



# Investigator's Notebook

**Operation Title**

*Operation Rochester ①*

**Issue Number**

**4276**

**Date of Issue**

*21st February 2005.*

**Officer**

**Code A**

**Rank & Number**

**Code A**



# Investigator's Notebook

## CRIMINAL AND INVESTIGATION

*WARD ROUNDS HOW DONE.*

Officers have a duty to:

Record	Retain	New
Record all information relevant to an investigation, not otherwise recorded in any form, at the time of obtaining or as soon as practicable after that time.	Retain means keeping all material obtained in a criminal investigation which may be relevant to the investigation (includes surrounding circumstances of the case) and failure to ensure this, may result in a failed prosecution.	There is an obligation to disclose material to the defence if in their opinion it might undermine the case against the accused. Failure to reveal material may result in a failed prosecution.

These books will be issued against signature to all officers engaged on an investigation at its commencement.

At the conclusion of the investigation all books will be surrendered to the Disclosure Officer who will certify their return.

They will be filed with the case papers.

These books should record all notes made, for example:

- conference and other rough notes
- telephone numbers etc.
- notes relating to a witness i.e. statement preparation, the witness name must be linked with those notes.

To assist the Disclosure Officer, an 'S' should be placed in the margin alongside any obvious sensitive entries i.e. Informant, OP's, Police intelligence and Police/witness address/phone numbers. **NO** other document to be maintained except Pocket which will still record evidence.





## Investigator's Notebook

### CRIMINAL PROCEDURE AND INVESTIGATIONS ACT 1996.

Officers have a duty to:

<b>Record</b>	<b>Retain</b>	<b>Reveal</b>	<b>Review</b>
Record all information relevant to an investigation, not otherwise recorded in any form, at the time of obtaining or as soon as practicable after that time.	Retain means keeping all material obtained in a criminal investigation which may be relevant to the investigation (includes surrounding circumstances of the case) and failure to ensure this, may result in a failed prosecution.	Reveal means ensuring the CPS are aware of all material relevant to the investigation. The CPS will disclose material to the defence if in their opinion it might undermine the case against the accused. Failure to reveal material may result in a failed prosecution.	Review, there is a continuing obligation to "4R's" any material that comes to light prior to and during trial.

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21/2/05.

Jane Barton started GWMH 1988. (Plus Northcott and Redcliffe Annexes).  
As a Clinical Assistant in Elderly Medicine

The hospital is 113 beds managed by Fareham and Gosport Primary Care Trust.  
From April 1994 to April 2002 it was part of Portsmouth Health Care.

Between 1995 and 2000 954 patients died, 456 of which were certified by her.

16/9/02 Professor Baker spoke to staff re intended audit and Anita Tibbitt handed over docs re concerns of nursing staff.

SOLICITOR  
FOR FAMILIES

Alexander Harris,  
Manchester

90 cases reviewed to date. 114 cases Cat 3, 14 cat 1. remainder Cat 2  
(Sub optimal care).

LEGAL EXPERT

Matthew BOHN.

DR. KOLE

Good clinical care must include an adequate assessment of the patient's condition based on the history and clinical signs and, if necessary, an appropriate examination.

Clear, accurate and contemporaneous notes to be kept.

In providing treatment only the drugs and appliances that serve the patient's needs are to be used

FENTANYL IS AN OPIATE - WOULD NOT USE ALONG WITH MORPHINE

1603

Code A

# Code A

22/9/98

2310

21/9/98

21/9/98

CREATED

DEAD 2315HRS 26/9/98

ADMITTED GWMH 21/9/98

ARTHUR CUNNINGHAM, Code A (79)

\*

18/8/98 Happy for nursing staff to confirm death.  
21/8/98 Dvd peacefully 1825 hours.

# Code A

diag charts in the bundle

DEAD 1825HRS 21/8/98

ADMITTED GWMH 18/8/98

RUBY LAKE (84)

\*

24/2/04

000

0700

22/2/05



24/9/98

25/9/98

26/9/98

**Code A**

**Code A**

25/2/05

A1476

Nurse Mann in Grand Cayman working. Her Husband now has cancer and she may be back end of March.

