

Then in 1980 I commenced work at the Gosport War Memorial Hospital as a Staff Nurse. When I started it was on a part time basis, working two nights a week and I was based at the main hospital unit. There was also two annexes attached to the main hospital, Redcliffe House and Northcote House . Which I also covered when they were short due to sickness or annual leave.

Eventually I went full time on night duties and I had additional responsibilities, which included covering the night sister when she was absent.

At the beginning of 1991 Code A was appointed as the Nurse Sister for the Redcliffe House annexe.

Around the same time I was approached by Code A, the Patient Care Manager and she suggested that I apply for the position of 'F' grade nurse at Redcliffe.

Initially I was apprehensive about applying for the post, because Redcliffe at the time had reputation as a bad place to work. This related to problems with staff morale, there was also a lot of sickness there as well as bad feeling between the day and night staff. These problems were historical and existed prior to Code A taking over.

Anyway, despite the concerns I had I applied for the post, mainly because I wanted to get off night duties and was appointed sometime between April and May 1991.

Being the 'F' grade nurse there meant that I was the senior staff nurse for the unit. The unit contained approximately 20 beds and catered for 'long stay' elderly patients with multiple health problems. Which meant that they had to stay within the care of the National Health Service . The unit was always full because of demand.

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Unfortunately, my appointment did upset some of my colleagues at the unit due to the fact one of them had also applied for the job.

Therefore when I first started working at the unit I felt isolated. Especially because Code A and another nurse named, Code A, were good friends and would exclude me from the 'decision making loop'.

Shortly after I commenced work at Redcliffe, I became aware of staff concerns over the use of syringe drivers at the unit.

At the time I was a Royal College of Nursing Steward and I think I might first heard about these concerns through another RCN representative named Code A.

The basis of their concerns were that the drivers, which had only recently been introduced, were being incorrectly prescribed and being used too soon.

Amongst the staff that complained about their usage was nursing assistants who were unqualified and were obviously ignorant to the purpose of the drivers.

However in hindsight I think that their use could have been explained better to the staff to help them understand what the drivers do. I do remember that between July and December 1991 I attended meetings between staff and management. When management asked us about our concerns over the syringe drivers.

The two doctors responsible for the unit, Dr Code A and Doctor Code A were present at these meetings, where they answered the staff's concerns.

There was a further meeting with a specialist in painkilling techniques named Code A who helped explain away some of the mystique surrounding them.

During this time nobody approached me personally and expressed any concerns regarding the use of syringe drivers or their inappropriate use.

Neither can I recall having any concerns myself over the use of the drivers of Diamorphine or Oramorph. Of syringe drivers when used appropriately are an excellent method of relieving pain.

After the meetings in 1991, until I left the hospital in 1995, nobody raised the issue regarding syringe drivers again and neither did anyone approach me with any concerns.

In 1995 I left the hospital to become a full time officer with the RCN.

On Wednesday 6th November I was shown numerous documents (identification reference

Code A

Signed: Code A
2004(1)

Signature Witnessed by:

These documents were letters meeting minutes and reports relating to the events in 1991. I would like to make the following observations regarding these documents.

Contained within the documents is a report from Code A which questions the amount of Diamorphine used at the unit.

I believe that the high level of Diamorphine used was probably due to the type of patient we had at that time. Many of whom had complex medical needs.

I would like to add that in 1991 there was only one syringe driver allocated to the Redcliffe House annexe.

Also, we would sometimes go months without having to use one. Then have to use two at once.

Another issue raised within the documents is that some of the patients were already 'written up' to have syringe drivers before they required it. The reason for this was that if a patient's condition was expected to deteriorate and they were already on a strong opiate. It was practical that the driver was already prescribed so that if the patients condition did deteriorate you could assess the situation and use the driver if required and appropriate.

The point is also raised on the minutes from the meeting on 18th September 2002 (18/09/2002) that the night sister never visited Redcliffe House. This is untrue, all night sisters visited the unit as did the staff nurses who were covering the sister.

The criticism of Doctors Code A and Code A are unfounded. Both were approachable and capable professionals. Doctor Code A was especially approachable and happy to receive input from staff.

With regard to the comments about Code A being difficult to approach. She was this way with everyone and this was her way of dealing with people.

Finally, as far as I am aware, nobody was victimised because of the issue over syringe drivers in 1991.

However some staff had outdated working practices which required addressing, which was done.

One of these staff was Code A whose working practices were outdated and quite poor. Also, her knowledge of up to date working methods was poor. She did not keep herself appraised of any changes. This criticism of her had nothing to do with her complaint about the syringe drivers it was purely to do with her conduct at work.

I must add that once we addressed all these issues I was satisfied overall with the staff and their

working practices.

Whilst I was at Redcliffe House there were no major problems.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

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

This statement (consisting of 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: Code A Date: 07/07/2003

I live at the address known to the police.

I am a retired SRN having qualified in 1978. I have worked mostly within the geriatric side of nursing.

In either 1987/1988 I began working as a Staff Nurse at the Gosport War Memorial Hospital , Bury Road, Gosport. I wasn't based at the main hospital but worked at the Redcliff Annex, The Avenue, Gosport.

The Redcliff Annex was a standalone unit which had 21 female patients who were placed on two floors of the building.

The unit dealt with geriatric females, the type of patient were made up of ladies suffering from dementia, Alzheimer's Disease, people with bad arthritis and I recall we had some amputees.

Generally the patients were old and frail and just needed looking after. They were with us for the long term, I do not remember any of them going home. Some of the patients were with us for years. I remember a lady called Code A who was a bit retarded and had cerebral palsy, Code A and a Code A. Basically patients came to us and stayed until they died.

The unit was originally a GP unit which meant that the patients own GP would attend to the health of the patient and prescribe any medication that they might require. If we had a problem

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

which required a doctor then we would call the patients GP out to us. The majority of patients only required mild pain relief and would be given analgesics.

I cannot recall when the system changed but the responsibility for the medical needs of the patients was taken over by one doctor. This was Dr Code A

I used to work with the same people. I worked constant nights on a part time basis. I worked with Code A, Code A, Code A, a lady I only remember as Code A, Code A and Code A These were all untrained staff, the auxiliaries. I also worked with Code A and Code A who were trained staff. I also worked with Code A

I have been asked if I know Code A. I did, she worked nights as well but opposite nights to me. I remember Code A and Code A from the day staff.

Code A was the night sister who used to come down from the main hospital mainly to help dispense the drugs.

All prescribed drugs had to be given out by trained staff. Two members of staff were required. One to prepare them and the other to check that the dose was correct and the entry in the drugs register was correct.

I have been asked if I ever had any concerns over the use of syringe drivers and diamorphine.

I remember that I did have concerns on a couple of occasions. I remember that a couple of patients were put on syringe drivers with diamorphine and I thought that there were no indications that they needed it. I cannot remember these patients names.

I remember that a number of the night staff had the same concerns. Code A raised these concerns and there was a meeting at the hospital about it. I believe that Code A, the lady in charge of the nurses, was there. I don't think that there were any doctors present.

Signed Code A

Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I recall that Code A and Code A Code A as well as a large number of untrained staff.

I cannot remember the outcome of the meeting but I think that we had to go and this is why I attended. I do not think that anything changed as a result of the meeting. Not a lot happened because of it.

I have been asked if I can remember Code A coming to a meeting at the Annex. I cannot but I knew that she was a senior tutor at the Queen Alexandra Hospital . I remember that the other staff were talking about her and that's where I heard her name from.

I have been asked if I was aware that staff attended a meeting with the RCN and that the RCN was in contact with the hospital.

I was not aware of either.

I didn't receive any training as a result of the meeting with Code A I had already attended a seminar in the use of syringe drivers prior to this. I had set up and serviced syringe drivers on the wards and I had no concerns about these occasions. If I had have done I would have raised them at the time.

At some point Redcliffe Annex moved up to the main hospital and I moved with it. The annex went into Dryad Ward and I continued to work nights.

As I remember the issue of syringe drivers was more raised and I do not remember it being resolved or improving.

I have been asked about the relationship between the day shift and night shift. In my experience the two shifts normally have a 'them and us' mentality. However I felt that it was worse than normal on Dryad Ward and I would put this down to the personality of Code A who

Signed: Code A

Signature Witnessed by:

RESTRICTED

was the sister in charge of the ward. I found her to be antagonistic, she seemed to think that the day staff worked harder than the night staff.

In 1998 I was signed off sick, with a bad back. I think that it was sometime in November. I was off for three months. I was working on Sultan Ward at this point having moved wards some two years previously.

I returned to Sultan Ward around January 1999 and I was medically retired in March 2000.

I have been asked how I found Dr Code A on the occasions that I met her.

I didn't normally see the doctors as I worked nights but on the times I did have contact with her I found to be pleasant and approachable. I never had occasion to talk to her about the treatment of patients.

RESTRICTED

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: Code A

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

This statement (consisting of 7 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: Code A Date: 28/07/2003

I am the above named person and I live at the address overleaf. I qualified as a State Registered Nurse in 1971 and as a Midwife 1972. I have worked in the USA for seven years as a Nurse and in various hospitals in Portsmouth and Southampton since 1989.

In January 1998 I went to work at the Gosport War Memorial Hospital as a Senior Staff Nurse, a Grade F. This was a promotion for me and the first time I had worked on a long term care ward for the elderly. I had previously worked on an elderly rehab ward at Moorgreen Hospital. I was used to working with elderly people.

The only ward I worked on at the GWMH was Dryad Ward. The Ward Sister was Sister Code A and our Medical Assistant was Dr. Code A. Dr. Code A was the Consultant until she was replaced by Dr. Code A

As the Senior Staff Nurse I would run the ward when Code A was not about. I was also meant to be second in command of the ward however, things did not work out. I found out early on that Code A did not want a deputy and was against having an 'F' Grade. This meant I was given very little responsibility from the outset.

When I first arrived at Dryad Ward I was impressed with the level of general patient care. The patients were well cared for, they were always clean, including hair and nails, the Ward was clean and nurses gave great attention to making sure that the patients ate properly. This was due to the way Code A ran the ward. She was an excellent nurse with regards to general patient care, she ensured that staff under her kept up those standards. She was very much an old

RESTRICTED

fashioned Sister like the matrons of years ago, her word was law.

Against this she was not a person who could be approached or questioned. I knew that Code A had been at of the hospital a long time and she seemed stuck in a time gone by. It was therefore extremely difficult to introduce new ideas and methods.

I had not been at the hospital very long when I began having concerns about the use of syringe drivers . A syringe driver was meant to give pain management over a 24 hr period.

Syringe drivers were for the terminally ill who were in a lot of pain and or distress. On Dryad Ward we would use Diamorphine and Medazolan in the driver. After these drugs were prescribed and the syringe driver used I never saw anyone come off the driver alive.

There were times when it was appropriate to use Diamorphine and or Medazolan and as a Nurse on an elder care ward you accept some people are going to die. I thought it was important when people died that they do so in comfort without pain or distress. I wish to make it quite clear that I am not anti the syringe driver, my concern is that at the GWMH the drivers were used too early before other methods of pain control had been tried.

As soon as a patient came into Dryad Ward Dr. Code A would speak with the patient and then write up their regular medication. She would also authorise the use of a syringe driver as and when it was required. She is the only Doctor I have known to do this. It meant the authority was in place and the decision whether to use a driver or not was now with the trained nurses. In reality this meant Code A Code A was not in the practice of consulting with other staff to find out if a patient was in pain. Her management style was autocratic, but I think she made her judgements in the belief that she knew all the relevant information and what was best for the patient.

Code A and Dr. Code A were very close. When Dr Code A did her early morning rounds she was accompanied by Code A A lot of the decisions about patient care were made between Code A and Dr. Code A during these early morning rounds. In my

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

opinion Dr. Code A was very trusting of Code A. Dr. Code A would not question Code A views.

On the occasions I undertook rounds with Dr. Code A, I would say a patient did not need a driver. Dr Code A would question me and say she would try another method of pain control but she would possibly use a syringe driver later. I recall on one occasion after I had done a round with Dr. Code A and we had not used a driver on a patient, seeing that patient on a driver the following day. This was after Code A had done a round with Dr. Code A I asked Code A why the patient was on the driver and she simply replied, "Because". I did not feel that this was a satisfactory answer.

I am unable to recall any names of patients who went on drivers who in my opinion other forms of pain management should have been tried before. As time passed my professional relationship with Code A deteriorated. Code A would ignore me and slam things down in front of me. She would do this in front of other staff. We didn't talk and this was not good for the ward in general. Dr. Code A remained civil and kept a very professional attitude.

In 1999 Code A had four months off sick. During this time I ran the ward. I introduced several new measures including clinical supervision, regular assessments for the staff, investors in people and for the potential for student nurses to join us. I would listen to staff about concerns and or problems. Although I have no evidence to prove this I believe that on the ward the use of syringe drivers was less common.

Code A returned to work and things went from bad to worse between us. I had gained access to Code A desk and had found some money that had been donated to the ward. This was not a case of theft, just poor management by Code A However, she was cross with me because I had been in the desk. Not long after Code A had returned I was sent to the QA Hospital to help with the Staff crisis. I was asked and agreed to do this.

When I returned to the GWMH, Code A told me I had upset Dr. Code A but I was not say anything to Dr. Code A Nor would Code A give a reason as to why I had upset

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Dr. Code A I spoke to Dr. Code A and said, "I believe I have upset you and I am sorry if I have". I didn't know what I was saying sorry for but I thought it provoke some discussion. Dr. Code A said, "It's not that, but you just don't understand what we do here". I took this to mean the syringe drivers.

A post was available at the QA on a lower grade than the one I held at the GWMH. It seemed to me that both Code A and Dr. Code A were putting me under pressure to take this post. In the end I made a complaint about both of them on the basis of harassment. Code A would not speak to me after this. However, Dr. Code A remained professional at all times.

The complaint process is well documented and I hold papers that relate to it. This can be produced if required. The upshot was that I left the hospital on a lower grade.

With regard to the use of syringe drivers I have spent the last three years working at Jubilee House where we deal with palliative care issues. In my opinion patients at GWMH were put on syringe drivers too early and on too high a dose of either Diamorphine or Medazolan.

A practice was in place at the GWMH, which was there because of Code A and Dr. Code A to put patients on syringe drivers. I believe both women believed they were doing the best for each and every patient. I do not believe that they ever intended to harm or kill any patient.

In my opinion Dr. Code A was responsible for the high dosages given to the patients. Her actions were ill thought out and could have lead to the premature death of a patient. Other GP's in Dr. Code A did not prescribe such large doses. I do believe that other medical staff should have mentioned what was happening. I shared my concerns with other 'E' grades at the ward who said it had been going on so long it was useless to argue. I also spoke with Code A Code A the Hospital Manager and briefly told me of my concerns. Code A said they were aware and they were being dealt with.

