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Statement number: S27

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STATEMENT PRINT

Surname: KING

Forenames: STEVE

Age: Over 18

Date of Birth

Code A

Address:

Code A

Postcode:

Code A

Occupation: RISK SERVICES MANAGER

Telephone No:

Code A

Statement Date: 08/10/2002

Appearance Code:

Height:

Build:

Hair Details: PositionStyleColour

Eyes: /

Complexion: /

Glasses:

Use:

Accent Details: GeneralSpecificQualifier

Number of Pages: 2

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 EMB 941 which is a clinical qualification regarding elderly care and an EMB 285 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** ^{C35} (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

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or six times. I have never worked with **Dr Jane BARTON** ^{N34}, 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** ^{L194} 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 Wendy INKSTER to assist her in the development of the checking of syringe drivers and the patient who was using it.

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 **JEP/GW/MH/1/6** 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 Wendy INKSTER, Eileen THOMAS and Dr Ian REED. The two tools programme related to the use of syringe drivers and patients connected to them. /F1

Signed: S KING

Signature witnessed by

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