G. Cayman 5 hours behind us.

**Code A**

MONDAY	1000 hrs	WILSON	RF
	1800 hrs	KIMBLE	H/A
TUESDAY	1500 hrs	HALLMAN	Julie's Horse
	1900 hrs	HAYWARD	RF

Mod: 1000 RF Wilson

TUE: 1500pm Justice House COSHAW, MEDINA RE HAYLMAN

~~WED: 1200pm (with) Debra Baker (Mr Graham)~~

CALL Jim Graham  
Code A  
Mon  
1200pm for w/c 14/3/05  
Debra Baker

Mon 1500 Mrs Kimberly

Code A

CALL Vicki Hayward  
Code A

1900pm Tues Fashion John Peter

Nore Mann in Grand Canyon - Husband to call her -  
She is back end of March

No book until 10/4/05

28/2/05

Ian Wilson. @ Fareham.

Jim Parvin Code A ask for Wendy Jordan

Betty Woodhead A32 Fareham beach.

War Memorial Hospital Basing Rd. Reception  
Bury

3 Code A

Meeting 3yrs or more ago at the Solent Hotel, Whiteley. with Mrs Alexander  
of Alexander Harris. She mentioned compensation.

There was a screen presentation and compensation came out as a  
category. No figures mentioned.

Is having nothing to do with it now.

Has spoken to Ian Wilson. He said they might get £1200.

This was on Saturday.

A 1471 Beverly Turnbull. Next Tuesday 1000hrs. H/A

Call Jim Graham a.m.

Code A

Tomorrow

1815

2100

13/05

0800

On

0900

GWRMH Betty Woodland

1140

Fareham Beach  
Wendy Jordan

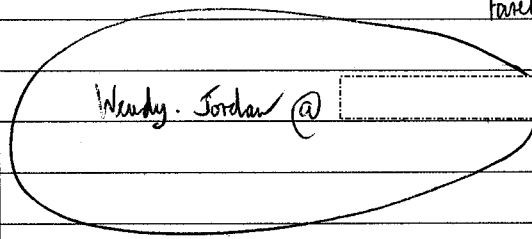
Jane Williamson

Code A

Wickham Rd,

Fareham.

Code A



Wendy Jordan @

Code A

Code A

GWRMH.

Code A

1245

Jane Williamson

Code A

8 Porters made needs info.

27 sites in Gosport, Fareham areas

1850

Ruth Dennis

Code A

4/3  
8/3  
1000

1400 hrs. Friday Shura Ring at GWMH.

1000 hrs Tue Beverly Turnbull. H/A

14/3/05. Debbie Barber " "

9/3/05. Hallman 1500 hrs Jubilee House.

10/3/05. Taylor 1000 hrs Phoenix Day

PHOTOGRAPH OF CUNNINGHAM.

Walter Deserich Sure Start Rowing.

Based. Lee on Solent H.C.

Wants to speak to manager first.

1900 Vicki Hayward 30/5/84 Portsmouth.

Code A

Code A

Henry John Hayward N1459.

Died 25/9/98. In Hospital 3 months (GWMH) Hasler for two months prior.  
Close to her dad. She was ill at the time.  
Nurse told her he had two days to live. She got upset.

Concerns - in there for one purpose. Having had a stroke he went to  
GWMH for physio on his leg. He had regained speech and use of right arm  
ago. His right leg was weak. He was security man at the time.  
About four days later he died.  
He was given morphine according to her sister, Jackie Smith (NFD).  
None have been spoken to by the police.

Her mum died in 1985.

Does not keep in touch with any other than Tony Hayward (24). Lives in  
Bury Rd, Gosport. He did not go there. He does not want to know.

Concerns came as she got older.

One of fourteen children.

2/3/05

0800

pw

Fachman 0845 600 4555

Golding was in **Code A**

**Code A**

**Code A**

**Code A**

**Code A** → 1

**Code A** ✓ Galician Ave thru 1st left

1800 hrs

1120

**Code A**

A 1446

1800

**Code A**

Ruth Daniels Draft MG11



Ruth Sharma Dental vic Cook

19/1/05 Portsmouth

Code A  
Code A  
Lee Health Centre

Qualification: Bsc. (Speech pathology & therapy)  
From this entitled to practice.

