

RESTRICTED

Form MG11(T)

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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)

Statement of: BROOKS, DEBRA MARIA

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

This statement (consisting of 2 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: D BROOKS

Date: 24/06/2003

I am the above named person and I live at the address shown overleaf. From December 1991 to 1997 I worked at the Gosport War Memorial Hospital. I was employed as a health care support worker on Redcliffe Annexe and Dryad Ward.

Whilst I worked at the GWMH I would describe general patient care as very good. I was aware of the use of syringe drivers. I had no training in syringe drivers at the time but there were times I used to wonder why patients were on the drivers.

I am now a qualified nurse now and looking back I still wonder why some patients were on syringe drivers.

With regard to the use of diamorphine I did not have any strong concerns, because I would have spoken with a staff nurse if I did but one or two cases did cause a few doubts. One lady I recall was someone called Mrs CRAVEN. She was a lady of about 80 who had two strokes. She was at the hospital for over six years before she died.

I am aware from the press of both the police and CHI investigations.

I wish to clarify Mrs CRAVEN never went on a syringe driver she was written up for it but it was not given. She died after I left the hospital.

Signed: D BROOKS
2004(1)

Signature Witnessed by: