

Other Document Form

Number

D1290

Title **DRAFT STATEMENT OF FREDA SHAW**

(Include source and any document number if relevant)

Receivers instructions urgent action Yes No

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Indexed as indicated

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Further actions no(s)

Receiver

Code A

O/M	SIO

Indexer

When satisfied all action raised Office Manager to endorse other Document Master Number Form.



HAMPSHIRE CONSTABULARY

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WITNESS STATEMENT

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

URN //

Statement of : Mrs Freda SHAW

Home Address: Code A

Post Code :

Home Telephone No: Code A

Mobile / Pager No:

E-Mail Address (if applicable and witness wishes to be contacted by e-mail):

Contact Point (if different from above):

Address:

Work Telephone No:

Male Female Date and Place of Birth: _____ Place _____

Maiden name: _____ Height: _____ Ethnicity Code: British

State dates of witness non-availability:

I consent to police having access to my medical record(s) in relation to this matter	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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I consent to my medical record in relation to this matter being disclosed to the defence	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
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The CPS will pass information about you to the Witness Service so that they can offer help and support, unless you ask them not to. Tick this box to decline their services.	<input type="checkbox"/>
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Does the person making this statement have any special needs if required to attend court and give evidence? (e.g. language difficulties, visually impaired, restricted mobility, etc.). If 'Yes', please enter details.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Does the person making this statement need additional support as a vulnerable or intimidated witness? If 'Yes', please enter details on Form MG2.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Does the person making this statement give their consent to it being disclosed for the purposes of civil proceedings (e.g. child care proceedings)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Statement taken by (print name): Code A

Station:

Time and place statement taken: 19/01/05

Signature of witness:

Signed : _____

Signature witnessed by : _____

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WITNESS STATEMENT

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URN //

Statement of : Mrs Freda SHAW

Age if under 18: 018 *(if over 18 insert 'over18')* **Occupation:** Staff 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 in it anything which I know to be false or do not believe to be true.

Signature:

Date: 18/01/05

Tick if witness evidence is visually recorded *(supply witness details on rear)*

I am Freda VAUGHAN SHAW and I reside at an address known to Hampshire Police. I am a registered general nurse and my Nursing and Midwifery Council Number is Code A

I first qualified as a registered nurse for mentally handicapped in 1975 at Lennox Castle Hospital, Lennox Town near Glasgow.

In 1977 I completed an 18 month post registration course in order to qualify as a registered general nurse at the Argyle and Bute College of Nursing and Midwifery in Greenock.

On becoming qualified as a registered General Nurse I returned to Broadfield Hospital, Port Glasgow, Scotland which was a mentally handicapped hospital. I initially returned as a staff nurse but in January 1978 I was promoted to sister. I did not remain in this role for long because I left the nursing profession in July 1978.

Between 1978 and 1992 I did work for very short periods of time in a number of nursing jobs.

In March 1992 I commenced work as a staff nurse (Grade D) at the Redclyffe Annexe, The Avenue, Gosport which was part of a the Gosport War Memorial Hospital. In 1994 I qualified as an E Grade staff nurse which is my current grade.

Around 1995 Redclyffe Annexe was closed and all the patients were moved to Dryad Ward. I moved to Dryad Ward at this time. Both Redclyffe Annexe and then Dryad Ward were for patients that required continuing care, palliative care or the terminally ill. I have remained as a Grade E staff nurse on Dryad Ward ever since.

In September 2004 I transferred wards and now work on Newlands ward.
As a Grade E staff nurse my role responsibilities are to supervise health care support workers and junior staff and take charge of the ward in the absence of more senior staff. I am also responsible for the training of student nurses who are on placement at the ward. Dryad Ward consists of 20 beds and as previously

Signed : _____

Signature witnessed by : _____

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URN //

Statement of : Mrs Freda SHAW

stated is for continuing care, palliative care or the terminally ill. Most patients tend to be elderly and over the age of 65. The patients are initially on the ward for a 4 week period.

I have received training in the setting up and usage of **syringe drivers**. The training consisted of what I would describe as 'on the job' training from other trained senior staff. I have also attended study days in connection with the manufacturer's requirements relating to syringe drivers. I believe I first started using syringe drivers around 1992.

I would describe a syringe driver as a small battery operated motorised syringe pump which has been designed to deliver a constant dosage of medication over a set period of time. A syringe driver is designed primarily for administering constant pain relief to patients therefore avoiding the peaks and troughs normally encountered with injections. A syringe driver can be used for other reasons as well.

The authorisation for the administration of drugs via a syringe driver can only be given by a Doctor. As far as I can remember it was policy in the early years to allow up to 3 different drugs to be administered via a syringe driver in one dosage. This policy was changed after the Commission for Health Improvement (CHI) which took place around 2000. It is now standard practice to only mix two different drugs in the one syringe driver. If more than two drugs need to be administered then either a second syringe driver is set up or the drug is administered directly by injection by a trained nurse.

A syringe driver can only be set up by two trained nurses and is checked every 4 hours on the drug round to ensure that it is working correctly and to note the amount of medication left in the pump.

I have been asked to detail my involvement in the care and treatment of Ruby LAKE who was a patient on Dryad Ward and died on Sunday 21st August 1998 (21/08/1998). At that time I was a Grade E staff nurse and my roles and responsibilities were as previously stated. My supervisor at that time was **Sister Gill HAMBLIN**. I have no personal memory Mrs LAKE but from referral to entries made in her medical records (identification reference JR/19 page 369) and a controlled drugs record book page 32 (JP/CDRB/24) I can state the following.

at 11.50hrs.
 On 19th August 1998, I administered Mrs LAKE with ORAMORPH oral solution, 10mg in 5 millilitres. Oramorph is an opioid morphine solution, and acts as a pain killer. It is used when the patient is in pain. The drug ^{was} prescribed by Dr Bamber the previous day i.e. 18th August and had been given twice before. I was just continuing with the prescription.

Signed : _____

Signature witnessed by : _____

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and can not comment on the pain that Mrs Lake was suffering.