RESTRICTED

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: TAYLOR, RODNEY HEMINGFIELD

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

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: R H TAYLOR Date: 07/09/2005

I am a Consultant Physician and Gastroenterologist and I live at the address stated overleaf. My full list of qualifications is BSc, MB, BS, MRCS, LRCP, MRCP, MD, FRCP, DHMSA, DPhilMed, MBA and FRIPH.

I have held the following positions;

TAYLOR
R37

1972-1973 House Physician and House Surgeon, University College Hospital, London.

1973-1975 SHO, London Chest, Whittington and West Middlesex University Hospitals.

1976-1978 Medical Registrar, Central Middlesex Hospital.

1978-1980 DHSS Research Fellow and Honorary Senior Registrar, Department of Gastroenterology and Nutrition, Central Middlesex Hospital: Surgical Unit, UCH Medical School & University Laboratory of Physiology, Oxford.

1980-1994 Honorary Consultant Physician, Dept of Gastroenterology and Nutrition, Central Middlesex Hospital.

1980-1984 Wellcome Senior Research Fellow in Clinical Science, and Honorary Senior Lecturer in Medicine, Middlesex Hospital Medical School.

1984-1986 Head of Human Pharmacology, Research Division, Beecham Pharmaceuticals.

1986-2001 Consultant Physician and Gastroenterologist, Royal Hospital Haslar, Gosport, Hants . Professor of Medicine (RCP) (1988-94). Postgraduate Clinical Tutor (1988-93), & RCP College Tutor (1988-96) Associate Postgraduate Dean, Royal Defence Medical College (1997-2001) Medical Director, Royal Hospital Haslar (1997-2001) & Deputy Medical Director, Portsmouth Hospitals NHS Trust (2001).

2001-2003 Medical Director, Consultant Physician and Gastroenterologist, Ealing Hospital NHS Trust.

July 2003 to date Consultant Gastroenterologist, Ealing Hospital NHS Trust.

I have been asked about my role at Royal Hospital Haslar and in particular whether I recall a patient named Elsie LAVENDER . I have no recollection of this lady. I have been shown a copy of her hospital notes labelled JR/11A. These notes show that Elsie Hesta LAVENDER was admitted to The Royal Naval Hospital, Haslar on 05/02/96.

As I have stated in my introduction I was employed at The Royal Naval Hospital, Haslar from 1986 to 2001. The hospital was called the Royal Naval Hospital when I joined, though during my time it became a tri-Service hospital and changed its name to The Royal Hospital Haslar.

I held numerous positions of responsibility during my time at Haslar, though my principal role was on the medical wards as a Consultant Physician and Gastroenterologist. There were 4 (sometimes 3) medical teams, each consisting of a Consultant, a Registrar, a Senior House Physician and a House Physician. We would be on call every 4 days.

I have been asked how patients might be admitted to a medical ward. Typically a patient would be admitted through the Accident and Emergency Department where they would be seen by a Senior House Officer. Following the SHO's assessment they would discuss the case with the Registrar and if it was deemed appropriate the patient would be transferred to a medical ward.

Once on the medical ward the patient would be seen by the House Physician.

After admission to the ward the House Physician would normally see the patient every day, the SHO when needed and similarly the Registrar. The Consultant would normally see the patient for the first time during the next ward round, or sooner if requested by one of the team. Obviously the duty team would normally pick up such admissions. However, if a patient had been seen by a Consultant on a previous occasion it would be quite normal for that patient to be referred back to allow continuity of care.

Regarding ward rounds, my normal procedure would be to hold them twice a week on Monday and Thursday mornings, though this was subject to occasional change depending on circumstances. Those present would normally include the team as previously mentioned plus a senior nurse from each ward visited. The House Physician was normally responsible for writing the ward round up in the patients' notes.

As previously stated I have no recollection of the patient Elsie LAVENDER. From the notes JR/11A I see that she was admitted to A&E on 05/02/96 after having had a fall at home. She had been found at the bottom of her stairs, she had bruising and lacerations but no evidence of any fractures. It would appear that Mrs LAVENDER came in on another consultant's take (Mark EDMONSTONE) . His team would have handled the first few days of her admission. I note that on page 156 there is an entry dated 7/2/96 referring Mrs LAVENDER back to my team, presumably this was because I had previously seen her in my Diabetic Clinic. Looking through her GP notes TAS/3 there is a letter to Dr PETERS dated 3rd July 1995, this relates to an occasion when Mrs LAVENDER visited my diabetic clinic on 23/06/95. There is a further letter going back to 1991 when she was treated by my team.