I have never spoken with the Police about the GWMH prior to today. I became aware of the

Signed: Code A

Signature Witnessed by:

2004(1)

investigation via the local press. I did speak with CHI and expressed my concerns. I am aware that Dr. Code A told management that I worked to my own agenda and that changes to treatment routines particularly relating to opiate administration would happen on shifts when I was not working.

I left the GWMH in September 2000. I wish I had expressed my concerns earlier but I did not feel I had the expertise to question a Sister and a Doctor.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: 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: Code A Date: 13/05/2005

I am employed as a Grade E Nurse at Jubilee House, Cosham, Hants.

I trained at St Mary's Hospital, Portsmouth between 1968 and 1971, qualifying as a State Registered Nurse, (SRN) and my number is Code A Between 1971 and 1972 I extended my training to midwifery in Edinburgh, Scotland, qualifying as a State Certified Midwife, (SCM), my registration number is Code A

I returned to St Mary's, Portsmouth, Hants until 1973 when I emigrated to the United States of America, working for a year in intensive care in Forth Worth.

Between 1976 and 1980 I was employed in the State of Iowa working in obstetrics and minor surgery.

I returned to Britain in 1980 and was employed at St Mary's Hospital, Portsmouth, Hants on the medical ward as a Staff Nurse, working night shift going on for a year as a Midwife at Blackbrook.

As a result of a back injury I was not employed between 1982 and 1988.

I restarted work in 1988 as a Staff Nurse in the Eye Dept at the Queen Alexandra Hospital, Cosham, Hants for a period of six months, returning to St Mary's where I worked in gynaecology.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Between 1991 and 1996 I was employed as a Staff Nurse at the Royal South Hants Hospital, Southampton during which time I worked in acute medicine.

Between 1996 and 1998 I worked in patient rehabilitation in Moorgreen Hospital, Southampton.

In January 1998 I commenced work as an F Grade Staff Nurse at the Gosport War Memorial Hospital, Gosport, Hants .

In 2000 I started work as an E grade nurse at Jubilee House, Cosham, Hants, working in palliative and continuing care.

Whilst I was employed as a Grade F Staff Nurse at GWMH I was Deputy Manager of Dryad Ward, my then line manager being Code A When Code A was on duty I would revert to the responsibilities of a E grade nurse. As such I would have care of the patients in an oversee role.

As Deputy manager I would have responsibility of the ward when the manager was not there. The role of Deputy Manager requires an F Grade.

Code A did not want me as a Deputy and did not make me feel welcome. There was tension between us because of this. On one occasion when she was off sick I spoke with Code A, then Hospital Manager who said she also had problems with Code A

Whilst working on the ward I had concerns. I did not feel that the patients always had a chance to see if alternative medication would work for them before the decision to start a syringe driver was made. I expressed my concerns to Code A and on one occasion to Dr Code A. Before this I had mentioned my misgivings to other members of staff, Code A Code A and Code A (E Grade) as well as Code A They all felt the same way as to how some patients were put on to Diamorphine , an opiate, and Midazolam, a sedative drug.

Signed: Code A

Signature Witnessed by: Code A

2004(1)

RESTRICTED

I am aware of the Analgesic Ladder. This is a method whereby you assess the pain level of a patient. The process is set by using the lowest amount and least powerful drug, increased on a scale until the patient is comfortable. This is set by the Doctor, in this case Dr Code A

I remember one patient, a lady who came to us from another hospital with a fractured femur. She was elderly and complained of pain in her leg. I recall that she occupied a single room next to the psychiatric ward. Dr Code A put this lady straight on to Diamorphine. This is not usual. I cannot remember if the drug was administered by injection or syringe driver. Dr Code A came in one day to do a ward round, which he did monthly, shortly after the lady was admitted to our ward and said she was with us for rehabilitation. She complained about the pain in her leg. Dr Code A got her onto a walking frame and she walked with the assistance of this. He took her off Diamorphine straight away. The lady was discharged some months later to a nursing home.

I wrote my concerns privately at home and have given the Police my personal papers. I also spoke to my mother, Code A at the time. I felt if I went over the appropriate channels at work I would be discredited.

When I asked Code A why we were going on to syringe drivers directly she never gave me a satisfactory answer.

On another occasion when I asked her she replied, "I hope when you die, you die in pain". She told me that Dr Code A was upset with me. I went to Dr Code A and apologised if I had offended her in any way. She replied, "It's not that. You don't understand what we do here".

I had been trained in the use of syringe drivers when I worked in the acute trust in Southampton Royal South Hants Hospital.

I was certified to administer drugs intravenously but there was no need for this on Dryad Ward, GWMH. Syringe drivers are subcutaneous, i.e. under the skin.

A syringe driver is a battery driven device to which a syringe is placed, having been loaded with the drugs as per the doctors instructions to enable a mean level of comfort for the patient. The plunger regulates the administration of drugs over a twenty four hour period. It is placed in an area where the patient is least likely to remove it by movement of the body or by other means. This may be the abdomen, upper chest or back.

I have been asked what is meant by the term, named nurse. This is the nurse who is named on the patient's notes who is responsible for that patient's case. On Dryad Ward 'lip service' was paid to this. In effect if Code A or the doctor was on they would decide what would be done with the patient, e.g. if they could get up or have to stay in bed etc. The carers on the ward would answer to a patients minor needs and make sure they were kept comfortable, the more serious issues were undertaken by the named nurse.

In other hospitals I had worked in the Grade E Nurse would go round the patients with the doctor on the rounds. On Dryad Ward the rounds were conducted Monday to Friday. Dr Code A would come in about 0720 hrs then Code A would come in about 0730 hrs and they would do the rounds. If Code A was off then I or another Staff Nurse would deputise for Code A This was not normal practice.

The rounds were a brief walk around when the patients were spoken to (if capable) regarding their problems.

Any entries in the patient's notes were done at the time however, if it was very busy they would be completed by the end of the shift in order to complete handover to the next shift.

I worked 0730-1615 hrs or 1200-2030 hrs with a half hour break on the latter shift.

I have been referred to Exhibit, Code A and specifically to pages 867 and 868 of these papers.

The entry of 21/9/98 (21/09/1998) reads, "Admitted from DDH with history of Parkinsons, Dementia and Diabetes. Diet controlled diabetic. Catheterised on previous admissions for

RESTRICTED

retention of urine. Large necrotic sore on sacrum. S/B Dr Code A Dropped left foot. Back pain from old spinal injury". The entry is signed by me.

To explain, DDH is the Dolphin Day Hospital. As a diet controlled diabetic the patient, Mr Code A would not require drugs for this condition. The catheter takes urine from the patient. Necrotic means gangrenous. The sacrum is the area of flesh at the base of the spine.

S/B means sent by. Dropped left foot means he was incapable of raising it perhaps due to a stroke or nerve damage.

I believe the last entry on page 867 is self explanatory. It is signed by me.

The entry on page 868 of 23/9/98 (23/09/1998) was made and signed by me. It reads, "S/B Dr Code A Has become chesty overnight to have Hyoscine added to driver. Stepson contacted and informed of deterioration. Code A asked if this was due to the commencement of the syringe driver and informed that Code A was on a small dosage, which he needed. To phone him if any further deterioration".

To explain, chesty is a wet cough, which may be due to a chest infection or pneumonia.

Hyoscine is a drug, which is given to patients who are 'chesty' as it dries up secretions.

Whilst the doctor determined the drugs and parameters of them to be administered to patients, the nurses would decide where and to what level, according to the pain level increase in the patient.

This statement was drafted following two meetings with DC Code A on 15th March and 3rd May 2004 (03/05/2005) and read and signed by me.

Code A

RESTRICTED

Further to the above I confirm that on 21/9/98 (21/09/1998) the entry, '1450 Oramorph 5mg given prior to wound dressing' is my entry. On the Analgesic Ladder Oramorph, which is the orally taken Morphine, would be used before diamorphine would be given in order to control pain.

The last entry of 867 reads, Code A has telephoned. Explained that a syringe driver containing diamorphine, midazolam was commenced yesterday evening for pain relief and to allay his anxiety following an episode when Code A tried to wipe sputum on a Nurse saying he had HIV and was going to give it to her. He also tried to remove his catheter and empty the bag and removed his sacral dressing, throwing it across the room. Finally he took off his covers and exposed himself". This is also my entry. I cannot recall this. The diamorphine was administered for Code A pain, the midazolam for his anxiety. It is usually given when a patient is terminally ill and calms them down physically and mentally. It may be that if Code A could not take Oramorph for any reason that was why the syringe driver was put in place. What would happen in some cases would be a two to four hourly injections of morphine. If the patient was so agitated as to be fighting or struggling this may have necessitated in the doctor deciding the use of the driver and drugs prescribed to be administered in this way.

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 10/05/2005

I am Code A and am the mother of Code A previously a nurse at the Gosport War Memorial Hospital , Gosport, Hants.

I have a good relationship with Code A and we speak every day. We confide in each other about things although we keep our confidences between each other.

She had been at GMWH for some time, I cannot remember how long, when during the course of our conversations I became gradually aware that she was having issues with certain aspects of her position at GWMH.

I recall her talking about a woman called Code A who was Code A senior. Code A told me that she had questioned Code A and a Doctor Code A about the amounts of medication, diamorphine, given to patients on her ward. She told me that she thought the amounts given were excessive. When she questioned this she told me that she was told that she did not agree or was not happy with the way things were done on the ward and told something along the lines of not to question senior staff.

This is a long time ago so I am unsure of the words spoken by Code A to me however this was the gist of it.

I suppose we had a couple of these conversations.

I keep a diary however I did not write the conversations in it at the time.

Signed: Code A Signature Witnessed by: Code A

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I have a diary from 2001 which I produce as exhibit Code A. The entry of Friday 14th December contains the following:- Code A phoned. There is to be a meeting at Gosport War Memorial Hospital Jan 9th. She is to attend. When Code A was there she questioned a doctor for giving excess morphine.

This entry was made, Code A having called me that day.

I also have a diary from 2002 which I produce as exhibit Code A. The entry of Thursday 4th July reads:- There has been a lot of news in the paper recently concerning patient care in the past at the Gosport War Memorial Hospital. When Code A was there she questioned the drugs given and was not happy. She questioned Code A and Dr Code A She was not liked for it.

This entry was made by me having read the local paper, The News. I understood to keep both diaries in my possession in the event of them being required in the course of any proceedings relating to the GWMH.

I am positive as to the circumstances in which both the above entries were made, as well as my previous conversations with Code A

I am sure that Code A had misgivings about the treatment of the patients at the hospital although she never spoke in specific terms as to the identity of those patients or their number, nor of their medical complaint.

Signed: Code A

Signature Witnessed by: Code A

RESTRICTED

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: Code A

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

This statement (consisting of 4 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: Code A Date: 09/10/2003

I am the above named person and I live at the address shown overleaf. I qualified as an RGN in 1988 and in 1993 I started work at the Gosport War Memorial Hospital . I worked at the GWMH for a period of about ten years before I left in September 2003. During this period I worked at other hospitals.

I worked at various hospitals in the UK and abroad prior to working at the GWMH. I started on nights working on various wards including Daedelus and Sultan. When I started at the hospital I would describe general patient care as very good. Most staff seemed to want to do the best for the patients. However from an early stage I had some concerns about the use of syringe drivers and the drugs being used.

In the other hospitals I had worked at the use of syringe drivers was limited. However at the GWMH drivers seemed to be used more frequently. At this time I had not had any formal training in the use of drivers. I had had what I would call on the job training which in those days was more common than it is today.

I was fully aware of the benefits of the drivers and although their use was more frequent my concerns were with specific patients as opposed to the general use.

The first case I recall related to a lady called Code A, I do not know her last name. When I started work at the Redcliffe Annex Code A was already on a driver giving her diamorphine. I was surprised at the levels of diamorphine being given, Code A had had a stroke and was on 1.2gms of diamorphine per 24 hours. I had not previously seen such a high dose in a patient

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 2 of 3

with that sort of condition.

I did address my concerns to senior nursing staff, however nothing seemed to happen. I don't recall when Code A died but it was not immediate. I don't know who the doctor who prescribed the drug was but the doctor on the ward as I recall was Dr Code A. The Code A incident was in 1994.

I then moved to the QA hospital , returning in 1995 as an F Grade on Dryad Ward under sister Code A. Code A was very good at basic nursing care, however I feel that on reflection she lacked some aspects of nursing knowledge and experience. Her management style left much to be desired. Code A would, in my opinion, belittle and bully staff. It was very much her word and what she said went. It was difficult to implement up to date practice and to challenge current practice was not encouraged.

Dr Code A was the doctor on the ward. She and Code A had a close working relationship, Dr Code A respected Code A as a nurse. Drugs were prescribed to patients more or less on their arrival. This included diamorphine a Midazolan and meant that it became a nurses decision as to when a patient would start on a particular drug. I had never seen this practice before. It created a grey area of when a patient should go on a certain type of medication, based on the individual opinion, at that time.

I recall one particular case on Dryad Ward of a lady called Code A. Code A was elderly, in her late 70's, 80's, I don't however recall her medical condition but she had the shakes. It was discovered that she had developed the shakes as a side effect of the increase in her morphine. The morphine was reduced and Code A continued to live for some time.

On another occasion I recall a patient named Code A. She was elderly and suffered from dementia, she would squeal and Dr Code A prescribed, diamorphine and Fentanyl patch, she was already on aromorph. I did not think Code A should be on all three drugs. I phoned Dr Code A at home and told her this. Dr Code A was reasonable but said that in her opinion she should be on these drugs. From what I can recall we didn't give all the drugs

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

and monitored the patient.

Since the start of investigations at the GWMH I have been spoken to by CHI but not the police. Syringe drivers are now used a lot les than they once were. I think that some staff lacked the full knowledge of the analgesic ladder . People went onto Morphine without starting at the bottom the ladder. There have been efforts to improve this.

At no stage did I ever witness or feel that any member of staff did anything to harm a patient. In 1995 I undertook a palliative care course to help increase my knowledge and to pass this onto members of staff. Code A said this would help staff to overcome the 'myths of morphine'.

At the GWMH there remains a small hospital culture, in that there is a resistance to change and a lack of tumover of staff meaning that poor practice could continue. As far as I am aware there is still no use of pain charts.

I feel quite sad that all this has happened and hope that something positive comes out of it for the patients. I do know that the morale of all the nursing staff has been effected by this.

I wish to add that I did not share my concerns with CHI because I wasn't asked. The questioned they asked were quite direct.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 21 (if over 18 insert 'over 18') Occupation: PROVIDENT AGENT

This statement (consisting of 8 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: Code A Date: 12/04/2001

I live at the address shown overleaf.

