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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: HAMBLIN, GILLIAN ELIZABETH

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

This statement (consisting of 9 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: G HAMBLIN Date: 09/12/2005

I am Gillian Elizabeth HAMBLIN and am currently employed as a Night Sister in a local nursing home.

I started nursing in 1965 as a cadet nurse and trained for three years, qualifying at Hackney Hospital, East London in 1969. I worked on all wards until my qualification as a Registered Staff Nurse to the surgical ward.

My Nursing and Midwifery Council Number is 70G0632E.

I commenced employment as the Gosport War Memorial Hospital (GWMH) in 1988 as a Staff Nurse, retiring in February 2004 as a Clinical Manager (Senior Sister) at Dryad Ward, although I had been sick since 2003.

I was responsible for twenty four hour care on Dryad Ward. I was also on a rota for the management at Redclyffe Annexe which was a fifteen bed unit for elderly mentally ill patients.

Redclyffe Annexe was a short distance from the GWMH and moved to the main hospital in 1994 when it became Dryad Ward.

I was responsible for the twenty four hour care of the patients on Dryad Ward and took on management roles when there were no managers at the hospital, ie, weekends and evenings. I was responsible for all staff on the ward with regards to training, hiring, discipline, staff rotas and leave issues.

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My hours of duty were 0730 - 1615 or 1200-2030 hrs. I also worked every other weekend.

In 1999 my line manager was either Barbara ROBINSON or Jan PEACH .

My position in 1999 was Clinical Manager (Senior Sister).

In 1999 syringe drivers were being used at the hospital. Syringe drivers are a device loaded with the patients prescribed drugs and administered subcutaneously, ie, under the skin, mechanically, over a twenty four hour period. This prevents peaks and troughs of pain in the patient. Syringe drivers were in use from about 1990.

Dr BARTON was a Clinical Assistant who started at Redcliffe around 1989.

Prior to Dr BARTON's appointment each patients GP was responsible for their individual patients on the ward. She was at GWMH from 1989 onwards.

Dr BARTON visited GWMH at 0730 hrs Monday to Friday and see every patient on ward rounds before going on to her GP's practise. I would accompany her if I was on duty, if I was not she would be accompanied by the senior nurse.

Dr BARTON returned to the GWMH to check in and arrange to speak with patients relatives when she had finished her GP surgery, if required.

On her visits Dr BARTON prescribed the drugs required by each patient.

When patients were transferred to the GWMH they normally came from acute wards at local hospitals.

Acute wards cater for those patients with sometimes complicated medical issues, as opposed to continuing care wards.

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Dryad Ward was a continuing care ward.

Daedalus Ward at GWMH was a rehab/stroke ward.

Continuing care is that provided in order to ensure the patients return to either their home or on to a nursing or rest home or if they required palliative care ie, they were expected to die, to be looked after in a manner which would ensure a dignified death.

Daedalus Ward was for general rehabilitation and stroke rehabilitation of patients. Patients on Daedalus were given daily physiotherapy which was unavailable on Dryad Ward.

Dr BARTON was responsible as a Clinical Assistant for patients on both wards. Her line managers were the Consultants.

Ward rounds were conducted on a daily basis. Dr BARTON would go round every patient and speak with them in order to assess how they felt that day. She would also read any reports from night staff as regards any change in their condition and if appropriate, change medication. She would always discuss this with nursing staff. There were occasions where she contacted a Consultant before amendment in medication or other issues.

When Dr BARTON was off on leave or for any other reason, a member of her practise deputised for her, however they never conducted ward rounds to my knowledge . In those cases I would do the ward round on my own although I sought advice on issues from Consultants. In any case I would speak with one of Dr BARTON's colleagues. I should say that they would attend GWMH prior to their morning surgery but it would be brief.

Dr BARTON returned almost every day and in any case was always available on telephone for advice or to discuss patient issues . She would return and address any newly admitted patients, talk with relatives when required and receive updates from nursing staff. I felt she was very good in this regard. She always tried to get to know patients relatives and to discuss the patients

well being with them.

When necessary Dr BARTON would see patients in the afternoon or evening to reassess them. Dryad Ward held twenty beds, Daedalus twenty four. Dryad would have at least two trained nursing staff and four or five support workers. Daedalus had slightly more due to its twenty four beds.

The Consultants conducted ward rounds either once fortnightly, later once a week. On those occasions Dr BARTON and the senior member of nursing staff also attended. If Dr BARTON was not available none of her partners attended.

Ward rounds involve all the patients needs, not only their types and levels of medication. My duties were the administration of drugs, the doctors to prescribe them. If I felt that a patient was being adversely affected by a drug I would speak with the doctor. In some cases this would result in a decrease or cessation of a particular drug, in other cases drugs may be changed or the amounts increased.