Contract to practice for Royal College of Speech and Language Therapists

Membership No: 10100

Qualified June 1993 from Manchester Metropolitan University

Nov 93 Gopost Health Centre and various schools for Foxbury School  
Also worked at other schools. After Highwood Medical Centre Foxburham  
which was then known as Hill Park Centre, and Hill Park Centre.

Dec 97 3 days with adults, 2 of which at GWMH the other at Christopher  
The other two at Health Centre. (Gopost)

Finished Oct 98 for maternity leave. Not been back to GWMH.

Went back to work April '99 to Gopost HC (2 day) Highwood Medical  
Centre the other one.

Current role is two days at Pure Point, Ruislip gave advice putting young  
was deprived areas to promote welfare of children under four

Role: Now - Enhanced speech and language therapy. This serves the children  
THEN worked with adults.

THEN

Speech - language coming out of your mouth  
Being able to understand what people say is your own  
to be able to formulate sentences and facilitate communication

Deals with problems of slurring, swallowing, holding of the voice or strained  
voice.

Now: Speech and Language Therapist - Works with parents and people who  
works with children under four and to help facilitate language development.  
and children

~~(Does not deal directly with the children)~~

Now: ~~works in~~

PAGE 75.

ENTRI 27/7/98 Signed by me All in my writing.

**Code A**

~~Robinsons - Office~~

**Code A**

# Code A

PAGE 101 of 928.

# Code A

Signed by me 10/8/98.

X }  
X }  
X }

Covered by Ruth sent to each appropriate person.

Does not remember Mc Cunningham nor Dr Boston.

Date - cannot remember if was on date dictated or date signed typed.

Done

HOURS WORKED: NOT ALL CALL  
0900 - 1700 hrs.

AT GWMH had Speech Therapy office/clinic, ~~also~~ <sup>for</sup> d/w outpatients  
as well as the wards

Half hour lunch if took it.

RESPONSIBILITIES: ~~Spice & drug precautions side~~

~~Assess Rice / Strich textures~~ GWMH

Assess and advise on areas above + recommend ~~size~~ type of food

texture when applicable

4/3/05

Shana Ring

✓ Confirm Redcliffe annex is part of GWMH.

✓ Hours of duties.

✓ Responsibilities.

1345

GWMH.

1400

Spoke with Shana Ring. A470, 1461.

1410

MG11. Gill Hamilton line manager. Mr Graham.

Jo Taylor Phoenix 1000 Thurs.

Hollman Rm 1 1500

Mow 14 Barker 1000 Room 1

Beverly Turnbull

Do.

2/3/05.

Sharon King - Additional ME11.

Jane Barton - Rings involvement -

What Barton says goes. Does she write notes or are notes done by nursing staff.

Wessex Protocols.

①

1st column of notes

Name P. 837. Who is she?

Two people do the admin.

She did notes.

SEE CONTROLLED DRUG BOOKS. TAKE IT TO HER 25/9/98.

What would Barton tell her re increase of drugs. Has she increase drugs

Would the doctor be pleased re the above.

Refer to notes as BJC etc.

State she can or cannot recall Cunningham

Is the range of drugs normal.

7/3/05

11/6/15

GROULDING Sham  
12/12/62 Finehan

3 [ ] Code A

Social Worker [ ] Code A

Hampshire C.C.

Joined dept 1988. as a social work asst.

Qualified as a FT in 2000

Just completed approved social work advanced award which gives me powers under the Ment. Health Act 1983.

Qualified having studied Zips at Porto Univ.  
Diploma in Soc. Wk.

Assess mental & physically

Current role mental health S Worker. Entails broadly assessment of people with mental problems and personal aspects of life. Monitor medication follow up on release from hospital etc.

Cannot recall Dr Baxter.

In 1998 unqualified S Worker with the Older Persons Team, Gosport S.S 133 Stoke Rd. Gosport

Normally get referrals through GP's Dist Nurses and family. Go out and assess named person and help with accom, holidays, hospital etc. Also get referrals from people coming out of H providing care packages. Home care (form)

In 1998 line manager Dave Thorne.

Recalls Arthur B. Cunningham v. well because he extremely demanding & rude.