I have approximately 8 years experience in caring for elderly patients within both the public and private sectors. During the early 1990's I was employed at the Acacia House Nursing Home in Horndean as a night shift Nursing Auxiliary caring for elderly residents. I remained there for approximately 3.5 years. I left that placement to work at the Greylingwell Hospital in Chichester, West Sussex where I was a nursing auxiliary on a Geriatric Psychiatry Ward. Once again I was responsible for elderly patients. Sadly due to travel costs and moving further away I had to leave this job and took up a post as nursing auxiliary at the Gosport War Memorial Hospital. I subsequently worked there from mid 1995 until I was forced to retire through ill health following an industrial accident in February 1999.

I have no specific medical qualification but throughout my time attended every course that was made available and achieved a Level 2 NVQ in Nursing.

The local newspaper 'The News' has this week been running a story concerning a police investigation into the suspicious death of Code A at the hospital during August 1998. This story has brought back some disturbing memories of incidents that occurred whilst employed at the hospital that I felt unable to highlight at the time. Having read this story I have decided that I am morally obliged to bring them up now. Prior to the story appearing I had been contacted by the Health Trust alerting me that a story was likely to be published.

I was approached by the police during the year 2000 who wished to speak about my dealings with Code A Until now I have not spoken to the police. I do recall the case because all of the staff were wary of one of her 2 daughters who was given to complaining. Due to this I recall Code A being nursed rather better than the norm.

I remember the subsequent internal enquiry being carried out following a complaint made by

Signed: Code A Signature Witnessed by: Code A

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

the daughters. My only contact with their mother were general auxiliary duties washing/feeding etc. I am aware that she suffered from dementia and was violent on occasion. She would react in pain to the slightest contact. I was not present on the day she fell but subsequently was told about it. Nor was I present on the day that the syringe driver was set up. After the driver was in situ I continued to wash her etc, until such time as she died.

The indiscriminate use of syringe drivers on patients in the Daedalus Ward at Gosport War Memorial Hospital is my main concern. It appeared to me then and more so now that euthanasia was practised by the nursing staff. I cannot offer an explanation as to why I did not challenge what I saw at that time. I remain deeply upset and feel terribly guilty about one particular death that I will detail shortly.

The Daedalus Ward was known throughout the hospital as the 'Dead Loss' ward this was a reference to the abnormally high levels of mortality on the ward. The ward cares for, in the main, three categories of patient. Those requiring rehabilitation after strokes, elderly patients who have suffered from falls etc prior to their placement in nursing homes and some respite care patients.

A consultant is ultimately responsible for the ward. In this case Dr Code A has been the consultant for some while. Secondly a local GP has the position of Clinical Assistant. During my time this role was carried out by Dr Code A. Next in command was the ward manager, during my time at the hospital this role was carried out by 2 people. Initially Code A Code A who retired to be replaced by Code A

Also employed on the ward were a number of registered nurses who were normally D, E or F grades. Lastly there were a number of nursing auxiliaries. My role as an auxiliary would involve tasks such as washing, dressing, feeing, changing dressings, taking blood pressures and checking sugar levels.

Patients would arrive on the ward to be admitted by the clinical assistant or if she was not available then occasionally Dr Code A If the patient was accompanied by relatives then a discussion would be held and a care plan would be drawn up. The care plan would involve other specialists such as the Physiotherapists, Occupational Health, Dieticians etc. Each patients care plan was included with their general notes and another of my functions would be to ensure that I knew what the care plan was in respect of each patient.

It was some while later that I was to learn that all patients upon their admission were written up

Signed: Code A

Signature Witnessed by: Code A

RESTRICTED

(by the doctor) who authorised the use of a syringe driver if appropriate. This enabled any member of the nursing staff to set up a syringe driver for a patient without any further reference to the doctor. Although I cannot be certain I think this was explained to me by the Staff Nurse, Code A. I am sure however that this was not common knowledge among the majority of the nursing auxiliaries.

Despite my experience in elderly care I had never heard of a syringe driver prior to working at the War Memorial Hospital. I was later to learn that it was a device used for pain relief in seriously ill patients, the driver delivers a constant dosage over a period of time. It was also clear to me that any patient put onto a syringe driver would die shortly after. During the whole time I worked there I do not recall a single instance of a patient not dying having been put onto a driver.

I have never received any training in respect of a syringe driver nor have I ever used one in order to administer drugs to any patient.

The regime on the ward was as follows. If one of the trained members of nursing staff considered that a patient required the use of a syringe driver then they would seek the approval of another trained nurse. Having reached agreement then the driver would be set up. The needle would be inserted into the patients back so as to make it impossible for it to be removed.

I have witnessed disagreements between nurses where one of them did not agree that a patient required the use of a syringe driver. These disagreements would be resolved by the nurse requiring the syringe driver approaching a more senior nurse and obtaining their consent. Once that consent had been obtained then the syringe driver would be set up.

I have never known of a case where a staff member did not obtain permission to use a syringe driver from senior staff.

I referred earlier to a particular case that troubled me deeply. The patients name was Mr Code A. He was aged about 80 and during 1997 or 1998 was a patient on the ward suffering from stomach cancer.

Code A was quite a character who loved to eat sweets and crisps that had been brought in for him by friends and family. He would eat so many that the staff would sometimes have to confiscate them from him to stop him from being sick. Mentally he was alert and capable of long conversations I recall that he was in room 8B which is a ward for 4 patients all of whom spent many hours chatting together and watching TV. If I am right, at the same time

RESTRICTED

another of the other patients had been a professional footballer with Portsmouth and the patients would chat for hours about old matches.

Physically he was able to walk with the aid of a zimmer frame and was able to wash himself. It is important that patients are encouraged to continue with these tasks allowing themselves a level of independence and more importantly dignity. Code A however tended to be rather lazy in this respect and in many ways was quite a difficult patient. He liked to think of himself as being more ill than the other patients and seemed to quite enjoy the attention this brought. However he would sometimes get quite tearful about his condition.

I remember having a conversation with one of the other auxiliaries, Code A, we agreed that if he wasn't careful he would 'talk himself onto a syringe driver'. Code A although frail was not (in my opinion) near death at that time.

One day I left work after my shift and he was his normal self. Upon returning to work the following day I was shocked to find him on a syringe driver and unconscious. I was so shocked and angered by this that Code A and I went to confront Code A the ward manager. He told us that Code A was ill.

I said 'Did you tell him he'd be dead at the end of this?'

Code A said 'You know he's gone downhill we don't know how long he's got left'

I said 'That's not the issue did you tell him he'd be dead?'

Code A was unable to answer me.

The previous evening Code A had been alert and perfectly capable of decision making and conversation I was concerned that the inevitable outcome if he succumbed to a syringe driver would be his death. I wanted to be reassured that he had been given a full explanation before allowing a syringe driver to be introduced. Code A was unable to provide me with any reassurance. Knowing Code A as I did I am confident that he to would not have allowed the introduction of a syringe driver had he known of the outcome.

Code A subsequently remained unconscious until his death. He lasted some while. Whilst accepting that I have no medical qualification I am concerned that he was certainly not in imminent fear of death when he allowed the syringe driver to be introduced.

I know that there was considerable disquiet amongst both the nursing and auxiliary staff over Code A

After the syringe driver had been introduced I felt unable to discuss Code A with his

RESTRICTED

family when they visited. Families often naturally seek reassurance from any member of staff when they visit. Things like 'How does he look to you?' I was so upset by the whole situation that I felt unable to face them until his death. I was worried that I would say something out of turn.

There was an atmosphere between Code A and I which led to us speaking in his office on a couple of occasions over the following week. He accused me of 'Failing to come to terms with death'. This was ludicrous by then I had over 7 years experience in elderly care and had seen many many deaths. He failed to see my point that this death had been unnecessary.

I cannot explain why I didn't speak out against the regime within the ward. I feel incredibly guilty about the death of Code A

Prior to Code A the Ward Manager was a lady called Code A. I can recall a patient being admitted onto the ward almost unconscious. She was an elderly Welsh lady. Code A spoke to the family and explained that the lady was in pain and that all in all the syringe driver should be used to relieve her pain. The family were united in the belief that all medication should be stopped to see if that brought about a change in their mothers condition.

The medication was withdrawn and over the next couple of days the lady improved beyond all recognition within a short time I remember walking arm in arm with her along the corridor having a conversation. She was subsequently discharged home to live with her daughter. I understand that she lived for a further year. This would certainly not have happened were the syringe driver set up upon her arrival.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RETIRED NURSING AUXILLIARY

This statement (consisting of 2 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: Code A Date: 24/04/2003

I am the above named person and I live at the address overleaf.

Between 1976 and 1994 I worked as a nursing auxiliary at the GWMH. I have no formal nursing qualifications. I worked on the Redcliffe Annex feeding and looking after the patients. I thought the care of patients was fine.

I recall the use of syringe drivers but had no dealings with them. I did think they were being used too soon on some of the patients. It seemed to me that patients were put on them just because they moaned and groaned. Patients who went onto a driver would go into a coma and die between a day - two weeks later. I was not the only person who had concerns, other people who were worried about syringe drivers included SN Code A, SN Code A, SN Code A, SN Code A, Auxiliary Code A, Auxiliary Code A Code A I heard all of these people and other staff express concerns about the use of syringe drivers.

When I first worked at the Redcliffe the patients GP's would come in. However after a period of time the only Dr who would visit would be Dr Code A. I do not feel able to give an opinion of what sort of doctor Dr Code A was. If I spoke to Dr Code A she would be quite polite.

To date the only knowledge I have of any investigations at the GWMH has come from the local paper.

Signed: Code A Signature Witnessed by:

Signed: Code A

2004(1)

Signature Witnessed by:

GMC101167-0175

RESTRICTED

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: Code A

Age if under 18: O.18 (if over 18 insert 'over 18') Occupation: LEARNING SUPPORT ASSISTANT

This statement (consisting of 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: Code A Date: 16/06/2003

I am currently employed by Hampshire County Council as a Learning Support Assistant at the Bridgemary Community School, Wych Lane, Gosport .

Between around 1978 - 1992 I worked as a nursing auxiliary at the Gosport War Memorial Hospital , Bury Road, Gosport.

I initially worked at the main hospital for around 18 months, I then moved to work at the Northcote Annex again for about 18 months. I then went to work for two nights a week at the Redcliff Annex, The Avenue, Gosport. I worked on Friday and Saturday nights.

I remember working with Code A, two Code A Sister Code A, Sister Code A

I have been asked my opinion on the level of general patient care that the patients received. The level of care at the main hospital at Northcote House was good. The level of care at Redcliff Annex was poor.

I considered that the layout of the building was not good. Patients didn't have any privacy. The food was brought up from the main building so it would be cold. Staff were busy and didn't always have time to look after patients properly. I would not have liked my mother to be a patient there.

Signed: Code A Signature Witnessed by:

RESTRICTED

We had a lot of supply nurses who didn't know the layout or routine so things took a lot longer to do.

I have been asked about the use of syringe drivers. I have never put a syringe driver, nor have I been trained in their use because I am not qualified. I have double checked the medication with trained staff before when there hasn't been anyone else to do it.

I have also given patients medication which had been checked and left out by trained staff when there wasn't any trained staff on the night shit.

The drugs would be left out in pots with little strips of paper telling us who they were for.

I have written up patients notes and handed over to the oncoming day staff.

I remember that on many occasions I worked with an auxiliary called Code A and there would be just the two of us, no trained staff at all.

I have been asked if I had any concerns about the use of syringe drivers. On some occasions I did. I didn't understand why some stroke patients who didn't appear to be in pain were put on them.

When patients were put on syringe drivers they were not taken off them until they died. In my opinion the use of a syringe driver shortened the patients life.

I have been asked if I ever administered diamorphine, I did not. I have been asked if I was ever concerned about its use. I consider that on some occasions it was used in appropriately. It made the patient quiet and shorted their life.

I have been asked if in my opinion it was given to people who didn't require that level of pain relief. I have to say yes.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I noticed that the beds were always full and there were always people waiting. I think that diamorphine was used to keep the patient moving through the annex, to keep the waiting lists down.

We used to get such an assortment of patients, people with cancer, people who had strokes, there was a lady called Code A who had cerebral palsy, which was unusual.

I cannot remember anyone leaving Redcliff annex to go home. No one got better and no one left.

I have been asked if I ever raised my concerns with anyone. I didn't, I felt that I was not in charge, I worked with people who used to pad the patients up at night and not carry out the proper night checks. I also worked with people who were more conscientious and caring who did turn patients and check them.

I have been asked who these nurses were, they were Code A and Code A Code A

The more slap dash nurse was Code A who I believed is now called Code A

Staff were under a lot of pressure to get patients up, dressed, fed, with very few staff.

I would like to say that when there were not any trained staff on at night, the night sister would come from the hospital to check out the medicines and I would give out the medicines as directed by her notes.

I did enjoy working at the Redcliff Annex, the shifts were convenient.

I have been asked if I can recall anyone dying when I didn't think that they had seemed that ill. I can say that I have returned to work to discover that patients had died and I had been surprised by their sudden demise. I cannot remember specific details as it was all so long ago.

Signed: Code A

Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I have been asked if I can remember any of the medical staff who came to the annex.

I remember a lady doctor called Code A. She would come in everyday and I remember that she didn't seem to spend much time with the patients.

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: WARD CLERK

This statement (consisting of 3 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: Code A Date: 20/06/2003

I live at the address supplied to the police.

Around 1996 I began working for the Portsmouth Health Care Community something or other. It dealt with the small community hospitals. I worked as a nursing auxiliary on the coronary care unit at the Queen Alexandra Hospital, Cosham .

I worked there for approximately 14 months then I changed hospitals and went to work at the Gosport War Memorial Hospital , Bury Rd, Gosport.

I worked part time night duties on Sultan Ward which was a GP led. It was a mixed geriatric ward.

I have been asked how I would describe the general standard of patient care at the hospital. I would describe it as being 'what was required'. I had come from a coronary care ward where patients were responded to immediately. At the Gosport War Memorial Hospital, on the geriatric wards, the patients were old and didn't require much actual nursing and some of the trained staff seemed to be at the end of their careers and appeared to be 'winding down' by that I mean they preferred a slower pace of working.

I didn't have any concerns about the use of syringe drivers or diamorphine. However I didn't have the medical knowledge or information about a particular patient so I wouldn't really know.

I remember however that there were occasions when I left work and a patient would appear to

be 'well' and upon my return a couple of days later, they would be receiving diamorphine through a syringe driver.

The case I am referring to involved a man I cannot remember his name, I believe he was in for cancer of some sort. On the first occasion I met him he had only just been admitted. He was happy, joking, animated and cheerful.

When I returned to work a couple of days later he was on a syringe driver. I was surprised that he had been placed on a syringe driver so soon after being admitted.

I only worked at the Gosport War Memorial Hospital for three months, I left and returned to work at the QA for an agency and I worked all over the hospital.

I am currently employed by the Portsmouth N H Trust as a ward clerk on the medical assessment unit.