If the doctor decided to change the type of drug or the amount to be given they would either come in at once or as soon as they could and write up the prescription. In exceptional circumstances and this was rare, authorisation to change types or levels would be given over the phone. The doctor would then have twenty four hours to write the prescription and sign it.

In the event of this happening with a controlled drug, two trained members of nursing staff would accept the doctors decision, enter it in the nursing notes and both sign that entry.

In Consultants ward rounds I would be a party to their discussions with Dr BARTON. They were always well conducted and I never heard any criticism by the Consultants of her.

I have today been referred to the police exhibit BJC/45 , this being medical notes of Enid SPURGEON b Code A and who died at GWMH on 13/4/99 and specifically to page 104 of those notes. This states that I am the manager in overall charge of the patient. The named nurse

was Lynne BARRATT and the Consultant, Dr REID . This is a standard form showing general personal information about the patient.

As the manager I was in charge of all aspects of the patients care, with the exception of drug prescription.

My duties involved personal hygiene, nutrition and general nursing care.

Lynne BARRATT, as the named nurse, was junior to me. She conducted the day to day aspects of the patients care and supervised the hands on care, including the supervision of health support workers. Lynne was an experienced nurse who I left to get on with her job. If she felt she needed advice she would speak with me and I would address any issues raised. If there were medication issues I would then consult a doctor.

My role was to be in charge of twenty beds, the named nurse may have had four to six patients to deal with. I also had my administrative role and I was kept very busy, however my priority was care of the patients as it should have been.

I was also continence advisor for the whole hospital. Any staff who had patients who had bladder or bowel problems would call me and I would attend, wherever in the hospital and advise regarding treatment or management of the problem.

As GWMH is almost all elderly patients I was also busy in this role.

The administration of drugs was done by a trained member of staff. This could have been me or another staff member.

I have viewed the prescription charts of Enid SPURGEON. I can say that I never administered drugs to her.

I cannot recall this patient.

Signed: G HAMBLIN
2004(1)

Signature Witnessed by: Code A

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As regards the nursing notes, the only time I would make an entry in these would be if there had been a major problem with a patient, otherwise the named nurse would write them up. I made no entries in this case.

The patient had a fractured neck of femur. I believe she was admitted from Haslar Hospital on 26/3/99 for continuing care.

From the drugs charts I can say that (page 134) the patient was prescribed the following drugs by Dr BARTON:

METOCLOPROMIDE 10mg 3 times daily. This is an anti nausea drug and uncontrolled.
SENA tablets 2 nightly. This is uncontrolled and an aperient ie, to loosen the bowels.
MORPHINE SULPHATE - initially on 10mg twice daily for six days until 5/4/99 when the does was increased to 20mg twice a day. This is a controlled drug given for pain suppression. It is in tablet form.
CIPROFLOXAIN 500mg twice a daily. This is uncontrolled and is an antibiotic.
METRONIDAZOLE 400mg twice daily. This is also an antibiotic.

There is no problem in patients being given CIPROFLOXAIN and METRONIDAZOLE together.

The patient, on 12/4/99 was prescribed DIAMORPHINE , I think it says 80mg over 24 hours. This is given in this case by way of syringe driver and is a controlled drug. This amount was a slightly increased dose but not dramatic.

HYOSCINE was prescribed but never given. This is an uncontrolled drug given to dry secretions in lungs.
MIDAZOLAM 20mg. This is an uncontrolled drug and is given to allay anxiety.
LACTULOSE 10ml orally. This is an aperient like Senna.
CICLOZINE. This is an anti emetic. She never received this drug.

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When the doctor prescribed drugs they would not always be given until nursing staff thought they required them. They were prescribed on a 'PRN' basis as on page 131 of the notes. This meant whenever necessary.

I have been shown the ward Controlled Drugs Record Book, exhibit JP/CDRB/47 and referred to the entries therein. I made no entries in relation to this patient.

These drugs are held in a locked cupboard within a locked cupboard. Two trained members of nursing staff take the key from the senior member of nursing staff on duty and withdraw the prescribed amounts. Both nurses then sign the relevant entry and administer them. If not all of the dose of any given drug is used, what is left is discarded, ie, thrown down the sink.

The DIAMORPHINE and MIDAZALOM would be administered by syringe driver. The other drugs would be given orally.

As a Senior Sister on the ward it was my duty to ensure that drugs were being given appropriately.

To summarise I was in overall charge of all nursing care on the ward as well as my administrative duties. I was answerable to my line manager who had overall responsibility for the hospital, with the exception of the doctors.