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Form MG11(T)

WITNESS STATEMENT

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

Statement of: BARRETT, LYNNE JOYCE

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

This statement (consisting of 7 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: L Barrett Date: 03/02/2006

I am Lynne Joyce BARRETT and reside at the address overleaf.

I am a Grade E staff nurse, presently employed at the Gosport War Memorial Hospital, Hants (GWMH).

My nursing Midwifery Council number is Code A

I qualified as a State Registered Nurse (SRN) in 1972 at Hull Royal Infirmary.

I qualified as Grade E about 1991.

My current responsibilities on Sultan Ward, GWMH are in the daily running of the ward, including the supervision of junior staff, care of the patients and to ensure the proper administration of prescribed drugs.

I have exercised the use of syringe drivers since about 1987. A syringe driver is a motorised device into which the prescribed drugs to be administered to patients are loaded. The syringe is then placed in the patients and the drugs administered over a (constant) twenty four hour period ensuring that pain suppression is given evenly and preventing peaks and troughs of pain and pain relief.

I was trained in the use of syringe drivers at Redclyffe Annexe, GWMH by Sister Gill HAMBLIN. I remember being informed of which prescribed drugs were suitable for a mix in a

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driver and which were not.

When a driver is set up it is policy that two trained nurses are present when the driver is loaded with the prescribed drugs.

I am aware of what the analgesic ladder is. This is a scale of pain suppressing drugs starting with paracetamol progressing on to drugs containing Codeine and on through the opiates on to the strongest, Diamorphine.

Syringe drivers are applied when patients are no longer capable of taking their medication orally.

Doctors prescribe drugs; trained nursing staff ensure their proper administration.

I have been referred to Police exhibit BJC/45 medical notes relating to Enid SPURGIN born **Code A** and who died at GWMH on 13/04/1999 and JP/CDRB/47 drugs register.

Firstly I should state that the 'named nurse' is the delegated nurse who is the point of contact for the patient's family. They inform the family of a patient's medical condition, progress or otherwise and the continuing care of the patient. In effect the named nurse had overall charge of the patient's daily needs.

None of the above precludes a doctor speaking with a patient's family.

A nursing care plan is a recognised document which sets out for all patients coming on to a ward, their activities of daily personal needs, including dietary and mobility. It is put in place to ensure that all members of staff are aware of those needs. Care plans are updated as and when the patient's needs change. This may be on a daily basis or otherwise depending upon the individual.

In 1999, I was on Dryad Ward, GWMH (elderly care ward). The practice then was that the

ward was split in two. I had one side of the ward and Freda SHAW was the named nurse for the other side of the ward.

It may have been that when a patient was admitted to the ward, I was not present. In that case another trained member of staff would write out the care plan and my name appended as named nurse.

In some aspects of the care plan, for instance mobility, I could not assess this at once and would only be able to do so when I had observed the patient over at least a twenty four hour period.

Put simply a nursing care plan is an aid to nursing staff whether they are permanent, agency or borrowed, and put in place to ensure the proper implementation of nursing care in respect of each patient.

In 1999 every patient admitted to GWMH was automatically swabbed for MRSA testing, normally within the first twenty four hours, depending upon the time they were admitted. Nursing staff obtained the swabs for testing.

In this case I can say referring to page 32 of 175 of the notes that Enid SPURGIN was swabbed axilla, i.e. under the arms and groin, in this case by Beverly TURNBULL.

The page reads as follows: 26/3/99 Requires MRSA screening (Problem).

The desired outcome was to prevent infection.

The evaluation date or interval was - result from swabs.

The nursing action was

1. Swabs to be taken from nose, throat, axilla and goings.
2. To prevent infection - nurses to wear plastic apron/gloves.
3. Yellow bags and water soluble bags for clinical waste any clothing/bedding.

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4. Ensure adequate hand hygiene.
26/3/99 MRSA swabs sent.

All of the above was a preventative against MRSA.

Page 33 of the notes reads: 29/3/99 Please re-swab axilla for MRSA and wound site if not already done. It is signed by Jeanette FLORIO.

31/03/99 Negative in nose, throat and groin. This is my writing but unsigned.

I refer now to page 80 of the notes. This page was written by Beverly TURNBULL and is a sheet for a sleep nursing care plan, i.e. the care of the patient during their periods of sleep.