The man being put on the syringe driver is the only thing that I can remember about working at the GWMH so he must have made an impact on me at the time.

RESTRICTED

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: Code A

Age if under 18: O 18 (if over 18 insert 'over 18') Occupation: RETIRED

This statement (consisting of 4 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: Code A Date: 04/08/2003

I live at the address supplied to the police.

I am retired now but from 1963 until approx 1995 I worked as a nursing auxiliary at the Gosport War Memorial Hospital .

I initially worked at the Northcote Annex which was an offsite geriatric ward and when that closed I moved to the Redcliff Annex, which was also an off site geriatric ward.

I worked full time covering the day shift. I don't think that syringe drivers were used when I was at Northcote. I don't think that they were around then.

When I moved to Redcliffe Annex when Northcote Annex closed and I cannot remember syringe drivers being used. The sister in charge at the time was Sister Code A

When Sister Code A left, Code A took over and I found her to be very kind to the patients but I noticed that she seemed to put patients onto syringe drivers very early on in their treatment. It seemed to me that other types of pain relief were not tried first. They would go from Asprin to diamorphine with nothing in between.

At this time I was working with Code A and Code A. We were all auxiliaries and Code A and Code A who were trained staff.

I remember that Code A and myself would comment on the fact that syringe drivers

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

were used so quickly. I thought that syringe drivers should have been used as a last resort, I consider them to be death machines when used on elderly patients. I know that syringe drivers can be used to control pain and the patients recover but with the elderly they go into a deep sleep and then they die.

I have been asked if I can recall any patients who I had concerns about. I recall an elderly, frail lady at Redcliffe Annex. I left work on one day and the following day upon my return she was on a syringe driver. I asked why she had been put on one and was told that she was 'poorly'. I know that she had the beginnings of a cold but she wasn't ill or in pain when I left her. I can remember that there were a lot of mutterings amongst the auxiliaries about syringe drivers but I felt that I wasn't trained and therefore wasn't in a position to question what was going on. I recall that not all patients who were put on syringe drivers gave me cause for concern only some.

I have been asked if I can recall any of the GP's names who visited the wards.

I remember Dr Code A because she came everyday. I always found her to be a very nice lady, she appeared to be very friendly. I know that she wrote the patients up for diamorphine and syringe drivers.

Prior to Redcliffe Annex closing I moved up to the main hospital to work nights on Daedalus Ward. I had to nurse my elderly parents.

When I started working nights my concerns about the use of syringe drivers grew steadily less. I didn't have the same amount of contact with the patients so I wasn't aware of their conditions. Working nights also meant that syringe drivers would tend to be set up prior to my coming on duty.

Around the latter part of 1996 my mother, Code A, b. Code A became increasing more frail. She had suffered a number of strokes and was prone to falling. She began a rota to allow me respite. She would spend four weeks at home and then two weeks on

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Daedalus Ward. I was no longer nursing at this time having retired to take care of her.

My mother was admitted to Daedalus Ward with a bedsore some time in June 1997, she suffered from arthritis and had suffered strokes but she was admitted on this occasion to treat a bedsore. I was awaiting a special ripple bed and my mother was due to come home.

Once in hospital my mothers condition deteriorated. I visited daily and took her food, she had difficulty swallowing.

I was telephoned at home by Code A he asked me if I would give permission for him to set up a syringe driver for my mothers use. I told him that in my opinion she wasn't in need of diamorphine and I refused. I visited my mum daily so I knew the state of her illness and her pain. The following day Code A rang me again and said that he would set up a syringe driver but would not put diamorphine in it, he would use it for other drugs, so I agreed.

On Monday 30th July 1997 (30/07/1997) when I visited my mother I could see that she was in pain so I spoke to Dr Code A who was carrying out her ward round.

She examined my mother and suggested morphine to release my mothers pain. I agreed and morphine was given through the syringe driver. My mother fell into a deep sleep and died on Wednesday 1st July 1997 (07/07/1997).

She was buried at Anns Hill Cemetery.

When I heard of the police investigation into the use of syringe drivers at the hospital I was not surprised. I felt that they wanted to put my mother on as and the diamorphine as a pain relief before she needed it and I resisted it.

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 22/07/2003

I am the above named person and I live at the address overleaf. I worked as a Nursing Auxiliary at the Gosport War Memorial Hospital from October 1971 to March 1991. For the first 9 months I worked in the general hospital but for the rest of the time I worked on Redcliffe Annexe. Although I don't hold formal qualifications in nursing I did the first two years of an SRN course in the early 1950's.

I would describe the general patient care at the hospital as very good. However I did have some concerns over the use of syringe drivers . I was not involved in setting them up or their use but in some cases I felt they were used prematurely. I can't recall any particular cases but there were some cases that seemed to me that the person should not have gone on a driver, as soon as they did. All the people who went on the drivers that I recall were in pain. When a person went on a driver it would mean that their life was nearly over.

I had no involvement in the medication given to patients and no concerns. I have never been spoken to by the Police or any internal investigation.

I did discuss my concerns about syringe drivers with Code A Apart from this I didn't have any other concerns about what went on at the hospital.

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 24/06/2003

I am the above named person and I live at the address shown overleaf. From December 1991 to 1997 I worked at the Gosport War Memorial Hospital . I was employed as a health care support worker on Redcliffe Annexe and Dryad Ward.

Whilst I worked at the GWMH I would describe general patient care as very good. I was aware of the use of syringe drivers. I had no training in syringe drivers at the time but there were times I used to wonder why patients were on the drivers.

I am now a qualified nurse now and looking back I still wonder why some patients were on syringe drivers.

With regard to the use of diamorphine I did not have any strong concerns, because I would have spoken with a staff nurse if I did but one or two cases did cause a few doubts. One lady I recall was someone called Code A She was a lady of about 80 who had two strokes. She was at the hospital for over six years before she died.

I am aware from the press of both the police and CHI investigations.

I wish to clarify Code A never went on a syringe driver she was written up for it but it was not given. She died after I left the hospital.

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 09/05/2003

I am the above named person and I live at the address overleaf. I am an RGN, grade D. I qualified in nursing in 1987 and between June 1999 and January 2002 I worked on Dryad Ward of the Gosport War Memorial Hospital .

During that time I had no concerns over general patient care which in my experience was very good. With regard to the use of syringe drivers although I had no concerns about their use or the drugs used in them, when I first arrived I was concerned about the lack of labels on them.

That is to say, that the drugs being used were recorded in patients notes, prescription sheets and the controlled drugs book by way of cross reference. However there were no labels or any other visual marking to say what was in the driver. Prior to working at the GWMH I had experience in the use of syringe drivers and had undertaken a 2 or 3 day course.

I spoke with Staff Nurse Code A about my concerns as did other staff. Shortly after this there was a ward meeting and the issue of labels was brought up. We then began putting labels on drivers and putting a syringe driver chart in practice. My only concerns were of an administration (paperwork) as opposed to any clinical issues.

In the main I worked nights at the GWMH and had little contact with the Doctors or GP's who would visit. I did meet with Dr Code A and found her to be a very good and caring doctor. I recall a patient named Code A who needed wound dressings to be changed. Dr Code A consulted with me, Code A and her family to provide appropriate pain relief prior to dressings. Dr Code A considered both patients care and relatives concerns in

RESTRICTED

her dealings with people.

I wish to conclude by saying that the investigation into the GWMH has meant that clinical staff are now worried about giving adequate pain relief, which is my own personal view.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PHYSIO-TECHNICIAN

This statement (consisting of 2 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: Code A Date: 02/06/2003

I am the above named person and I live at an address known to Hampshire Police.

I am not sure of the exact dates but from the end of 1989 to about the end of 1994 I worked as a nursing auxiliary at the Redcliffe Annex, The Avenue, Gosport. Redcliffe Annexe at that time was a palliative care ward and came under the umbrella of the Gosport War Memorial Hospital. As a nursing auxiliary I did not receive any formal training in nursing.

I found the general patient care at Redcliffe Annexe to be very good. I was aware of the use of syringe drivers but I had not had any training in their setting up or use. I was aware of the reason for their use and they certainly appeared to do the job they were meant to which was to ease patients pain. I certainly did not have any concerns about their use.

Diamorphine was also used at The Annexe to relive pain. Redcliffe Annexe was unusual in that auxiliary nurses were allowed to countersign a qualified nurses signature in the drugs book to save a second qualified nurse travelling down from the main hospital. I did not have any concerns about the prescription of Diamorphine and often countersigned the register. There was only one occasion that caused me concern regarding Diamorphine. This was when a staff nurse who I can only remember as Code A, drew some Diamorphine but not in my presence. She asked me to countersign the register but I refused as I had not witnessed the act. I do not know what happened but she would have had to get another signature otherwise she would not have been able to administer the drug.

I have no knowledge of any internal investigations at the Gosport War Memorial Hospital as I

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

have not worked at the hospital since 1994. I am aware that there is an ongoing police investigation into suspicious deaths at the Gosport War Memorial Hospital as I have read it in the newspaper.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

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

This statement (consisting of 2 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: Code A Date: 15/08/2003

I live at the address known to the police. I am currently employed as a Senior Staff Nurse on Sultan Ward at the Gosport War Memorial Hospital , Bury Road, Gosport.

I qualified as an RGN in 1981 and I joined the staff at the GWMH in 1989 as a Staff Nurse. I worked night duties and as such I was required to go to any of the wards where a trained member of staff was required to double check and administer prescribed drugs. I have attended all of the following wards in order to do so. The male and female wards, Northcote Annex, Redcliffe Annex and Sultan Ward.

When the new hospital opened the system remained the same and a couple of years later I was assigned a ward and I have remained there ever since, this being Sultan Ward.

I remember that at Redcliffe Annex there was a practise of pre-prescribing syringe drivers and diamorphine in case they, the patient, became in need of stronger pain relief during the night.

I didn't like this practise and I never set up a syringe driver at Redcliffe Annex to the best of my recollection. I know that this practise wasn't a general method of prescribing on the other wards.

I received training in the use of syringe drivers whilst at the hospital, I cannot remember if I set up a syringe driver prior to receiving my training.

I am aware of the police enquiry as I am still working at the hospital. I am aware of the internal

RESTRICTED

enquiry but I didn't take part in it.

I wouldn't use any equipment if I didn't know to use it and if I wasn't happy about any medication I would have challenged it at the time.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: MEDICALLY RETIRED

This statement (consisting of 4 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: Code A Date: 18/08/2003

I live at the address known to the police.

I qualified as an RGN in September 1983.

Prior to coming to work at the Gosport War Memorial Hospital , Bury Road, Gosport. I was the Sister in charge of the Renal Department of the Intensive Care Unit, Kings College Hospital , London. I was also the Sister in charge of the pain relief research unit at the same hospital.

In 1999 I moved to the Gosport War Memorial Hospital as a SN, E Grade and I worked for four months on the hospital bank. I worked permanent nights and as such would cover in all the wards in the hospital but predominantly on Sultan Ward.

After the first four months I worked on Sultan Ward.

From 1st November 1999 (01/11/1999) until 31st October 2000 (31/10/2000) I worked as a Senior Staff Nurse on a temporary one year contract to Daedalus Ward.

I have been asked to describe the level of general patient care at the hospital.

I would describe the patient care on Mulberry Ward and Dryad ward as excellent. The care given on Sultan Ward was good and the care provided on Daedalus Ward was unacceptable.

By this I mean the culture of nursing care wasn't right.

Signed: Code A Signature Witnessed by:

I found that it was the practise of some of the night staff to get the patients ready for the day shift at around 3am (0300) - 4am (0400). Patients who had suffered strokes or who were unconscious would be washed or bed bathed. Some patients would be up and dressed by 6am (0600).

I found that the drugs charts were either not filled in or filled in incorrectly.

Patients would be given their drugs hours before they were due or not at all. This was not a regular occurrence but I felt it shouldn't be happening at all.

I wrote to Code A, the Nurse in Charge of the ward about my concerns. I kept a copy of this letter dated 8th May 2000 (08/05/2000), (Code A). I received a memo from Code A in reply Code A dated 14/05/2000.

I was also spoken to by Code A who in no uncertain terms 'told me off' for contacting staff at home.

I found that errors were still made and that drugs were left out on lockers in pots. I would come on duty for nights and find that the medication that should have been taken during the day was still there.

I thought that the ward was poor managed. It wasn't kept clean and the whole atmosphere was one of a lack of interest and a lack of care.

I had an occasion to write to Code A about staff confidentiality. I was aware that personal information about members of staff was kept in an unlocked filing cabinet by the nurses station and that some members of staff would sit and read documents relating to other members of staff. I have kept the original rough draft of this letter (Code A).

I have been asked about the use of syringe drivers and diamorphine .

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 3 of 4

I considered the pain management on Daedalus Ward to be totally inadequate. The dosage of diamorphine was rarely changed and consideration was not given to the patients build up of tolerance to diamorphine. I am very experienced in pain control due to my previous places of employment and I considered that the doctors were reluctant to prescribe the necessary dosage in order to control some very painful conditions in very elderly patients.

I have been asked about training that I received in the use of syringe drivers.

When I came to the Gosport War Memorial Hospital I was not conversant with the type of syringe driver they used. It seemed to be the type more commonly used for patients who remained in their own homes. I was fully conversant with syringe drivers on the ITU at my previous hospital so in order to make sure I was competent in the GWMH model I obtained the manufacturers instructions and I had a photocopy of the guidelines as set out by the Countess Mountbatten Hospice.

On 21st January 2001 (21/01/2001) I was assaulted by a patient and as a result of my injuries was placed on long term sick. I was medically retired in 2002.

I have been asked about my knowledge of the Police and internal enquires.

I was asked by Code A to speak to members of the night shift about a female patient who had been admitted a couple of years before I arrived at the hospital. I cannot remember her name but I think that she had come to our hospital from Haslar Hospital.

I was asked to speak to them because apparently some of them were worried as there was either going to be or there was, an enquiry into this patient.

I read through the patient notes and from memory recall that they were not particularly well kept.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I remember going through the requirements of admission, the checking of pressure areas and the compilation of the Bartell assessment.

I have no other knowledge other than that I remember visiting medical staff as being Dr Code A

.

Having read through this statement I think that it is pertinent to add that I have obtained the English National Board 100 which is a qualification in General Intensive Care Nursing and the English National Board 998 which is a qualification in leading and assessing in the clinical area. I also have a Diploma in Nursing from the University of London.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: Code A

This statement (consisting of 2 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: Code A Date: 06/05/2003

I am the above named person and I live at the address overleaf. I qualified as an enrolled nurse in 1981 with the Royal Navy and as a Staff Nurse in 1991. Having left the Navy in 1991 I worked at various hospitals. From 01/4/02 (01/04/2002) - February 2003 I worked on nights at Sultan Ward of the Gosport War Memorial Hospital .

