

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:

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: CARE MANAGER SOCIAL SERVICES

This statement (consisting of 5 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. Ring

Date: 10/11/2005

I am and I live at an address known to Hampshire Police.

I am currently employed as a Care Manager in relation to social and home care for the elderly at Fareham Social Services.

I was an E grade staff nurse in the NHS and my Nursing Midwifery Council PIN number is

Between May 1976 and May 1979 I trained as a student nurse. I worked at both St Mary's Hospital and the Royal Hospital in Portsmouth.

I qualified as a State Registered Nurse in May 1979. From then I worked on ward B3, the female geriatric ward as a Junior Staff Nurse.

In 1981 I commenced midwifery training (which should have been an 18 month course). Due to my own maternity leave I did not complete the course, leaving in November or December 1982.

During the period 1983 to 1986 I worked part time as a staff nurse on night duty at both Thalassa and Bury Lodge Nursing Homes for the Elderly in Gosport. I initially worked two night duties per week.

Between June 1986 and early 1990 having left the NHS I ran my own business named

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Bambino's in the precinct in Gosport, this was a shop selling baby clothes and related merchandise.

Between early 1990 until September 1991 I was employed by the Ministry of Defence as a clerical officer at HMS Centurion which was the pay and pensions dept.

In September 1991 I rejoined the NHS as a D grade Registered General Nurse (RGN), working part time at the Redcliffe Annexe in the Avenue, Gosport . This was a long stay unit for the elderly (patients over the age of 65 years) I had re registered with the United Kingdom Central Council for Nursing, Midwifery and Health Visiting.

In my time at the Redcliffe Annexe I was working with Sue DONNE Senior Staff Nurse, F Grade RGN. Lynn BARRATT , an E Grade RGN, and Gill HAMBLIN , the G Grade RGN, who was the Ward Manager.

As a D Grade I was a Junior Staff Nurse, and as such I always worked with a Senior Staff Nurse.

I received no training in the use of IV drugs and I did not administer these.

I do not recall the term the Wessex Protocols.

With regards to the use of a syringe driver , I am aware that it can only be used on the authority of a prescription written by a Doctor. The use of which is only authorised after discussions amongst the medical team and the nursing staff have reviewed the patient's pain relief/control and the analgesic ladder had been followed, i.e. beginning with simple paracetamol, distalgesics, co-dydramol, a codeine based analgesic and then morphiates would be the next consideration.

Once the authority for a syringe driver was given, i.e., it was written on the prescription chart, and normally in the clinical notes, there should also be an entry in the nursing notes which

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would state what controlled drugs were to be administered to a patient and what quantity and dosage. The period of time the dosage was to be administered was usually over a 24 hour period.

These drugs would be taken from the secure drugs cupboard after the amount/dosage of the drug was checked against the prescription sheet. The appropriate amount withdrawn would be then recorded in the controlled drugs book, which should be witnessed by the two nurses who had withdrawn the drugs.

The drug solution containing the prescribed drug(s) was made up in sterilised water.

In the case where it was a mixture of drugs, then the compatibility of the drugs would be checked in the British National Formulary (BNF). On occasions, the pharmacist would be contacted for advice.

Once satisfied that the drugs compatibility was correct then the driver would be taken to the patient, where a further check would be made to ensure it was the correct patient.

A small butterfly needle would have been inserted below skin level (sub cutaneous) and the syringe driver applied, which delivers a set quantity of drugs over a 24 hour period.

With regard to training, it was purely on a one to one basis and on the job learning. We were given handouts and there may have been a course, I am unsure.

My understanding of the term the named nurse is that this person is responsible for the care of the patients allocated to them. The relatives of that patient would also speak to them if the named nurse was on duty.

The time and date of all entries would vary from patient to patient; they may be completed at the time, but normally completed at the end of the shift.

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My shifts were from 0730 to 1330 and from 1230 to 2100.

The Redcliffe Annexe closed and all patients and staff transferred to a new ward at Gosport War Memorial Hospital, known as Dryad Ward. At this time I was an E Grade Staff Nurse.

My responsibilities at this time were deputising in the absence of the senior staff nurse or ward manager, supervising staff and delegating work loads. Also assessing, implementing and evaluating individual patient's care. Further to this I would accompany doctors and consultants on their ward rounds. I would also order drugs and arrange for their safe storage and then dispense safely to the patients.

The ward rounds were completed before surgery by the GP's usually between 0730 and 0800. These would consist of a meeting between them and the staff and opinions from us sought and the GP would visit the patient if necessary.

The consultants rounds would usually be once a week and would take all morning, and all patients would be visited by them.

The following terms can be written in the nursing notes:

ANC means All Nursing Care and means all care that is required for the individual patient, in relation to care plans such as Hygiene, Nutrition etc.

TLC means Tender Loving Care, which indicates in my opinion that the patient is in the terminal stages of life and should be treated with dignity and respect.

"I am happy for staff to verify death", would be written by a Doctor and means that the patient is expected to die in the near future. To verify death then two trained members of staff would check the patient for vital signs, there was a policy to follow for this and, as such, the eyes would be checked for pupil reaction, along with the pulse and the heart. The patient may also be pinched to see if pain registers.

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I have been asked about Code A, a nurse at GWMH, expressing her concerns regarding syringe drivers to me. I cannot recall any conversation with Shirley regarding this topic at all.

I was on Dryad Ward from September 1997 to October 1998 and in that time I believe I worked with Code A for approximately 6 months before I left.

If there had been any such conversation with Shirley I think I would have documented this and spoken to other members of staff. I don't recall doing either of these Code A

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