Page 80 reads, 26/3/99 Enid requires assistance to settle for the night. Desired outcome - to try and maintain Enid's normal sleep/rest pattern and to wake on own accord feeling refreshed.

The evaluation was carried out nightly.

The nursing action was:

1. Ensure Enid warm/comfortable in bed.
2. Offer commode/bedpan as required.
3. Offer warm night drink.
4. Give prescribed analgesics/night sedation and monitor their effectiveness.
5. Ensure drink/call bell within reach.
6. Ensure privacy/dignity at all times.

26/3/99 Used slipper pan. Difficulty in moving. Slept long periods. Oramorph given as boarded, i.e. as per the chart.

The entries on this page indicate that Enid SPURGIN was having trouble sleeping.

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The plan was to ensure she achieved sleep and rest and to be kept as comfortable as possible.

Page 84 is a care plan. It reads:
26/3/99 - Enid is experiencing a lot of pain in movement.
Desired outcome - To eliminate pain if possible and keep Enid comfortable, which should facilitate easier movement and mobilisation.

Nursing Action - Given prescribed analgesia and monitor effect. Position comfortably. Seek advice from physiotherapist regarding moving and mobilisation.

27/3/99 - Is having regular oramorph but still in pain.

28/3/99 - has been vomiting with oramorph. Advised by Dr. BARTON to stop oramorph. Is now having Metaclopromide TDS (i.e. three times daily) and Codydrymol. (this is an analgesic). Vomited this afternoon.

Page 85 reads - After using commode, refused supper.

29/3/99 Please review pain relief this morning - (this signed by Jeanette FLORIO).

31/3/99 - now commenced on 10 mg MST (i.e. morphine tablet) bd (twice daily) walked with physiotherapist this am, but in a lot of pain. Physio demonstrated how to get Enid from chair onto gutter frame, support round waist and hip/bottom level and ask Enid to push herself up to standing position.
1315 Oramorph oral solution 2.5 mls/5mg given for pain with not too much effect. (this entry by me).
1/4/99 S/B (seen by) physiotherapist - to remain on bed during day over Easter Holiday - do walk with gutter frame once/twice a day, see Shirley DUNLEARY 's report - Shirley DUNLEARY is a physiotherapist.
Still having pain on movement.

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3/4/99 MST 10mg BD continued. Still continues to complain of pain on movement.

8/4/99 MST increased to 20mgs BD.

9/4/99 To remain on bed rest.

Dr. REID see x-ray of hip.

11/4/99 in pain on movement. Oramorph 5mg/2.5ml given at 0715 hrs.

Page 86 reads, 4/4/91 (problem/need number) - wound on ® (right) hip oozing serous fluid and blood.

Steri-strip in situ at present.

Desire outcome - to promote healing and to aim to prevent infection.
Evaluation Date or Interval - daily.

Nursing Action:
1. Check wound daily.
2. Clean.
3. Apply dry dressing.
4. Secure i.c (i.e. with) hyperfix (a type of tape)

Page 87 reads - 4/4/99 dressings removed, no new leakage seen, steri-strip intact, dry dressing re-applied.

6/4/99 Swabs taken from suture line Rt (right) hip and Rt. Calf. Dressing removed off suture line left uncovered. Wound on calf cleaned with normal saline and Granuflex to cover wound leaking.

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8/4/99 - Wound oozing slightly overnight, re-dress at edge of wound subsiding.

11/4/99 - Commenced antibiotics a few days ago. Wound not healing today but hip feels hot and Enid c/o (complaining of) tenderness all round site. Enid very drowsy and irritable.

Page 88 reads - 26/3/99 Enid has a wound on her right elbow and another laceration type wound on her right calf, posterior aspect. Enid's skin is very fragile right leg swollen and oedematous (i.e. retaining fluid).
Desired Outcome - To heal both as soon as possible.
Evaluation Date or Interval - Daily.
Nursing Action - Dress with paramet and review in a few days. Secure dressing with loose bandage.

26/3/99 - both wounds dressed with paramet. Wound on calf had steristrips in situ. Left in place for present.

Page 89 reads - 29/3/99 both wounds redressed with paramet. Steristrips removed from calf wound as they were hanging off.