I didn't overly enjoy my time at the GWMH, although patient care was reasonable and I never saw anything that caused me serious concern, I found that there was a culture that would not change. There seemed to be little support from doctors and management. It was very difficult to bring in new ideas about best practice for patient care.

Although I didn't have any concerns about syringe drivers or the drugs used, I had to request a course to be trained about the use of the drivers.

The whole environment was that of day centre as opposed to a hospital. There was a lack of acceptance to professional change. I always felt the odd one out because I had come from busy hospitals and was used to change.

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RETIRED RGN

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: Code A Date: 12/02/2003

I am the above named person and I live at the address overleaf. I began my training as a nurse in 1955 at the Royal and Queen Alexander Hospital in Portsmouth. I qualified in August 1958 as a State Registered Nurse and went on to qualify as a midwife in 1960 at Beckenham in Kent.

In 1961 I married my husband who was in the RAF. In 1963 we were stationed in RAF Changai where I worked as a civilian sister for about 2½ years. I returned to England in 1966 and I began working at the GWMH as a staff nurse on the female ward. I worked there until 1968 when I adopted a son. I gave up work and had a daughter in July 1969.

In March 1970 we moved to South Africa where I again started work as a nurse at the Vordrekkerhoogte Military Hospital. I was a sister on a general ward leaving in 1971. I then worked in Nedpark Hospital Arcadia as a sister for about a year. In early 1973 we returned to Gosport in the UK.

Having returned to England I began working again at the GWMH, I was a staff nurse on the male ward for about two - three months and then began work at Northcote Annex as a sister for about 18 months. This was a geriatric ward, the first one I had worked on.

I then had a period of 18 months on a children's ward before going back to Northcote Annex where I worked for about a year before returning to the children's ward. I think this would have been about 1977.

In 1979 until 1997 (rough dates) I worked on the male ward at GWMH as a sister, dealing with

RESTRICTED

medical, surgical, geriatric and terminal care patients. During that period the male ward moved to Daedalus Ward in 1993. The male ward at the GWMH came under GP's but Daedalus Ward was under the control of a consultant, Dr Code A. I enjoyed a good working relationship with Dr Code A, who in my opinion was an excellent doctor.

The other doctor who worked on Daedalus Ward was Dr Code A, who was the clinical assistant. Dr Code A would make the early morning visits and review the patients. I found Dr Code A to be one of the best doctors I worked with. She is a very caring lady and someone I would describe as compassionate, she is a fair lady and someone who valued the opinion of her staff. She is still my GP and someone I trust and respect highly. Although we had a first class working relationship we never went out socially.

Although Daedalus Ward was there to cater for rehab patients in my opinion this was not always possible. We would take stroke rehab where it was not always possible to rehabilitate them. We did rehabilitate some patients and got them home or into nursing homes. The rest of the beds in the ward were long stay patients. Many of these patients were at the hospital for respite care. However if it was felt that their relatives were unable to cope with them at home they would then be transferred into a long stay bed. This decision would be made by Dr Code A

Whilst working I was involved in terminal care of very ill patients. There were people who were so ill they were expected to die. It was always my aim to give these people care, comfort and dignity. I was given instruction in the use of syringe drivers. These provided patients with 24 hour pain relief, normally for patients who were unable to swallow oral analgesics. We could also administer sedation and drugs to dry up secretions.

Only a doctor could authorise the use of a syringe driver, they would be put up by two trained nursing staff and with the consent of the patients family. With regard to the very ill patients for whom there was no further treatment who were in pain or distressed, I would inform the family that the use of the syringe driver would lead to a peaceful, dignified death. The use of the syringe driver did not accelerate the process of dying. In the four years I was at Daedalus only one family declined and asked for treatment by antibiotics. This was done as per their request.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Whilst at Daedalus Ward some patients would suffer from pain for a period of time prior to being seen by Dr Code A This was because quite rightly the patients were being seen by partners of Dr Code A who did not know the case history and were therefore unwilling to prescribe analgesic drugs required by the patients.

To that end it was agreed by Dr Code A Dr Code A and myself that Dr Code A would prescribe medication prior to it being required. This was done in case a patient deteriorated and needed the drugs that had been prescribed. The prescriptions were written up as a patients admission in case they were needed, not as a matter of routine. I do not know if this practice was used on other wards.

Once the drug had been prescribed if and only if the patient deteriorated I would inform Dr Code A and tell her I thought the time had come for the drugs to be given. I would see the relatives and discuss the situation with them in detail, involving the outcome and only if they agreed I would speak to Dr Code A again informing her the family had given their permission and on her authority commence a syringe driver on minimal dosage given the scale as laid down by Dr Code A Any increase in dosage could only be authorised by Dr Code A

Dr Code A would only give her permission to start a syringe driver, a few hours after having seen the patient and was fully aware of their medical condition and the need for a syringe driver. At no time did Dr Code A and I ever disagree about the use of syringe drivers. I have never had any concern about the use of syringe drivers or the drugs given under the direction of Dr Code A Had I been worried I would have questioned Dr Code A had she failed to answer me in a satisfactory manner I would have spoken with my manager or Dr Code A

I am not aware of any trained or auxiliary staff voicing concern about the use syringe drivers. I am not aware of any of the families I dealt with making complaints about syringe drivers or Dr Code A

In my opinion as a result of the current investigation many people will not get the pain free,

Signed: Code A

Signature Witnessed by:

dignified deaths they would otherwise have had.

In January 1997 I retired from the GWMH. Since then I have worked as a night nurse co-ordinator which is a clerical post based at Waterlooville.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: MEDICINES / PHARMASIST

This statement (consisting of 3 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: Code A Date: 30/11/2004

I am employed by the Portsmouth Hospitals NHS Trust as a Medicines Information Manager. I have been so employed since July 2002.

I work at the Queen Alexandra Hospital within the Pharmacy Department.

I obtained a degree in pharmacy at the Bath University in 1992.

I then completed 1 year pre-registration training at the South Manchester University Teaching Hospitals.

I registered with the Pharmaceutical Society in 1993; I then completed a 2 year post graduate diploma in clinical pharmacy at Nottingham University which finished in 1996.

I have been asked to provide information about the drug Nozinan.

Nozinan is the brand name for Leromepromazine which is produced by Link Pharmaceuticals Ltd.

It resembles pharmacologically, phenothiazine anti-psychotics.

Nozinan is used for relief of pain, distress and agitation associated with terminal illness. This drug is licensed for the use and management of terminally ill patients.

Signed: Code A Signature Witnessed by:

RESTRICTED

To my knowledge this drug has been available for a number of years.

Nozinan possesses the following properties.

1) Anti Emetic (anti sickness) effect
2) Anti histaminic effects
3) Anti adrenalin activity
4) Has strong sedative effects

Nozinan is especially useful when lung function is poor as it does not significantly cause respiratory depression.

Nozinan can be administered orally, intravenously, intra-muscularly or by continuous subcutaneous infusion.

Oral dose is available in tablet form as a 25mg strength. Dose range for subcutaneous infusion would normally be 25-200 mgs over 24 hours.

This would depend upon the condition and individual response of the patient.

Dosage should be reviewed according to the level of agitation, sedation and respiratory rate of the patient.

Caution should be exercised in the following circumstances:-

1) If the patient has significant level of cardiac disease or hepatic (liver) impairment
2) Cardiac rhythm disturbance (basically abnormal hear rhythm)
3) Metabolic disturbances (eg low or high potassium, calcium, or magnesium blood levels)

It is a recommendation from the manufacturer to perform an (ECG) electro cardiogram and correct metabolic disturbances prior to administration of the drug.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Administration instructions are normally provided with each product (package inserts).

Nozinan possibly interacts with some anti-depressants other anti psychotics and some anti arrhythmics to increase the risk of cardiac rhythm disturbances.

The side effects of Nozinan include

1) Hypotension (falls in blood pressure). Especially in elderly patients.
2) Extra pyramidal side effects (Parkinsonian like symptoms) and 3) rarely cardiac rhythm disturbances
4) There are minor effects of a dry mouth, somnolence, skin reactions (ie photosensitivity) also constipation.

Depending on the route of administration (orally or injected). Nozinan will reach its peak blood level (effect) around 2-3 hours after dosing.

Should this drug be discontinued it will take approximately 30 hours to reduce the blood level by half (half life).

Dosage recommendations are the same for adults and the elderly.

Taken by Code A

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: OUTPATIENT SERVICES MANAGER

This statement (consisting of 2 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: Code A Date: 06/01/2003

I am the Outpatients Services Manager for the Gosport War Memorial Hospital , Bury Road, Gosport, Hants. I have held this position for the past six years.

I have the overall responsibility for the filing and security of all case notes stored at the hospital.

This office is known as a district wide records office. This means that we share records with Queen Alexandra Hospital , Haslar , St Mary's and also St James' Hospital concerning mental health issues.

If a patient is first seen at Queen Alexandra Hospital then that patients notes will be given a Q suffix and stored there even though they may go on to be treated at other hospitals.

If the notes were started at Gosport then they would have a suffix G. If at the Royal Hospital Haslar then RH and if at St Mary's then S suffix.

This office has a policy that if a patient has not been seen by anyone for a period of 3 years or more then that persons records are transferred either to microfiche or microfilm.

I have been asked by Hampshire Police to produce the complete medical records, where available, of 60 named patients who died or were treated at this hospital. In response to this request I have produced a spreadsheet. This spreadsheet shows the name of the patient, their

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

date of birth, date of death, health record number and whether those notes are available. Any mental health records and also whether they are available. Also if the records are on microfiche and also if a paper copy is available. I have also left a box for any extra notes concerning that patient. This spreadsheet I now produce as Code A

On this spreadsheet five persons (Code A Code A and Code A) are listed but at present I am unable to produce any notes without further information.

The other patients notes I now produce as Code A

As far as I am aware all these notes are complete.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: O.18 (if over 18 insert 'over 18') Occupation: OUTPATIENT SERVICES MANAGER

This statement (consisting of 1 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: Code A Date: 24/06/2003

Further to my statements that I have made previously I would like to add the following.

On 18th June 2003 (18/06/2003) I received a request from DC Code A to produce the following records:-

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

Code A

I can confirm that these records are complete including mental health records where applicable.

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Signed Code A
2004(1)

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: TRUST RECORDS MANAGER

This statement (consisting of 2 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: Code A Date: 28/07/2004

Further to my previous statements I add the following.

I have been asked by DC Code A to produce the admissions book for various patients.

Admissions books may have been kept for separate wards, the ward clerk or other nursing staff would record some patient details in the book. I produce the following admissions books relating to Gosport War Memorial Hospital.

Dryad Ward dated 93/96
Dryad Ward dated 97/03 Code A
Daedalus Ward dated 01/

I have not been able at this stage to locate any previous admissions books covering the years prior to 2001, it may be the case that a) they may have been destroyed or b) they may not have kept a book.

Taken by: Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 2 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: Code A Date: 16/10/2003

I am the Medical Legal Manager for the Medical Director General (Navy) and I am based at the Institute of Naval Medicine, Crescent Road, Alverstoke, Gosport PO122DL.

I have been asked to provide the Hampshire Police with medical records which were generated at the Royal Haslar Hospital, Gosport.

Up until December 1998, Haslar Hospital was run by the military and as such, all of it's medical records were dealt with in the same way as all military records. They were removed from the hospital site and stored in a military establishment where they were placed on microfilm, which is then placed on a disc. Each disc contains more than one persons medical record. The hard original copy of each persons record is then destroyed. The entire record is copied, nothing is removed.

I have obtained copies of the following records, these have been printed from the discs.

Code A b. Code A Code A b. Code A
Code A b Code A.

I have obtained the original notes of Code A b Code A.

I have given these documents to DC Code A at 1500 hrs on Thursday 16th October 2003 (16/10/2003).

Signed: Code A Signature Witnessed by:
2004(1)

Signed: Code A

2004(1)

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: O.18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 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: Code A Date: 05/10/2004

Further to my statement dated 11th August 2004 (11/08/2004).

At 1530 hrs on Tuesday 5th October 2004 (05/10/2004) I provided DC Code A with the medical notes held for Haslar Hospital in relation to Code A b Code A Code A. These records have been recovered from microfilm (Code A

Taken by:DC Code A

Signed: Code A
2004(1)

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: O.18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 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: Code A Date: 26/10/2004

Further to my statement dated 5/10/04 (05/10/2004) I wish to add the following.

At 1430 hrs on Tuesday 26th October 2004 (26/10/2004) I gave the following medical records to DC Code A.

Code A b. Code A Code A b. Code A Code A b. Code A. Code A b. Code A Code A b. Code A. Code A Code A b. Code A. Code A b. Code A Code A and Code A b. Code A

The following records contain original x-rays, Code A and Code A Code A). Code A records are in original format, the remainder are copied from microfiche.

Taken by: DC Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: O.18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 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: Code A Date: 29/11/2004

Further to my statement dated 9th November 2004 (09/11/2004) at the request of DC Code A I had a further copy of the medical records relating to Code A and Code A raised from microfiche.

I have checked both sets of records and they both appear legible.

I provide these records as Code A and Code A

Taken by:DC Code A

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 07/12/2004

At 1440 hrs on Tuesday 7th December 2004 (07/12/2004) I provided DC Code A of the Hampshire Constabulary with a set of x-rays relating to Code A b. Code A Code A

These are Code A Chest PA Abdomen Supine. 11/3/95 (11/03/1995) Chest, 5/2/96 (05/02/1996) right shoulder, left shoulder, skull and 5/2/96 (05/02/1996) chest (Code A).

Taken by: Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: DETECTIVE CONSTABLE 2312

This statement (consisting of 3 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: Code A Date: 21/03/2003

I am Detective Constable Code A I am currently employed on Operation Rochester based at Hulse Road Southampton.

On Thursday 16th January 2003 (16/01/2003) I went to the Gosport war memorial Hospital were I saw Code A the records manager for the hospital.

I took possession from Code A the following patient records-

Code A

Code A

Code A

Code A

Code A

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 2 of 3

Code A

Code A

Code A

I then took these records to Code A at Babbage House Andover and handed them to Code A Code A

On 22nd January 2003 (22/01/2003) I again went to the Gosport War Memorial Hospital (GWMH) to the records office and took possession of the patient records for Code A Code A and Code A I kept these records in my possession then on Thursday 23rd January 2003 (23/01/2003) I delivered them to the Worm group and handed them to Code A

On Friday 24th January 2003 (24/01/2003) I again went to the Gosport War Memorial Hospital records department and took possession of the following patient records- Code A Code A and Code A Code A I then took these files to the Worm Group in Andover and handed them to Code A

On Thursday 6th February 2003 (06/02/2003) I went to the GWMH records department and took possession of the patient record for Code A I then took this record to the Worm group in Andover and handed them to Code A

On Thursday 13th February 2003 (13/02/2003) I went to the GWMH records department and took possession of all the mental health records of the patients who had mental health records. A

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 3 of 3

complete list of records is shown on Code A

Later that day I took these records to the Worm Group in Andover and handed them to Code A Code A

On Friday 14th February 2003 (14/02/2003) I went to the record department at St James Hospital in Portsmouth there I took possession of the mental health records for Code A Code A

Later that day I took the record to the Worm group at Andover and handed it to Code A Code A

On Thursday 6th March 2003 (06/03/2003) I went to the Worm Group at Andover and saw Code A he then handed to me a master copy containing three DVD'S this is now produced as SAS/1 he also handed to me twelve other copies each held on two DVD'S.