1st contact referred by GP, D. Nurse or pers member of family to be assessed

Now, ~~to~~  
THEN  
NOT.

Ants remember how contracted his bed visited him

Code A

Code A

- ✓ Would talk about his issues which was Parkinsons and diff washing dressing and looking after himself.
- ✓ Believes he put carer team in place to assist him.
- ✓ He went to Merthyr Park due to det. of health Res. inst home. Looked after.

Ref to P. 49.

On some occ he had gone shop where he vaguely knew owners and wouldn't return Merthyr Park.

Sham looked @ Northcote House then Row Lane with Nursing beds Not accepted for some reason and took to GWMH that night Think June '98.

Ass'd at GWMH.

At some point he @ Thelasson N. Home. Sham on L then

P49 -

P83 P84 P86 (refer to).

Conduct was good

Still had resp. for him after care.

No concerns about him in hospital. Would have raised the if appropriate



Shan would have seen him and met at Thakassa.

Diminished physically & lacked spirit

Also saw him in GWMH before he died. Recalls Amir Farthing  
Cannot remember his state

No SS notes. Destroyed due to time.

TAYLOR

9/3/05

MG115 Barber, Turnbull.

Form MONT Taylor.

Citrate | Phosphate | Dextrose

CPD = ?

Present dates and quals. Refer P72, 72, 74, 76, 81, 82, 85, 88.

10/3/05

~~P71/72 Entry by Sue Ryan countersigned by me - Don't know why  
Sue Nurse~~

1250

~~P74 Signed by Maggie Duggitt Health Care Support Worker as Calling Ward  
Ward - countersigned because~~

~~All entries would have to be countersigned by me or the trained nurse  
in charge of the Ward at that time.~~

19/10

~~Mary Cauff returned HC Supp. Worker~~

~~P76~~

~~1200hrs. Mary CAUFF~~

P76.

~~30/7/98. Agency Nurse C. O'Meara. BUPA?~~

P81

~~5/8/98 1330 Mary CAUFF~~

P82

~~9/8/98 13.15 Mary CAUFF.~~

~~2030 ENTRY BY JO TAYLOR Had to write his deaconess at that  
time in the course of their partnership life.  
This is done with all patients~~

TAYLOR

P85  
1030 15/F

~~Written by Maureen Young HC Support Worker and a qualified nurse @  
GWMH @ Cottingham Ward.~~

16/8/88

~~Written by Shirley McCullen then HC Supp Worker, now dec'd.~~

P87/88

~~18/8/88 to 30 Written by Jo Taylor.~~

~~19/8/88 Shirley McCullen and signed~~

~~Last entry by Jo Taylor. Prescribe 0.5mg Risperidone. Used in  
psychosis for people who are hallucinating, restless, unsettled, paranoid,  
aggressive, anxious.~~

TAYLOR: Joanna Poise

Code A

Code A

Refer Taylor M811 to P87 - 88.

WHAT IS PARKINSON'S DIS6A56

TAYLOR

CV

Emp as Clinical Nurse Spec which is RMental Nurse (RMN)  
Emp by East Hants Primary Care Trust based at Phoenix Day Hosp, GWMH.

Also manage Continuing Assessment wards at GWMH; Redcliff House, ~~Sealand House~~  
House, Coldcast Hosp. Park Gate SUMMER 89/90

Started Nursing in Oct 1977 Student nurse @ Knowle Hospital training for two years

One goal gained Enrolled Nurse for mental health enables you to take charge of ward when reg'd and deputy of Staff Nurse.

Means you have to be aware of quality of care delivered, professional conduct out all times, Policies are being followed to.

Always dealt with elderly people over 65 with mental problems although D/W some younger people with memory problems

PATIENTS

Patients ref'd by GPs, S.S., Nursing homes.

1999

EN as Knowle which was solely for people with MH issues.

Worked on ~~Alcoholics~~ ward @ Knowle which was acute assessment <sup>ward</sup> for elderly people, people with alcohol, bereavement, anxiety, psychosis

1986(c)

Trained for 18 months as a Student Nurse to become Reg Mental Nurse (RMN) At Knowle.