On page 158 of her hospital notes there is an entry dated 09/02/96, the entry relates to a review of Mrs LAVENDER by my SHO, though I cannot read the signature. The note states that her blood sugar was low and her insulin was reduced. She was feeling better but still complaining of pain in her arms and shoulders.

Also on page 158 of the notes is an entry dated 13/2/96, it is signed by Simon HAMBLING who was my SHO, and it states "SB RHT. Needs referral to Dr LORD . Has OT assessment tomorrow. Remains well" This was saying that I had seen her on that ward round, obviously I was referring her to Dr LORD and that she was due to be assessed by an Occupational Therapist the next day.

On pages 159/160 is a further note written and signed by another of my SHO's, unfortunately I cannot read the signature. The note is written as a consequence of the ward round and reads as follows;

"To consultant in Elderly Medicine.

Thank you for seeing this 83 year old woman, who was admitted on 5/2/96 after she had fallen down the stairs in her house. According to her son , she has fallen at the top of her stairs, hit & cut her head, then fell downstairs. The cause of her collapse was ? hypoglycaemia, as she is a poorly controlled IDDM. Mrs LAVENDER has no recollection of what happened. On admission she c/o pains in both shoulders/upper arm + cut to her forehead. X rays showed no fractures. After the time she has spent on the ward she has been slow to mobilize, and needs help to walk. She can dress herself, feed and wash herself (Bartel score 5)

Before her admission she lived alone but a district nurse visited her daily to give her insulin injections. She sleeps downstairs and is visited by her son daily. Mrs LAVENDER is reluctant to go into a "home", but her son feels that she cannot go back home in her present condition.

Her diabetes is now under control, but we are not sure how mobile she normally is, as she does not seem able to do anything for herself.

I would be most grateful for your opinion."

The entry is then signed by Dr L but I cannot read the rest of the signature.

Hypoglycaemia is a condition in which a person's blood glucose level becomes abnormally low. It is most likely to occur in diabetic patients as a consequence of taking more insulin or anti-diabetic tablets than they need, or having missed, or taken too small, a meal. As the blood sugar falls consciousness is impaired and the patient can become totally unconscious.

IDDM is an acronym for Insulin Dependent Diabetes Mellitus. It is a serious form of diabetes in which the patient's blood glucose levels cannot be controlled by diet alone, or with diet and anti-diabetic tablets. Most patients with this condition take between two and four injections of insulin daily.

Page 161 also shows an entry dated 15/2/96 which reads "WR RHT. Remains well. BG control better today. Await elderly medicine opinion." This is signed but I am unable to identify the author. This entry shows that her blood glucose control was better.

The reasons for seeking the opinion of elderly medicine were that Mrs LAVENDER was living alone, nearly blind (she was registered blind), diabetic, she had had a fall, and both the occupational therapist and the physiotherapist felt that she was no longer able to live at home. Patients in these situations would normally be referred to elderly medicine for long term care.

The notes show on page 162 that Dr Jane TANDY from elderly medicine did in fact review Mrs LAVENDER on Ward A4 on 16/2/96. Dr TANDY has written the visit up on pages 162, 163 and 164. Subsequently Dr TANDY wrote a covering letter to me pertaining to this visit, it is dated 20 February 1996 and was dictated on 16 February 1996. Dr TANDY listed the following problems 1. Probable brain stem stroke. 2. Insulin-dependent diabetes mellitus. 3. Registered blind. 4. Now immobile. 5. AF. She concluded by writing that she would arrange for Mrs LAVENDER to be transferred to Daedalus Ward, Gosport War Memorial Hospital for rehab as soon as possible.

The last entry of Mrs LAVENDER's clinical notes is dated 21/2/96, it is from an SHO ward round and indicates that Mrs LAVENDER would be transferred to Gosport War Memorial Hospital the following day.

Signed: R H TAYLOR

Signature Witnessed by:

2004(1)

In conclusion I would say the following; Mrs LAVENDER was registered blind and was diabetic, she was admitted to Royal Naval Hospital, Haslar following a fall at home. After examination it was believed that she had a small brain stem stroke which had caused her to collapse, she needed stitches as a result of her fall. We stabilised her medically and accepted that she would not be able to go home from us. She was referred to elderly medicine for continuing care and transferred from the care of my team to Daedalus Ward, Gosport War Memorial Hospital.

Signed: R H TAYLOR

Signature Witnessed by:

2004(1)