On Monday 10th March 2003 (10/03/2003) all the documents held by Code A handed to DC Code A and transported to the Rochester office at Hulse Road Southampton.

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: DETECTIVE CONSTABLE 2312

This statement (consisting of 2 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: Code A Date: 14/04/2003

I am Detective Constable Code A currently stationed with the Force Crime Unit but seconded to Operation Rochester.

On Friday 11th April 2003 (11/04/2003) I went to the crematorium West Hampnet Road, Chichester. From the records office I seized, with a letter of authority from Code A, the original cremation certificates for Code A and Code A

These two certificates I now produce as Code A

Later that day I went to the crematorium at Upper Cornaway Lane, Portchester, there I saw Mr Code A I handed to him a letter of authority from Code A

He then supplied me with the following cremation certificates -

Code A

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

Code A

These thirty two cremation certificates are produced as Code A

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: ACCESS TO MEDICAL RECORDS

This statement (consisting of 2 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: Code A Date: 23/12/2004

I am employed by Eastleigh and Test Valley Primary Care Trust as an Access to Medical Records Co-Ordinator and have been for the past five years approximately.

My role entails providing access to medical records under the Data Protection Act and Access to Medical Records Act. I work at Hampshire and the Isle of Wight PPSA (Practitioners and Patients Services Agency, Coitbury House, Friars Gate, Winchester.

In my role I can provide the General Practitioners medical records in relation to:

Code A

Taken by: Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PHARMACY SERVICES MANAGER

This statement (consisting of 3 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: Code A Date: 31/05/2000

I am the above named and I reside at the overleaf address. I am the Pharmacy Services Manager employed by the Portsmouth Hospitals NHS Trusts.

I am responsible for overseeing the ordering, control and distribution of medicines for NHS Trusts in Portsmouth including Gosport War Memorial Hospitals and specifically Daedalus Ward which is used for elderly care.

Medicines are ordered from pharmaceutical manufacturers and wholesalers from a central ordering point and store which is sited at Units 19-20 Solent Industrial Estate, Shamblehurst Lane, Hedge End, Southampton SO32FY Tel 01489 788322.

There is a single computerised stock control system for pharmacies in Portsmouth Hospitals which are linked to the Hedge End store. Most orders are computer driven with an input from ourselves. All stock purchased by the pharmacies in Portsmouth Hospitals are ordered through the Hedge End store.

They are delivered to the store and then transferred by Portsmouth Hospitals transport to the Q.A.H pharmacy.

Wards and departments requisition stocks of commonly used medicines including 'controlled' drugs from the pharmacy at Q.A.H.

Ward stocks are supplied on the signature of a registered nurse to be administered on the prescription of a medical practitioner.

I can confirm that Midazolam injection 10mg in 2mcs, Hyoscine 400mg, Diamorphine 10 and 30mg and Morphine solution 10mg in 5mcs are held as ward stock on Daedalus Ward, Gosport War Memorial Hospital.

I can produce a computer print out covering the supply of Midazolam to Daedalus Ward on 3rd July 98 (03/07/1998) and 21st August 98 (21/08/1998) Code A

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

I also produce a computer printout covering the supply of Hyoscine to Daedalus Ward on 31st July 98 (31/07/1998) to 28th August 98 (28/08/1998) Code A I also produce a computer printout of the supply of Diamorphine injection 10mg covering 31st July to 27 August 1998 (27/08/1998) Code A.

I also produce a computer printout of the supply of Diamorphine injection 30mg covering dates 1st July to 28th August 1998 (28/08/1998) Code A.

I also produce a computer printout of the supply of Morphine Sulphate oral liquid 2mg in 1ml Code A

I also produce a computer printout of all medicines excluding controlled drugs held as stock on Daedalus Ward currently Code A

I also produce a handbook covering Palliative Care which gives guidance on clinical management of patients who are dying Code A.

For controlled drugs there is a handwritten register kept of receipts and issues in every pharmacy department. At ward level there is also a handwritten stock requisitioning system and record of receipts and administration of controlled drugs.

Signed: Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PERSONNEL ASSISTANT

This statement (consisting of 1 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: Code A Date: 08/12/2004

I am employed as a personal assistant by the Fareham & Gosport Primary Trust.

On the 26th October 2004 (26/10/2004) as a result of a request from DC Code A from the Fareham Police I received a fax copy of a document headed 'Protocol for Prescription and Administration of Diamorphine by Subcutaneous Infusion'. This document was faxed on the 26/10/2004 by the telephonist working within the Elderly Medicine Department, Queen Alexandra Hospital.

On receipt of this fax which I produce as exhibit Code A I then faxed the document onto DC Code A at Fareham Police Station.

Taken by: Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

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

This statement (consisting of 3 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: Code A Date: 25/11/2004

I am employed as a secretary for Doctor Code A, the Medical Director for East Hants PCT.

I have worked in elderly medicine at the Queen Alexandra (QA) Hospital for 18 months beginning May 2003. I have been Dr Code A personal secretary for approximately 13 months commencing from the beginning of November 2003.

As a result of a telephone request from Code A from the Fareham and Gosport Primary Care Trust (PCT) I left a note for Dr Code A informing him that a draft Protocol for Prescription and Administration of Diamorphine by subcutaneous infusion was required by the Fareham and Gosport PCT.

I believe that the request for this document was on the 25/10/2004.

I was informed by Dr Code A that the "draft Protocol for Prescription of Diamorphine" was most probably located in the medicines and prescribing files which should be located in my office.

I then commenced searching for the Protocol form and eventually found it in the oldest file headed 'Medicines and Prescribing Committee II' (The earliest paperwork within this file is dated January 2001).

I located the draft Protocol for prescription and administration of diamorphine by subcutaneous infusion at the very bottom of the file.

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)

At this stage on the 26/10/2004 I telephone Code A and informed her that I had found the protocol form that she had requested. I also told her that it was a copy with writing possibly with some kind of comments thereon.

Code A asked me to fax the document which I duly did at 1.50pm (1350) on the 26/10/2004.

The fax machine used was the fax machine within the Elderly Medical Dept, admissions office, telephone Code A

Once the fax had been sent I then returned the document back to the file where I had found it.

I have been shown a copy of the fax and I can confirm that this was sent by me to Code A exhibit ref Code A

Some time later I can't remember exactly when I received a further phone call from Code A requesting a hard copy of the original document of the Protocol draft form for Prescription and Administration of Diamorphine by subcutaneous infusion" without the comments written thereon. I was informed that this was required by the police.

I again retrieved the document from the file and attached a note to it for Dr Code A stating Code A Code A was asking for the original.

The following day I spoke to Dr Code A he told me that this draft Protocol was an old copy and that we did not have anything else.

I believe Dr Code A then spoke to Code A explaining the situation.

I have not seen this document since I left it by the side of Dr Code A printer in his office.

Taken by:DC Code A

Signed Code A

Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 21 (if over 18 insert 'over 18') Occupation: GENERAL PRACTITIONER

This statement (consisting of 3 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: Code A Date: 12/06/2000

I am employed by the Portsmouth Health Care NHS Trust at Petersfield Hospital . I qualified as a Doctor in 1980 and qualified as a General Practitioner in 1986. In my role as a General Practitioner I am self employed.

I have been requested to describe the procedure for certifying cause of death. To the best of my knowledge this procedure is carried out throughout the Portsmouth Health Care Trust.

In order to sign up cause of death, as a Doctor you are required to have seen the patient within fourteen days prior to death. As the medical practitioner responsible, you are expected to be satisfied with the cause of death, and to have viewed the body.

If this criteria is met then a Medical Certificate of Cause of Death must be completed by the Medical Practitioner certifying cause of death. If there are doubts over the cause of death then the matter should be referred to the Coroner. On occasion these doubts can be resolved allowing the Medical Practitioner to complete the Certificate of Cause of Death. Should these doubts persist then the matter is handed to the Coroner.

In respect of the patient being buried, the Medical Practitioners completion of the certificate is sufficient for the burial to proceed. If the patient is to be cremated, then a further certificate is required. This certificate is required to be completed by the Medical Practitioner and a second Medical Practitioner who has been registered for not less than five years, is not a relative of the deceased, is not a relative or partner of the doctor who has completed the first part of the cremation certificate.

The second practitioner must have viewed the body of the deceased and both practitioners must certify that they know of no reasonable course to suspect that the deceased died either a violent, unnatural or a sudden death of which the cause is unknown or died in such place as circumstances as to requiring on inquest.

Signed: Code A Signature Witnessed by:

RESTRICTED

Continuation of Statement of: Code A

This certificate must be completed as per the Cremation Acts of 1902 and 1952.

On the occasions when the Medical Practitioner certifies death but is unable to certify cause of death, a Medical Practitioner may attend the body at a later time and if the criteria allows may certify cause of death. This can be carried out at the mortuary or the undertakers.

I would add that in relation to the Cremation Certificate, the second Medical Practitioner need not refer to the notes and may find that a conversation with the first Medical Practitioner and with the family is sufficient to endorse the certificate.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 4 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: Code A Date: 22/12/2004

I am a Patients Affairs Officer employed by Fareham & Gosport P.C.T at Gosport War Memorial Hospital , Gosport. Briefly I have responsibility for all patients valuables, monies, property etc and the issuing of Cause of Death Certificates. I have been asked to explain the procedure for certifying death at Gosport War Memorial Hospital, the procedure is as follows.

I commenced my role in February 2004 and the procedure was in place when I took over, prior to that point Diane LAW was the Patients Affairs Officer.

I produce a form Code A which is the administrative procedure we follow in the hospital, this form is available to nursing staff, porters etc. I believe that Code A created this herself.

When a patient dies nurses may in some cases verify death but a Doctor would have to sign a medical certificate of Cause of Death. These certificates are numbered and are kept in a book, the book is issued by the Registrar to myself personally, I sign for its receipt on behalf of the hospital. I keep the current book in my office and we archive the completed books. I produce a copy of the relevant pages from the current book which includes the certificate itself and pages of guidance notes to doctors (Code A).

When a patient dies the death needs to be registered within 5 days, the doctor certifying death has to complete the medical certificate as at Code A either myself or the doctor will then put the certificate into an envelope Code A) and seal it. The certificate has a counterfoil similar to a cheque book, which is retained in the book. Also attached to the certificate is a Notice to Informant, this is perforated and the doctor signs it, dates it before detaching it and putting onto

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

the front of the envelope.

The envelope is then given to the deceased's relative or representative who would then take it to the registrar. If there are no relatives or representative that task is taken on by myself.

If the body is for cremation the doctor has to complete a further form which is known as forms B C & F Code A. The doctor complete the first two pages, a second doctor then completes the third page. Without this form being completed we cannot release the body to the undertaker. We do not keep copies of this form, however we do keep a minimal record showing deceased's details, ward, date of death, cremation or burial, doctors and undertakers.

This is not an official form.

Taken by:DC Code A

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 24/1/96 (24/01/1996). This stub is available with an ID Ref Code A

Signed Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 18/10/98 (18/10/1998). This stub is available with an ID Ref Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A containing the stub of certificate No. Code A. This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 22/11/99 (22/11/1999). This stub is available with an ID Ref Code A

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A) containing the stub of certificate No. Code A. This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 21/11/99 (21/11/1999). This stub is available with an ID Ref Code A

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 6/3/96 (06/03/1996). This stub is available with an ID Ref Code A.

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A) containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 13/4/99 (13/04/1999). This stub is available with an ID Ref Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A) containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 21/8/98 (21/08/1998). This stub is available with an ID Ref Code A

Signed: Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 5/6/97 (05/06/1997). This stub is available with an ID Ref Code A

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: PATIENTS AFFAIRS OFFICER

This statement (consisting of 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: Code A Date: 06/06/2005

I am Code A and I reside at an address known to Hampshire Police.

I am employed as the Patients Affairs Officer at the Gosport War Memorial Hospital and have held this post since February 2004. Part of my responsibilities are the issue of the cause of death certificates and the retention of all accountable stationery.

On Monday 6th June 2005 (06/06/2005) at the request of DC Code A of the Hampshire Constabulary I handed to him the original Form 66, cause of death certificate book (Numbers Code A to Code A) containing the stub of certificate No. Code A This stub relates to the cause of death certificate for the patient Code A who died at the Gosport War Memorial Hospital on 26/9/98 (26/09/1998). This stub is available with an ID Ref Code A

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 24th January 1996 (24/01/1996) in Gosport.

I now mark and refer to this documen tas Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 22nd November 1999 (22/11/1999) in Gosport.

I now mark and refer to this document as Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 21st November 1999 (21/11/1999) in Gosport.

I now mark and refer to this document as Exhibit Code A.

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed: Code A Signature Witnessed by:

GMC101167-0242

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 6th March 1996 (06/03/1996) in Gosport.

I now mark and refer to this document as Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 13th April 1999 (13/04/1999) in Gosport.

I now mark and refer to this document as Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 21st August 1998 (21/08/1998) in Gosport.

I now mark and refer to this document as Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed: Code A Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 5th June 1997 (05/06/1997) in Gosport.

I now mark and refer to this document as Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CIVIL SERVANT

This statement (consisting of 1 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: Code A Date: 19/05/2005

I have been employed by the Civil Service for 14 years and am currently employed by the Office for National Statistics as a Team Manager in Certificate Services.

A search was made in the index of births, marriages and deaths held in custody of the Registrar General, which is a complete record of all events registered in England and Wales.

I can state that an event was registered and a certified copy produced for the following:

A death certificate for Code A date of death 26th September 1998 (26/09/1998) in Gosport.

I now mark and refer to this document as Exhibit Code A

The records held by the Registrar General are created or received by employees in the course of business and information contained therein was supplied by persons who had or could reasonably be supposed to have personal knowledge of the events recorded.

Signed Code A s Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: O.18 (if over 18 insert 'over 18') Occupation: PERSONNEL ASSISTANT

This statement (consisting of 1 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: Code A Date: 15/06/2005

I am the above named person and I live at the address shown overleaf. At the request of the Hampshire Police I produce as Exhibit Code A the job description for Clinical Assistant at the Gosport War Memorial Hospital .

I do not know the author of this document or when it was written. However there was only one Clinical Assistant in post and this would have been relevant to the period that Dr Code A Code A worked at the Gosport War Memorial Hospital.

I cannot say that Dr Code A would have been served a copy of this document.

