

RESTRICTED

Form MG11(T)

Page 1 of 1

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: STAFF NURSE

This statement (consisting of 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: 30/09/2005

I am Lynne BARRETT and am employed as a Staff Nurse at Gosport War Memorial Hospital, Hants .

I have been asked today regarding comments supposedly made regarding the inappropriate use of syringe drivers at the hospital, by Shirley HALLMANN .

I cannot recall any conversations with Shirley about the use of syringe drivers . I think if she had voiced concerns I would have gone to more senior staff to tell them or would have suggested that Shirley should do so. She was the Senior Staff Nurse on Dryad Ward at that time.

The only syringe drivers I used were in the cases of patients who had other forms of medication administered explored. These were people who needed them and the usage of the drivers was authorised by a doctor.

I had no concerns whatsoever myself.

Signed: L BARRETT
2004(1)

Signature Witnessed by: Code A

RESTRICTED