1988(c)

Qual - RMN from Royal College Nursing

Staff Nurse 6 months (can Dep for ward sister)

↓

Grade

F Ward Sister - Staged as ward sister until Knowle closed 1994  
Transferred to GWMH. Mulberry Ward then divided into wards A, B & C.  
(Ward manager Jerry Clabby Grade C).  
Based on Ward A which in 1998 Cunningham was.

1994 GWMN Millberry ABC Two 13 bed units, one 14.

TAYLOR.

1999(c) Collingwood Ward Became Ward Manager (G grade) Then areas became Ark Royal & Collingwood which Jo took charge of as G Grade (27 beds).

Sept '01 To Phoenix Day Hoop as Clin Nurse Spec. (H Grade).

ABC held 40 beds. ~~was 18.~~

~~Manage all 4 prev and area for Gosport patients.~~

~~I gave Jo Taylor and an emp etc by etc. Clinical Nurse Spec for G'port area for elderly mental health (EMH) patients.~~

~~Still hands on.~~

~~As H grade should be 50% clinical, 50% management (admin side).~~

~~Do not hand DV Banta - No entries.~~

~~Would only have liaison with D's in charge of m/health.~~

~~Dr. Banks @ that time (consultant) cannot recall name of Registrar or Senior House officer.~~

ENTRIES

~~At end of shifts ~~reg'd~~ to write this prescription throughout that shift. Countersigned at time.~~

~~End of shifts ~~handover~~ - discuss how patient was throughout prev. period.~~

~~During shifts any probs the untrained would be reg'd and would come to me to report any probs.~~

~~In 1998 the unit held 13 beds, almost full all time.~~

Protocol.

~~If a ~~trained~~ nurse or ward then untrained go to her 156. If any then go to Jo or Jerry Casby.~~

## ENTRIES

TAYLOR

15/8/98 given with pers. hygiene

P88 Taping all of this.

Would have attended to his needs as req'd mentally & physically.  
As & when req'd given situation in ward @ that time.

HC support workers - Do basic care. On the fore front. D/W patients 100%.  
Do not give med. Get to know patient.

CUNNINGHAM - Remembers him very regularly. Recalls him as Brian.

Having referred to notes I remember him one night he had been incontinent  
& faeces into a plant pot and thrown it at staff. Confused.

Cannot remember stuff other than that.

~~No chance to remember him.~~

DUTIES  
NOW

Mon Fri - Days.

TILDN

24 rotation. 0700 - 1330, 1230 - 2100, 2045 - 0715.

Some times did double shifts, as and when req'd.

NAMED NURSE - Person responsible for a particular patient that day (by me).

WESSIX PROTOCOLS - ~~On the~~ Start with Paracetamol through to Demorphin

Reviewed by Doctor every day

Met Nurses I would expect to work

If simple analgesics did not control pain then Doctor referred to for anything  
stronger and we would stay closer with their instructions - unless it was wrong

Once I did a bit

TAYLOR

~~GMC No PIN 72J3184 E.~~

If get Hallman for Tue - Get Wilsons file.

RING for Tue.

7/1

~~Dr's opinion as a G grade because the drug he wanted to give was not appropriate. I did this through experience.~~

~~Cont Drugs are locked out of register kept in the ward drawer. Also dispensed. If not given booked back in. CONTROLLED DRUGS REGISTER.~~

~~Done always in tandem by two trained nurses. Signed checked & signed~~

~~Locked in a cupboard within a cupboard. (metal) key with trained nurse Always held accountable for usage/lvs. Very rarely done in Jo's case.~~

~~Amounts times used decided by Dr.~~

~~Entered in notes and drug chart of patient.~~

~~Dr review usually seen by Dr.~~

~~In case of non controlled drugs Dr might not see the patient.~~

~~Controlled Drug - Dr would always see patient for re assessment before increasing/changing  
Can give nurses parameters but Jo would always want to try smallest dose.  
On the whole review by Dr. This is in the case of mental health not  
clinical~~

TAYLOR

SYRINGE DRIVERS. Sometimes used w m/H. Is transmit in use. Shown by  
~~transit nurse from med side.~~  
Have not seen one in years

Box with syringe. Box 9" long. Put morphine in it. Sometimes on stomach  
shoulder - where they can't pull it out

Set up by nurses on ward or Gen nurse.