Signed Code A Signature Witnessed by:
2004(1)

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RETIRED ELECTRICAL MANAGER

This statement (consisting of 2 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: Code A Date: 19/11/2002

I am the above named person and I live with my wife, Code A. We have been together for ten years. I have lived in the Gosport area for about 17 years.

I have been asked about the events of April 2000 and my stay at the GWMH and the Haslar Hospital. My memory of this period of my life is very hazy. I do recall suffering from arthritis and gout prior to going into the Haslar Hospital. Whilst at the Haslar Hospital I was transferred to the GWMH. In the first day at the GWMH I was seen but not examined by my own GP, Dr Code A.

I do not recall being seen by any other staff at the GWMH. Nor do I recall my wife visiting me. I do remember waking up and seeing paint pots and tables ready for people to decorate the ward. This is the only memory I have from my stay at the GWMH.

My next memory is of being in Haslar Hospital I could hear gun fire and someone shouting "Get me out". There was a blue flag on the wall with a picture of my wife and her friend. This is a dream that keeps coming back to me, even now.

The next thing I recall is being at home. I have been told that I was given an analgesic overdose but I have no knowledge of who gave this to me or why. I do recall that when I was first sent to the GWMH it was purely for bed rest.

I am willing to allow the police access to all my medical records.

Signed: Code A Signature Witnessed by:

Signed: Code A

2004(1)

Signature Witnessed by:

RESTRICTED

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: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: RETIRED ELECTRICAL MANAGER

This statement (consisting of 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: Code A Date: 31/01/2005

I live at the address known to the Police with my wife Code A

On 19th November 2002 (19/11/2002) I made a statement about what happened to me when I was admitted to the Gosport War Memorial Hospital.

I was not able to remember much about what happened to me as I was very ill.

I have been asked about how I have felt since that time and what effect it has had on me.

Prior to the flair up of gout which put me in hospital, I was an active and confident man. I would potter around my home and tend to my garden. I would take myself out to the 'bookies' and place a bet. I had a good memory and a healthy appetite. I enjoyed my life.

When I came home from hospital I was very, very weak. I would sit in my chair and just sleep. I didn't want to eat. I didn't want to do anything. I became very emotional and easily upset.

I lost weight and I lost my confidence in myself. I wasn't able to remember anything short term.

I now rely totally on my wife to remind me of what is happening in my life, she keeps me on track. I wouldn't be able to cope by myself.

I am now feeling much better physically, my medication has been reduced and I only have a minimal number of tablets to take. I have an analgesic patch for my arthritis and Allpurinal for

Signed: Code A Signature Witnessed by: Code A

RESTRICTED

my gout. I have to take a low dose aspirin for my blood and a diuretic.

My weight has improved and around two years ago I was diagnosed with Type II 'old age' diabetes. I don't have to take any medication for this.

My biggest worry is my memory, I hate having to continually question myself and check everything with my wife.

Taken by: Code A

RESTRICTED

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: Code A

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

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: Code A Date: 19/11/2002

I am the above named person and I live with my husband Code A. We have been married for ten years and we have always lived together in the Gosport area. I have three girls from a former marriage and Code A also has a daughter.

In April 2000 Code A became unwell, he had a case of arthritis and gout which meant he was unable to get out of bed. This was also causing Code A a lot of pain and for four mornings on the trot I had the doctor out to see Code A There was not much they could do except give Code A pain killers. Due to the fact that I am disabled I was unable to look after Code A properly and on the 04/04/2000 Code A was taken by ambulance to Haslar Hospital A&E.

There was nothing that could be done for Code A at Haslar Hospital and he was sent to Sultan Ward at the GWMH for complete bed rest. I was told that Code A would be in there for up to 14 days. Apart from the pain from the gout Code A was able to talk, eat and drink. He had never suffered from any sort of dementia and was really a fit and healthy man for a 76 year old man.

I was asked to let Code A rest for a couple of days prior to visiting him which I did. However on about the sixth or seventh of April 2000 (06/04/2000), (07/04/2000) I was phoned by the GWMH asking me to bring Code A medication for his gout and pain relief.

This made me very angry, Code A was in hospital but had not been given any medication. The staff told me that there was no one to prescribe it. I got to the hospital late at night. I passed over his medication and quickly saw Code A He was asleep so I left him.

Signed: Code A Signature Witnessed by:

RESTRICTED

I returned to the hospital the following morning. I spoke with Code A and he seemed dozy. It was hard work talking to Code A he just seemed like he wanted to go to sleep. I returned later in the afternoon and Code A was beginning to see things that were not there. He told me he could see a friend of ours called Code A walking by. Code A died several years prior to this. I was starting to worry about why Code A was being like this.

The following morning Code A started to say that the decorators were coming into the ward. Again I knew this wasn't true but Code A said he could see the paint pots. I was visiting Code A twice a day but after this he was always asleep. If he did wake up he would be very drowsy.

On the 09/04/2000 I saw Code A and it was clear to me that Code A was now unconscious. I was asked by staff if Code A was a heavy sleeper which he was not. They told me that they had been unable to wake him and asked if I could try. I shouted at Code A and shook him quite hard but Code A did not respond. I asked if they really wanted him awake and was told "Yes". I hit Code A on his bad knees where he would feel his gout but he did not flinch. Normally this would have caused Code A extreme pain and woken him.

I said to the staff "He is not asleep he is unconscious, where is the doctor?"

One of the staff said "We have sent for him". I waited with a friend for about 4 ½ hours for the doctor to arrive. The doctor who saw Code A was a Dr Code A. He saw Code A and then told me that Code A had had a "catastrophic mid stem brain stroke". I was told that Code A would probably not recover. I asked Dr Code A what happened next and was told Code A would be moved to Haslar Hospital. I was pleased to hear this.

I went home and the following morning I phoned Haslar Hospital and asked when Code A would have a brain scan. The person I spoke to said that there would be no brain scan because as far as they knew there had been no stroke. I was told that Code A was in an analgesic coma. I went straight down to Haslar Hospital.

I went and saw Code A who is normally a ruddy man but he looked pale with big black rings under

RESTRICTED

Continuation of Statement of: Code A

Form MG11(T)(CONT)
Page 3 of 3

his eyes. Code A was shouting and waving his arms he was shouting "The IRA have been here". He seemed to have lost his mind.

I was told by staff that Code A was better than he had been. I asked to be phoned as soon as a doctor arrived on the ward. This the hospital did and later that day I spoke with a female doctor on the phone. She confirmed that Code A had been given an analgesic overdose. I was told that Code A couldn't stay at Haslar because they were trying to close the wards. The doctor said he could go to the QA or back to the GWMH.

Code A came home for me to care for him via the GWMH. I looked after him at home but it took about 18 months for him to be back to normal. He still suffers from arthritis but on the whole is fit and well.

I do not know who prescribed the Diamorphine to Code A in the first place or why while he was at the GWMH. I have no doubt that if Code A had remained at the GWMH for any longer whilst on Diamorphine he would have died.

As a result of what happened to Code A I made an official complaint to the Portsmouth Health Authority. I have never received a satisfactory answer.

Signed: Code A

Signature Witnessed by:

RESTRICTED

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: Code A

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

This statement (consisting of
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: Date: 08/09/2004

I am Professor Richard Code A of the Clinical Governance Research and Development Unit, Division of General Practice and Primary Health Care, Department of Health Sciences, University of Leicester, Leicester General Hospital. I currently hold the post of Head of Department.

I produce as exhibit Code A my curriculum vitae which includes my relevant clinical qualifications to date, my clinical experience in related areas, posts I have held and all relevant publications. In brief, I am a general practitioner by clinical background, having qualified in 1975 and entered full-time general practice in 1977. From 1992, academic activities took priority, although I continued a part-time role in clinical practice until 2002. Whilst in full-time general practice, I attended patients of the practice in nursing homes, including a hospice, experience which was helpful in undertaking the audit of deaths at Gosport War Memorial Hospital.

Experience of particular relevance includes:

- An audit of Code A clinical practice
- Submission of evidence to the Code A Inquiry
- Advice given to a health authority in connection with deaths in a nursing home
- Some research into methods of monitoring mortality rates in primary care.

In the summer of 2002 I was asked by Sir Code A to

RESTRICTED

prepare a proposal for an audit of deaths at Gosport War Memorial Hospital . The proposal was submitted on 30 August, the Chief Medical Officer's approval being given in a letter of 5th September. This is a letter I still hold.

The Terms of Reference agreed with Sir Code A were:

To carry out a clinical audit to cover the following:

(i) Pattern of observed compared to expected deaths in particular age groups in the Gosport War Memorial Hospital and relevant general practice patients. This means comparing the number of deaths at the Gosport War Memorial Hospital with a similar hospital(s) caring for similar patients.

(ii) Deaths showing unusual clusters by place of death and time.

(iii) Certified cause of death in relation to medical history. By this one would examine the medical history of the patient and use clinical judgement to decide whether the given cause of death is supported by the history.

(iv) Prescribing of opiates and related sedation. This was both a clinical and a statistical review to ensure that prescribing was in accordance with clinical need.

In addition, the Chief Medical Officer stated that other issues identified for inclusion during the course of the investigation should be built in as appropriate, the overall purpose of the clinical audit being to identify any unusual trends or patterns which raise serious concerns about the care of elderly patients. I had been made aware prior to any audit I undertook of concerns with regard to Dr Code A a local GP working as a clinical assistant at the hospital. Dr Code A name and the concerns appeared within a document from Code A Dr Code A had been the subject of a Police and CPS investigation as well as the CHI (Commission For Health Improvement) investigation and GMC investigation. Consequently Dr Code A would have been the focus of my audit although I was aware that the CHI report had concluded that there had been a failure of trust systems to ensure good quality patient care.

1. The report and the data used

RESTRICTED

The data used were obtained from several sources:

1. The counterfoils of medical certificates of the cause of death (MCCDs) held at Gosport War Memorial Hospital.
2. The admissions books of Dryad ward
3. A sample of clinical records
4. Surviving controlled drugs registers at Gosport War Memorial Hospital
5. MCCDs completed by a sample of general practitioners in Gosport
6. Hospital episode statistics (HES) data on admissions to Gosport War Memorial Hospital. These data provide information about length of stay, age, sex, primary diagnosis and other information. However, these data proved to be of limited use because it was not possible to identify other sufficiently comparable hospitals.

The process of the review was dictated by the availability of data. The use of locally available data involved least administrative delay, and the audit started with these. The first step was to make contact with key individuals in the local NHS in order to explain the purpose and methods of the audit, and to gain their support, which was forthcoming. Data collection then began at Gosport War Memorial Hospital. I started with the counterfoils of MCCDs - the hospital had taken care to retain these, and they proved to be a good source of data. I personally extracted data from the counterfoils and entered them into a computer database. This is a database which I am still able to access and which can be copied giving consideration to the Data Protection Act. During the process of collecting data from the counterfoils, a small number of ward admission books were identified. The Dryad admissions book contained information in a usable format, and data were therefore also extracted from this book.

A relatively large number of controlled drugs registers were also identified, although some from several years before had not survived. Senior staff at Gosport agreed to allow me to remove these registers to Leicester to facilitate data entry, the data from the registers being entered into a computer database. This is a database which I am still able to access and which can be copied

giving consideration to the Data Protection Act.

National Statistics undertook a search for MCCDs issued by Dr Code A 1998-2000, and provided me with this information. These data were entered onto a database, and were used to identify a random sample of clinical records for review. The sample consisted of 81 cases. The records were obtained from the records department at Gosport. In many cases, the records had been transferred to microfiche, and these records were studied using the microfiche readers in Gosport or Portsmouth.

National Statistics also provided information about deaths certified by a group of local general practitioners in order to enable a comparison between the MCCDs for death in the community issued by D Code A and other general practitioners in the Gosport area.

Some HES data were also obtained. However, these data were unhelpful since complete data were available from only 1998, and it was not possible to select suitable comparator hospitals with any confidence.

2. Others involved in providing information directly included in the report.

I received advice on aspects of the statistical analysis from Professor Code A, Professor of Medical Statistics in the Department of Health Sciences at the University of Leicester. Professor Code A undertook the analysis of rates of certification during periods in which Dr Code A was assumed to have been on leave, reported on pages 97-98 of the report. I also sought advice from Professor Code A with regard to the other statistical analyses within the report.

Dr Code A supervised the provision of data from National Statistics, and Code A Code A organised the provision of HES data. I received valuable assistance from staff in the records department at Gosport War Memorial Hospital in the identification of records and documents, but they did not otherwise contribute information for the report. I relied solely on documentary sources of information to compile my report.

I produce an entire copy of my report as Code A . I reviewed a total of 81 medical records in which Dr Code A certified death. This represents about 10% of all deaths certified by Dr Code A and I believe one can be reasonably confident that the general findings reflect what would be found if all records had been reviewed.

As made clear in the report, I became concerned about aspects of care at Gosport War Memorial Hospital, including aspects of the care provided by Dr Code A I concluded that it was probable that a small number of patients who had been given opiates and had died might, if they had not been given opiates, have sufficiently recovered to be discharged from hospital eventually. An attitude or culture of limited hope and expectations of recovery appeared to have existed at the hospital. I was unable to identify when this culture had first gained hold at the hospital and it may have existed before Dr Code A appointment in 1988. In addition, I have not identified the underlying motivations responsible for this culture.

RESTRICTED

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: Code A

Age if under 18: 0.18 (if over 18 insert 'over 18') Occupation: Detective Constable 424

This statement (consisting of 1 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: Code A Date: 14/11/2002

I am Detective Constable Code A of the Hampshire Constabulary currently stationed at the Major Crime Investigation Team, Kingston Crescent.

At 1400 hrs on Friday 4th October 2002 (04/10/2002) I along with DS Code A, attended The Potteries, Wickham Rd, Fareham where I took a statement from Code A

I took from Code A a number of documents in a red backed, clear plastic wallet Code A).

I then deposited the folder at Hulse Rd, Southampton.

Signed: Code A Signature Witnessed by:

2004(1)

RESTRICTED

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: Code A

Age if under 18: Over 21 (if over 18 insert 'over 18') Occupation: POLICE PHOTOGRAPHER

This statement (consisting of 1 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: Code A Date: 18/07/2000

I am a police photographer, appointed by Hampshire Constabulary, stationed at Cosham Police Station, Wayte St, Cosham .

At 1145 on the 29 June 2000 (29/06/2000) I attended the War Memorial Hospital, Gosport where I photographed views within room 3 (photographs 1 to 4) and room 4 (photographs 5 to 10) on Daedalus Ward.

