

RESTRICTED

Form MG11(T)

Page 1 of 5

WITNESS STATEMENT

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

Statement of: JOINES, SHEELAGH ANN

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

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: S A JOINES

Date: 13/10/2004

I am Sheelagh Ann JOINES and I live at an address known to the Police.

Further to my previous statement made to the Police on 12th March 2003 (12/03/2003), I would like to add the following; my current role is that of a Night Nurse Coordinator at St Christopher's Hospital in Fareham. I have held this position for some 7 years since my retirement from Nursing.

In 1996 my role at the Gosport War Memorial Hospital was that of Sister in charge of Daedalus Ward. On a day to day basis I was responsible for the running of the ward in general. My responsibilities also included the clerical work, and accompanying the Doctor on the Ward round, usually between 0800 and 0830 hrs.

I am unsure who my line manager was at this time, it could have been Isobel EVANS, Barbara ROBINSON or Sue HUTCHINGS who would have held the position of what we used to call Matron, the person who is charge of the staff is the best way I can describe it.

My weekly hours of work at that time were 37 1/2. My duties, as far as I can recollect were from 0730 to 1330, 0730 to 1630/1700 and 1215 to 2030.

I was not certified to use IV drugs, and in any event these were not used on the ward at that time.

I have no knowledge of the term Wessex Protocols, but if it means the analgesic ladder, I am of course familiar with that.

Signed: S A JOINES
2004(1)

Signature Witnessed by: D WILLIAMSON

RESTRICTED

Continuation of Statement of: JOINES, SHEELAGH ANN

Form MG11(T)(CONT)
Page 2 of 5

I am fully trained in the use of syringe drivers but I am unsure what type of driver was being used at the time in question.

With regards to training for nurses regarding syringe drivers I had been trained in their use, But I can't remember now by whom. It could have been someone from the company that supplied it, a trained nurse, or a Marie Curie or Countess of Mountbatten nurse who would use them far more often than we would. The training would have been for a day at the most but probably less than that. It quite a simple procedure and I have trained it myself. The training consists of how to set up the syringe driver and how to put the required dose into the driver. Trained nurses only would be allowed to use such equipment. Health care and support workers would not.

At this time there were two teams of nurses, the red and blue teams. The named nurse was the person in overall charge of each of those teams.

The time and date of all entries in the patient notes were usually completed first thing in the morning after handover or done on the day.

I have been asked to detail my involvement in the care and treatment of Elsie Hester LAVENDER . I can say that I have no recollection of this patient, but after referring to her medical notes, exhibit reference BJC/30-pages 131,151, 153, 200 to 228 and a letter page 13.

I can confirm that on the 23rd February 1996 (23/02/1996), page 131 I wrote the following on what I believe to be a Diabetes prescription nursing record:

Date	Time	Drug Name and Dose	Reason	Signature
23/2/96 (23/02/1996)	1730	Mixtard Insulin	Blood Sugar 8	S JOINES

With reference to this I can now see that I did not record the actual dose of insulin, which is not like me and I have no explanation as to why. This particular type of insulin is subcutaneously injected just under the skin, usually in the abdomen, upper arm or thigh

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Continuation of Statement of: JOINES, SHEELAGH ANN

Form MG11(T)(CONT)
Page 3 of 5

The blood sugar figure is a sign of whether the diabetes is controlled. The reading 8 is satisfactory.

I must say that I really do not recognise this form, after all this time.

I can confirm that also on the 23rd February 1996 (23/02/1996), page 151 I wrote the following at 1720 hrs on what I believe to be the Kardex admission notes - Pathology phoned- Platelets 36? Too small sample. To be repeated Monday. Dr BARTON informed - will review. This entry is signed by me.

With reference to this entry I believe this to mean that not enough blood was taken, therefore it was not possible to do a full blood count. To repeat and take more blood on Monday, the right amount. Platelets are concerned in the make up of blood. I am not familiar with chemical pathology records so I am unable to comment on any attempt to cross reference the two records.

I can confirm that in a letter from Dr JC TANDY (Consultant Physician in Geriatrics) which reads;

Elsie LAVENDER, Code A

I think the most likely problem here is a brain stem stroke leading to her fall. I note she has iron deficient anaemia. Upper GI investigation might be helpful as, in view of the atrial fibrillation, one might want to consider Aspirin here (I would be reluctant to consider Warfarin as I think she's going to be at great risk of falling). Alas, I don't think her brain stem stroke would show up particularly well on a CT and were now 11 days post-ictus.

I'll get her over to Daedalus Ward, Gosport War Memorial Hospital, for rehab as soon as possible. I'd be grateful if her notes and x rays could go with her.

Thank you for asking me to see her.

Yours sincerely

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Continuation of Statement of: JOINES, SHEELAGH ANN

Form MG11(T)(CONT)
Page 4 of 5

Dr JC TANDY

Consultant Physician in Geriatrics

CC Dr EJ PETERS, the Surgery, 149 Forton Road, Gosport, P0123HH

Sister S JOYNES, Daedalus Ward, GWMH.

I am shown as being a recipient of this letter, I believe purely because I was the Sister in Charge of the Ward and for no other reason. As I have said I have no recollection of this patient. I don't know Dr TANDY personally, but I know of her.

On Daedalus Ward at that time there were 8 stroke beds and 14 geriatric long stay beds.

I can confirm that on page 153 of Exhibit BLC/30 dated 25th and 26th February 1996 (26/02/2004), I wrote the following 1900 hrs on 25/2/96 (25/02/1996).

Appears to be in more pain, screaming "My back" when moved but uncomplaining when not. Son would like to see Dr BARTON; this entry was signed by me.

On 26/2/96 (26/02/1996), I wrote the following;

Seen by Dr BARTON MST> 20mgms BD. She will see Mr LAVENDER @ 1400 hrs this afternoon. I did phone him. Blood sugars 20> this entry was signed by me

Insulin dose increased

1430 hrs - Son's wife seen by Dr BARTON- prognosis discussed. Son is happy for us to just make Mrs LAVENDER comfortable and pain free. Syringe driver explained.

1440hrs- All mattress needed changing- 10 MST mgms given prior to moving on to Pegasus mattress.

The meaning of this is almost self explanatory in that the use of the syringe driver was explained to Mr LAVENDER junior's wife in order for the patient to be comfortable and to be

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Continuation of Statement of: JOINES, SHEELAGH ANN

Form MG11(T)(CONT)
Page 5 of 5

free from pain.

MST means Morphine Slow release Tablets were used as Mrs LAVENDER was not responding, it was not controlling the pain.

The Pegasus air mattress was required for release of pressure from bed sores.

I can confirm that on page 151 of Exhibit BJC/30, dated 24/2/96, I wrote the following.

Pain not controlled properly by DF 118. Seen by Dr BARTON- boarded for MST 10Mgs BD, this entry was signed by me.

I knew that the pain was not being controlled by observing that the patient was in pain when moved. Another reason would be that the patient informed us of pain.

Because of this I informed Dr BARTON who visited and boarded for MST 10 Mgs twice a day. This was usually at 0600 and 1800

Boarded means, written up or prescribed in treatment sheet

BD means twice a day

DF 118 is a strong Analgesic tablet

Dr BARTON increased the MST to 20Mgs on 26/2/96 (26/02/1996)

This is shown on page 145 of BJC/30, the prescription charts.

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