I have never set one up.

SH6 REMEMBERS HIM



BARKER

11/3/05

1000

GIWHH Room 1.

22/9/88.

Debara Barker 7/8/84 ~~Densbury~~ W-Yorks.

Day shift 1215 - 2030 hrs I think.

Ref BJC/15 page 818 of 928 22/9/98 In Dymad Ward.

~~Planned driver supply put in 20 mg diamorphine and 20 mg Midazolam.~~

~~Diamorphine = pain relief~~

~~Midazolam - for sedation as patient as he was agitated - restless, unsettled.~~

~~Cannot remember Cunningham cannot recall site of driver.~~

~~Note made as 2020 hrs.~~

~~Would not have got drugs herself. Cannot recall who.~~

Check his drug chart kept on end of bed. This tells how much to give him. Written up by doctor with amount and range. This normal practice at time.

Referring to Page 756 of 928 can say that range was 20 - 200 mg diamorphine

Midazolam 20 - 80 mg I think Both entries have initiated by me at time. Lowest dose.

Go with another trained nurse to controlled drugs cabinet. Key kept for the controlled. Check prescriber chart, amount in cupboard check out amount reqd and lock it out and sign register after admission to patient. Both sign it.

Dr Benton means Dr. Cannot recall if others wrote up ranges. Cannot recall if Dr Benton did it for all patients but ref 8. 756 in this case did.

Started on Dymad begin 9/98 and still being supervised by trained staff D Grade staff class. Had not worked on hospital ward since 1989, as I was in Midwifery and nursing homes.

## BARKER

IV Drugs - Noo ~~transit~~ but ~~didn't~~ give them. No IV drip on Dryad  
 @ that time.

Nurse Protocols - Small booklet with guidelines of palliative care.

Palliative care - The management of patient when they are dying.  
 To make them to be as pain free as possible. This would include the use  
 of ~~purple~~ ~~drugs~~ I think.  
 Never heard of it until went to GNMH.

Named Nurse P2 of mg11 6/06.

Time Jobs ~~Could be written down~~ before end of shifts for handover.  
 Controlled drugs always write at this

2 x 8 hrs.

Responsibilities -

1. Assessment - patient (~~conducts~~ and planning of care).

Dr BARKER - Local GP covered Dryad / Darchelus ward. Used to do ward rounds  
 0730 - 0800. Any patients to be admitted she would come back lunch time.  
 If we reqd anything - patient not well, deteriorating, family wanting to speak to her  
 If patients in pain we would increase from 20 to say 30 mg

At that time there was no protocol for increases in dosage of drugs  
 other than parameters set on drug chart by Doctor.

Both nurses getting c/drugs have to agree amount. Would go on slider scale

If a problem go to Dr who would come in when she could depending on  
 urgency of patient's issue.

BARKER

At times other doctors who covered here from some GP clinics. Believe they concurred with her.

Consultant Dr. Lord in charge of Dryoid / Deciduas

I had no concerns re Dr Barton. OK.

No one ever complained to me about care that I can recall.

# TURNBULL

14/3/05

1125

M.G.11 Beverly Turnbull No 526, 26P, 26A

Ref to Page 870 of 928 BTC/15. Entry Nocte (Night) 26/9/98

Worked nights.

P 870

Continued Stepan notified 'Brian' died at 2315 death confirmed by S/N B Turnbull & witnessed by SON A. Tubritt Stepan visited. Sherry Sellwood also told of Brian's death. For examination

Signed by me at the time.

Cannot remember Cunningham or Stepan. Grade D staff nurse. Anita Tubritt supervisor.

P 645

26/9/98 Brian's condition continued to deteriorate Died at 2315

No carotid artery pulse

No radial pulse

No heartbeat when listening with stethoscope

No visible respiration.

No inspiratory sounds of breathing

No pupil reaction to light.

Death confirmed by S/N B. Turnbull <sup>witnessed</sup> confirmed by me and Anita Tubritt Family notified and visited

Check all this with Anita Tubritt. I am trained to verify death.

This is still normal procedure for signs of life. Because tonight time we did it because no doctors around unlike day.

Pupils would be dilated.