V G RICHARDS

From the 10 negatives obtained, I now produce an album of 10 photographs, marked Code A The unretouched negatives of which are held at Southern Support HQ, under reference Code A

Signed: Code A Signature Witnessed by:

Court Print Index

Name	Occupation	Doc ID	Page Numbers
Code A	RETIRED	Code A	1- 5
	RETIRED NURSE		6- 9
	RETIRED		10- 11
	RETIRED		12- 14
	STAFF NURSE		15- 21
	NURSE		22- 27
	RETIRED PATIENT CARE MANAGER		28- 31
	RCN CONVENOR		32- 38
	RISK SERVICES MANAGER		39- 40
	Registered Nurse		41- 44
	PROFESSOR		45- 46
	RCN OFFICER		47- 50
	SENIOR NURSE GWMH		51- 54
	MODERN MATRON		55- 55
	HOSPITAL SERVICE MANAGER		56- 59
			60- 63
	HOSPITAL SERVICE MANAGER		64- 64
	PERSONNEL DIRECTOR		65- 67
	PERSONNEL DIRECTOR		68- 70
	DIRECTOR OF PUBLIC HEALTH		71- 72
	COMMUNICATIONS MANAGER		73- 75
	RISK ADVISER AND FACILITATOR		76- 79
	ENROLLED NURSE		80- 83
	STAFF NURSE E GRADE		84- 86
	RETIRED		87- 88
	COMMUNITY NURSE		89- 90
	DEPUTY NURSING MANAGER		91- 94
	STUDENT		95- 96
	STAFF NURSE F GRADE		97- 100
	RETIRED		101- 104
	STAFF NURSE		105- 109
	NURSE		110- 115
	RETIRED		116- 117
	STAFF NURSE		118- 120
	PROVIDENT AGENT		121- 125
	RETIRED NURSING AUXILLIARY		126- 127
	LEARNING SUPPORT ASSISTANT		128- 131
	WARD CLERK		132- 133
	RETIRED		134- 136
	RETIRED		137- 137
	STAFF NURSE		138- 138
	RGN		139- 140
	PHYSIO-TECHNICIAN		141- 142
	STAFF NURSE		143- 144
	MEDICALLY RETIRED		145- 148
	STAFF NURSE		149- 149
	RETIRED RGN		150- 153
	MEDICINES / PHARMASIST INFORMATION MANAGER		154- 156
	OUTPATIENT SERVICES MANAGER		157- 158
	OUTPATIENT SERVICES MANAGER		159- 160
	TRUST RECORDS MANAGER		161- 161
	CIVIL SERVANT		162- 163

Court Print Index (Sequential)

Code A

CIVIL SERVANT	Code A	164- 164
CIVIL SERVANT		165- 165
CIVIL SERVANT		166- 166
CIVIL SERVANT		167- 167
DETECTIVE CONSTABLE 2312		168- 170
DETECTIVE CONSTABLE 2312		171- 172
ACCESS TO MEDICAL RECORDS COORDINATOR		173- 173
PHARMACY SERVICES MANAGER		174- 175
PERSONNEL ASSISTANT		176- 176
SECRETARY		177- 178
GENERAL PRACTITIONER		179- 180
PATIENTS AFFAIRS OFFICER		181- 182
PATIENTS AFFAIRS OFFICER		183- 183
PATIENTS AFFAIRS OFFICER		184- 184
PATIENTS AFFAIRS OFFICER		185- 185
PATIENTS AFFAIRS OFFICER		186- 186
PATIENTS AFFAIRS OFFICER		187- 187
PATIENTS AFFAIRS OFFICER		188- 188
PATIENTS AFFAIRS OFFICER		189- 189
PATIENTS AFFAIRS OFFICER		190- 190
PATIENTS AFFAIRS OFFICER		191- 191
CIVIL SERVANT		192- 192
CIVIL SERVANT		193- 193
CIVIL SERVANT		194- 194
CIVIL SERVANT		195- 195
CIVIL SERVANT		196- 196
CIVIL SERVANT		197- 197
CIVIL SERVANT		198- 198
CIVIL SERVANT		199- 199
CIVIL SERVANT		200- 200
PERSONNEL ASSISTANT		201- 201
RETIRED ELECTRICAL MANAGER		202- 203
RETIRED ELECTRICAL MANAGER		204- 205
RETIRED		206- 208
PROFESSOR		209- 213
Detective Constable 424		214- 214
POLICE PHOTOGRAPHER		215- 215

Court Print Index (Alphabetical Sequence)

Court Print Index

Name	Occupation	Doc ID	Page Numbers
	STAFF NURSE		149- 149
	PROFESSOR		209- 213
	DEPUTY NURSING MANAGER		91- 94
	RCN OFFICER		47- 50
	RGN		139- 140
	RETIRED		134- 136
	STAFF NURSE		138- 138
	CIVIL SERVANT		192- 192
	CIVIL SERVANT		193- 193
	CIVIL SERVANT		194- 194
	CIVIL SERVANT		195- 195
	CIVIL SERVANT		196- 196
	CIVIL SERVANT		197- 197
	CIVIL SERVANT		198- 198
	CIVIL SERVANT		199- 199
	CIVIL SERVANT		200- 200
	GENERAL PRACTITIONER		179- 180
	OUTPATIENT SERVICES MANAGER		157- 158
	OUTPATIENT SERVICES MANAGER		159- 160
	TRUST RECORDS MANAGER		161- 161
	LEARNING SUPPORT ASSISTANT		128- 131
	STUDENT		95- 96
	PHYSIO-TECHNICIAN		141- 142
	PERSONNEL ASSISTANT		176- 176
	STAFF NURSE F GRADE		97- 100
	RETIRED		1- 5
Code A	STAFF NURSE	Code A	118- 120
	RETIRED PATIENT CARE MANAGER		28- 31
	SECRETARY		177- 178
	MEDICINES / PHARMASIST INFORMATION MANAGER		154- 156
	RETIRED NURSING AUXILLIARY		126- 127
	PROFESSOR		45- 46
	COMMUNICATIONS MANAGER		73- 75
	RETIRED NURSE		6- 9
	RETIRED		12- 14
	STAFF NURSE		105- 109
	NURSE		110- 115
	RETIRED RGN		150- 153
	PERSONNEL ASSISTANT		201- 201
	RISK SERVICES MANAGER		39- 40
	RETIRED		101- 104
	RETIRED		116- 117
	RETIRED		87- 88
	WARD CLERK		132- 133
	RCN CONVENOR		32- 38
	RETIRED		10- 11
	PERSONNEL DIRECTOR		65- 67
	PERSONNEL DIRECTOR		68- 70
	HOSPITAL SERVICE MANAGER		56- 59
			60- 63
	HOSPITAL SERVICE MANAGER		64- 64
	MEDICALLY RETIRED		145- 148

Court Print Index (Alphabetical Sequence)

Code A

Occupation		Pages
POLICE PHOTOGRAPHER	Code A	215- 215
COMMUNITY NURSE		89- 90
RETIRED ELECTRICAL MANAGER		202- 203
RETIRED ELECTRICAL MANAGER		204- 205
RETIRED		206- 208
CIVIL SERVANT		162- 163
CIVIL SERVANT		164- 164
CIVIL SERVANT		165- 165
CIVIL SERVANT		166- 166
CIVIL SERVANT		167- 167
Detective Constable 424		214- 214
DIRECTOR OF PUBLIC HEALTH		71- 72
DETECTIVE CONSTABLE 2312		168- 170
DETECTIVE CONSTABLE 2312		171- 172
STAFF NURSE E GRADE		84- 86
SENIOR NURSE GWMH		51- 54
MODERN MATRON		55- 55
PROVIDENT AGENT		121- 125
PATIENTS AFFAIRS OFFICER		181- 182
PATIENTS AFFAIRS OFFICER		183- 183
PATIENTS AFFAIRS OFFICER		184- 184
PATIENTS AFFAIRS OFFICER		185- 185
PATIENTS AFFAIRS OFFICER		186- 186
PATIENTS AFFAIRS OFFICER		187- 187
PATIENTS AFFAIRS OFFICER		188- 188
PATIENTS AFFAIRS OFFICER		189- 189
PATIENTS AFFAIRS OFFICER		190- 190
PATIENTS AFFAIRS OFFICER		191- 191
ACCESS TO MEDICAL RECORDS COORDINATOR		173- 173
RETIRED		137- 137
NURSE		22- 27
STAFF NURSE		15- 21
PHARMACY SERVICES MANAGER		174- 175
STAFF NURSE		143- 144
Registered Nurse		41- 44
ENROLLED NURSE		80- 83
RISK ADVISER AND FACILITATOR		76- 79

RESTRICTED

MG 12

EXHIBIT LIST

Page 1 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
COPY OF DRAFT LETTER WITH ACCOMPANYING LETTER 15/2/91 TO Code A Code A	Code A	Person Producing Code A Current Location:	
COPY OF DRAFT LETTER DATE 28/02/1991 FROM Code A	Code A	Person Producing Code A Current Location:	
COPY OF DRAFT LETTER 4/3/91 TO Code A FROM Code A	Code A	Person Producing Code A Current Location:	
COPY OF HANDWRITTEN LETTER DATED 5/3/91 TO Code A FROM Code A Code A	Code A	Person Producing Code A Current Location:	
COPY OF LETTER DATE 30/4/91 FROM Code A IN FORM OF STEWARD NOTICE	Code A	Person Producing Code A Current Location:	
COPY OF LETTER DATED 30/04/91 TO Code A FROM Code A	Code A	Person Producing Code A Current Location:	
COPY OF LETTER DATED 14/11/91 TO Code A FROM Code A	Code A	Person Producing Code A Current Location:	
CV Code A	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

Page 2 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
RED PLASTIC DOCUMENT HOLDER CONT CORRES RELATING GWMH DATED 11/1/92	Code A	Person Producing Code A Current Location:	
RECORD OF MEETING WITH Code A AND Code A Code A 1300 HRS 16/9/02	Code A	Person Producing Code A Current Location:	
MINUTES OF MEETING 18/9/02	Code A	Person Producing Code A Current Location:	
LETTERS AND MINUTES OF MEETINGS REGARDING REDCLYFFE ANNEX	Code A	Person Producing Code A Current Location:	
CLEAR PLASTIC WALLET CONT Code A RE TO GWMH 11/1/92 ADD Code A	Code A	Person Producing Code A Current Location:	
CONTROLLED DRUGS RECORD BOOK 25/6/95 - 24/5/96	Code A	Person Producing Code A Current Location:	
CONTROLLED DRUGS RECORD BOOK 6/3/95 - 8/12/96	Code A	Person Producing Code A Current Location:	
CONTROLLED DRUGS RECORD BOOK 22/11/96 - 23/6/97	Code A	Person Producing Code A Current Location:	

Date of completion:

RESTRICTED

MG 12

EXHIBIT LIST

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
CONTROLLED DRUGS RECORD BOOK 8/12/96 - 22/12/97	Code A	Person Producing Code A Current Location:	
WARD CONTROLLED DRUGS RECORD BOOK 2/9/98 - 18/6/99	Code A	Person Producing Code A Current Location:	
WARD CONTROLLED DRUGS RECORD BOOK 18/6/99 - 4/7/01	Code A	Person Producing Code A Current Location:	
CONTROLLED DRUGS RECORD BOOK 12/7/97 - 5/3/02	Code A	Person Producing Code A Current Location:	
BED NUMBERS REGISTER NOV 1992 - JAN 1997	Code A	Person Producing Code A Current Location:	
NOTES MADE OF CONVERSATION WITH Code A	Code A	Person Producing Code A Current Location:	
ROUGH NOTES MADE AT MEETING 18/9/02 GWMH	Code A	Person Producing Code A Current Location:	
TYPED NOTES OF MEETING 18/09/02	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

Page 4 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
HANDWRITTEN LIST OF DOCUMENTS GIVEN BY Code A TO Code A	Code A	Person Producing Code A Current Location:	
DIARY 2001 OF Code A Code A	Code A	Person Producing Code A Current Location:	
DIARY 2002 OF Code A Code A	Code A	Person Producing Code A Current Location:	
LETTER TO Code A DATED 8/5/00	Code A	Person Producing Code A Current Location:	
MEMO TO SNN Code A DATED 14/5/00	Code A	Person Producing Code A Current Location:	
HANDWRITTEN ROUGH LETTER TO Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location: FAREHAM MIR	
MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location: FAREHAM MIR	
MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location: FAREHAM MIR	
MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location: FAREHAM MIR	
MEDICAL RECORDS OF Code A	Code A	Person Producing Code A Current Location: FAREHAM MIR	
MEDICAL RECORDS OF Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS OF Code A	Code A	Person Producing Code A Current Location:	
ADMISSION BOOK DRYAD WARD 93/96	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

Page 6 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
ADMISSION BOOK DRYAD WARD 97/03	Code A	Person Producing Code A Current Location:	
ADMISSION BOOK DAEDALUS WARD 01/03	Code A	Person Producing Code A Current Location:	
THIRTY-TWO CREMATION CERTIFICATES	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS RELATING Code A Code A	Code A	Person Producing Code A Current Location:	
Code A X RAYS	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS Code A B.	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS Code A B Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS: Code A Code A . 16/2/07	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
MEDICAL RECORDS: Code A B. Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS: Code A B Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS RELATING Code A	Code A	Person Producing Code A Current Location:	
MEDICAL RECORDS Code A Code A	Code A	Person Producing Code A Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	

Date of completion:

RESTRICTED

MG 12

EXHIBIT LIST

Page 8 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
G P MEDICAL RECORDS Code A	Code A	Person Producing Code A Current Location:	
HANDBOOK COVERING PALLATIVE CARE	Code A	Person Producing Code A Current Location:	
COPY OF FAX HEADED PROTOCOL FOR PRESCRIPTION AND ADMINISTRATION	Code A	Person Producing Code A Current Location:	
ADMINISTRATIVE PROCEDURE	Code A	Person Producing Code A Current Location:	
RELEVANT PAGES CERTIFICATION OF DEATH	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

Page 9 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
ENVELOPE	Code A	Person Producing Code A Current Location:	
FORMS B,C, F.	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

Page 10 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
STUB OF CAUSE OF DEATH CERTIFICATE NUMBER Code A Code A	Code A	Person Producing Code A Current Location:	
CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)

RESTRICTED

MG 12

EXHIBIT LIST

Page 11 of 11

URN:

R v

* Tick if exhibit attached

Description as per label (Indicate if copy)	Exhibit Ref. No.	Person producing and current location of exhibit	*
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
A CERTIFIED COPY OF A DEATH CERTIFICATE Code A	Code A	Person Producing Code A Current Location:	
JOB DESCRIPTION FOR CLINACAL ASSISTANT AT G W M H	Code A	Person Producing Code A Current Location:	
CV OF PROFESSOR Code A	Code A	Person Producing Code A Current Location: Code A	
REPORT OF PROFESSOR Code A RELATING TO THE GWMH	Code A	Person Producing Code A Current Location:	
ROOM 3 & 4 GOSPRT WAR MEMORIAL HOSPITAL (PHOTOGRAPHS)1145	Code A	Person Producing Code A Current Location:	

Date of completion:

2004(1)