30/3/99 both wounds dressed with paramet. Steristrips from wound (post surgery) removed. One small area near top oozing slightly mepore dressing in situ. Check in a couple of days.

31/3/99 both wounds redressed with paramet. Steristrip removed from wound and ankle.

1/4/99 Dressings done as above.

2/4/99 Granuflex applied to wound on calf as oedematous.
Duoderm to small wound on arm.

4/4/99 Granuflex removed to wound right calf.

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7/4/99 As difficult to keep Granuflex on right calf wound - duoderm applied this morning, commenced antibiotics as hip wound may be infected.

I believe that the above entries reflect the nursing care which was being given to Enid SPURGIN and illustrates my explanation of the Nursing Care Plan.,

On page 107 I refer to the entry of 7/4/99 which reads: "S/B (seen by) Dr. REID for x-ray tomorrow at 1500 hrs. To commence Flupenthixal. To be reviewed Monday."

Flupenthixal is an anti anxiety drug given by injection. It is not a controlled drug. I can say that paramet is gauze pregnated with yellow paraffin and is a widely used dressing. It keeps the dressing from sticking to a wound.

On page 108 the entry of 12/4/99 reads, "S/B Dr. REID. Diamorphine to be reduced to 40 mgs over 24 hrs. If pain re-occurs the dose can be gradually increased as and when necessary. Enid's nephew has been spoken to and is aware of the situation. Both of the above entries are mine.

I note that Enid SPURGIN died at 0115 hrs 13/4/99.

On page 131 of the notes, the regular prescription sheet shows that on 12/4/99 the first dose of Diamorphine was discarded and the dose of 80mg halved to 40mg.

I assume that Dr. REID must have thought that the patient could get pain relief with that amount. The drug parameters set by Dr. BARTON were 20-200mg.

I now refer to JP/CDRB/47 the Ward Controlled Drugs Record Book 2/9/98-18/6/99. Controlled drugs are kept securely within a locked cabinet. The Senior Nurse in charge at the relevant time holds the key. When drugs are removed, the amount is entered into the book and countersigned by two trained members of nursing staff.

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I can say by referring to page 9 of the book that the following amounts on the following dates, of Morphine Sulphate tablets in 10mgs were given to Enid SPURGIN.

31/3/99	0930hrs	10mg
31/3/99	2010hrs	10mg
1/4/99	0730hrs	10mg
1/4/99	2010hrs	10mg
2/4/99	0845hrs	10mg
2/4/99	2015hrs	10mg
3/4/99	0810hrs	10mg
3/4/99	2015hrs	10mg
4/4/99	0800hrs	10mg
4/4/99	2015hrs	10mg
5/4/99	0835hrs	10mg
5/4/99	2015hrs	10mg
6/4/99	0730hrs	10mg
6/4/99	2035hrs	20mg
7/4/99	0830hrs	20mg
7/4/99	2015hrs	20mg
8/4/99	0735hrs	20mg
8/4/99	2010hrs	20mg
9/4/99	0825hrs	20mg
9/4/99	2150hrs	20mg
10/4/99	0725hrs	20mg
10/4/99	2015hrs	20mg
11/4/99	0845hrs	20mg
11/4/99	2115hrs	20mg

On page 69 I see that SPURGIN had 60mg of Diamorphine at 0900hrs 12/4/99 and 40mg at 1640hrs. The last entry was signed by me.

Signed: L Barrett

Signature Witnessed by:

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In my view none of the above amounts are excessive.

On page 95 I note that at 0130 hrs 13/4/99 there was wastage from Enid SPURGIN's syringe driver of 6mls.

When parameters are set, they are done so by a doctor. On a scale of 20-200 mgs nursing staff would always start on 20mg unless told otherwise by the doctor.

In this case I have no idea why the doctor (BARTON) started the dose at 60mg. I have been shown a photocopy of a scale (by the BNF) of conversion from Oral morphine to diamorphine. If Enid SPURGIN was on 20mg twice daily, the scale shows that she should have been given 15mg of diamorphine over 24hrs. I cannot say why Dr. BARTON prescribed 60mg which means the patient would have been on 90mg oramorph twice daily. Doctors increase the drug dosage.

STATEMENT TAKEN Code A