Completed Shurley after death and certainly before end of shift at 0745 hrs

P 645

Notes would be in trolley behind Nursing station on Dryad

P 870

low cone plan @ foot of bed. Updated too to his condition

# TURNBULL

IV. Not trained in 1990  
 Only done theory couple of years ago.  
 No practical side.  
 Never admin'd  
 No IV drugs or Drip at that time.

Wessex Protocols - No knowledge

Named nurse - Nurse responsible for patient during shift. On night duty responsible for whole ward. ∴ named nurse would be for all patients.

Perhaps 3 on ward (Nurses), 1 trained, 2 untrained support workers.  
 Cannot remember who.

If I wrote these notes I was trained member of staff ∴ his named nurse.

NOTES

At time

Hours

2015, 2015 2 nights a week. (Permanent).

More top @ night because no doctors.

@ Redcliffe Annot.

Dr Barton

Had concerns - Perhaps sometimes. Met with police.

~~Went to prison.~~

~~Dr Barton - Ben never saw other doctors doing same thing~~

SB

Drip was Palliative at that time I think?

To increase dosage you would go to Dr. who would order increase.  
 If the doctor had written it then you would discuss it with senior nursing staff.

~~TRABOLD~~

HALLMANN

15/3/05.

For next Thursday!! week before Thurs.

50  
4

Sham Grounding Not available.

1405

GWMH Choped of Rest. with Jim Graham.

~~HALLMANN: Shirley Jackson via Mc Hoy.~~

~~Code A~~

~~Code A~~

~~No change in CV since last statement~~

Was.

~~Grade F - Dep Manager on Dryad Ward.~~

~~Knows the name Cunningham but cannot recall him.~~

~~Rep. Take charge of ward when manager not there.~~

~~Manager didn't want a deputy but got me.~~

~~Role: F Grades would have care of patients and Shirley and managed ward~~

~~(staff nurses)~~

~~as an officer overseeing role~~

~~Line manager Gill Hamblin.~~

DID.

~~If Hamblin was on I would perform as an F grade.~~

Hamblin

~~She was req'd to have an F grade.~~

HALLMAN trained in syringe drivers.

IV. No training at GWHM but the acute trust in Southampton.  
No IV drugs given at GWHM. Dr. Dryad was certificated  
IV entitlement has lapsed but she uses syringe drivers and drugs given  
subcutaneously.

Syringe driver training given at Royal South Hants.

Syringe driver - mechanical device 'loaded' in effect with drugs as per  
doctor's instructions to enable a near level of comfort.

Placed in an area, ideally abdomen upper chest or back but  
in practice where the patient is less likely to remove it by movement or  
other means.

Battery op device which regulates the admin of drugs by pushing the plunger  
over the 24 hour period.

Syringe into a plastic sleeve and placed wherever. Cloth sleeve covered it  
all (the whole device).

Named Nurse - The nurse named on notes who will have care of patients.

Ab Dryad lip service was given to this. If Sister Hamble was on or doctor or  
they would decide what would happen eg: If they could get up / have to stay in  
bed etc

In other hospitals the nurses E grades would decide this. go round with  
Dr to night. State of patient, however, at GWHM if Hamble was on  
she would always do it.

Entire done, ideally at time however if busy to be completed by end of shift  
for handover.

Hours

0730-1930 0730-1615 c  
1200-2030 hr ~

Breaks - \* e L r Q c ' D

# HALLMAN

Breaks  $\frac{1}{2}$  hr on late

~~Shirley worked days / late~~

As an F grade

~~When Gill (Humble) went sick Shirley covered in her own substantive rank~~  
ie: Grade F.

When Gill was off Shirley worked with Barbara Robinson (Hospital manager) and said she had (sick) problems with Gill Humble

Shirley discussed how ward was run - Robinson told her that there were problems with syringe drivers.

HALLMAN'S mother has drains from that time.

## CONCERNS

I did not feel the patient always had a chance to see if alternative medication would work before the decision to start a syringe drive was made.

Expressed concerns to Gill and once to Dr Barton

(Lady once came from Haslar)

Before mentioned to the birth speaker to Freda Shaw, Lyn Bennett and Shara King (E grades). All felt the same re the diamorphin and midazolam (sedative)

ANALGESIC LADDER - Assessing pain level of patient. Start on lowest form and amount of drug, increasing on a scale until patient comfortable.

