RESTRICTED

STATEMENT

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Signed Name	[S DONNE]
Telephone No	Code A
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Occupation	[STAFF NURSE F GRADE]
Address	Code A
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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 Mem orial 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 hospit al, Redcliffe House and Northcote House . Which I also cov ered 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 Gill HAMBLIN /N131 /A 126 /F1 was appointed as the Nurse Sister for the Redcliffe House annexe.

Around the same time I was approached by Isobel EVANS /N136 /A183 /F2 , 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 Gill 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 Ser vice . The unit was always full because of demand.

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 becau se Gill and another nurse named, Lynne BARRETT /N133 /A129 /F3 , 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 /C43 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 Keith MURRAY /N1 35 /A139 /F4 .

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 betw een July and December 1991 I attended meetings between staff and management. W hen management asked us about our concerns over the syringe drivers.

The two doctors responsible for the unit, Dr BARTO N /N34 and Doctor LOGAN /N184 /A184 /F6 were present at these meetings, where they answered the staff's concerns.

There was a further meeting with a specialist in painkilling techniques named Steve KING /N139 /A141 /F7 who hel ped 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 JEP/GWMH/1/7 /exh) by Code A Code A N287

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 Gerri WH ITNEY /N128 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 t wo 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 f or 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 alre ady 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. Thi s is untrue, all night sisters visited the unit as did the staff nurses who were covering the sister.

The criticism of Doctors BARTON and LOGAN are unfounded. Both were approachabl e and capable professionals. Doctor BARTON was especially approachable and h appy to receive input from staff.

With regard to the comments about Gill HAMBLIN 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 Sylvia GIFFIN /N22 /A 251 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 change s. This criticism of her had nothing to /F8 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.