Washed Protocols - Don't know



~~I was not experienced in performing ward work~~

~~Dr Barker was upset with me. I apologized if I had offended her. She replied, 'It's not that, you don't understand what we do here.'~~

~~Dr Barker - nurse gave me a satisfying answer - Once when I asked her why we were going on to surgery, she said 'I hope when you do you die in pain'~~

Thought I would be discarded

Dr Barker is a rehab. ward.

Shirley was happy. At home she has papers.

To a nursery.

He took her off dexamethasone. She was given morphine later, which changed

She said she had pain in leg. We got a plaster and she walked.

Dr Barker came in and said she was in for rehab

Dr Barker came in to do a ward round which he did monthly, shortly

if it was his input or in a dream.

Dr Barker put her straight on to dexamethasone, this is not novel. Last week

She complained of leg pain (single room)

Lady from a hospital with fractured femur. Elderly. (Room next to psychiatric ward)

HALLMANN -

21/4/05 1000hrs Jubilee House .

Next Thursday morning 1000hrs

21/4/05

Jo Taylor.

PR

The lecture and is examined by digit of lower  
bowed by which you can determine whether or not he would.

Word tomsed held once a week trained nurse, doctors, consultants,  
talk about  
Phases.

Monday 1200 //

Shirley Hallman Tue/Wed.?

Kate Mann

5226 CVT

Pauline Webbrosch, Karen Godley  
op

Ruth Derrald

Code A

3/5/05.

0955

Jubilee House.

2 letters in mum's diaries. Mum will bring them. Jan McVoy

Code A

\*

Nurses determined when and how increased drugs

P867

21/9/98 Admitted from DDH (Dolphin Day Hospital) with history of Parkinson's, dementia, diabetes. Diet controlled. Catheterised on previous admission for retention of urine.

Diet - low or no sugar diet.

Necrotic sore - Gangrene.

S/B = seen by

Catheter = drainage tube for urine he could not pass it.

Dropped left foot = incapable of raising it - could be because of a stroke or nerve damage.

1450 Aramorph - Oral morphine liquid 5mg given prior to wound dressing.

Sore seen - area of flesh @ the base of the spine.

P868

Seen by Dr Birt

Chesty = wet cough - chest infection or pneumonia.

Syringe driver - subcutaneous as opposed to intravenous.

P837

60 to 80 mg morphine reasonable amount an increase of my experience if a person in pain

Refer to drug books for Oramorph. (controlled drug).

**WARD ROUNDS** - Mon to Fri by Dr Barton with Gill Hamblin.

Dr Barton in 0720 hrs

Gill come in early and found 0730 hrs

Stinky would deputise for Gill Hamblin or other staff nurse.

Brief walk around. Discussed problems with patients if capable and staff

Diaries

Min 2 entries one for 2001 and 1 2002 regarding my concerns.

Tues

10/5/05

Mo Mellroy 0900 - 1000hr

0900

on duty.

0940

Code A

Mellroy

Underwater to keep diaries.

13/5/05

0800

ow

0940

Code A

M611 Debara

1345

Code A

M611 Shirley Halbnann

15/3 and 3/5/05





Statements start with S.V.

Responsibilities.

Barbara King

I make this statement further to my statement of 11/1/05.

22 - see A99.  
34

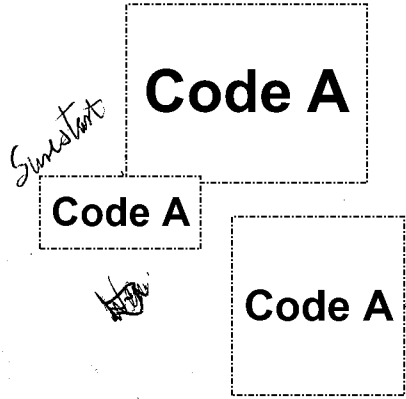
bth April.

1519 - 1602.

25/4/05.

1607 - 1639.

1717 - 1830.



**Code A**

Fordington Heath  
Amberland 02

Pass bridge 0  
↑

0 -> Sunday

NIBLETT

RA