

**RESTRICTED**

Form MG11(T)

Page 1 of 5

**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: NURSING SISTER G GRADE

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: 

Date: 02/02/2003

I am Gillian Elizabeth HAMBLIN and I reside at the address as given.

I first became involved in Nursing in 1963 as a Cadet and commenced a 3 year Qualification Course in 1965 at Hackney Hospital, East London working on all Wards until my Qualification as Registered Staff Nurse to the Surgical Ward.

I am currently employed by Fareham and Gosport Health Trust as a Clinical Manager (Ward Sister) on Dryad Ward at Gosport War Memorial Hospital, a position I have held since 1992.

I commenced employment at Gosport War Memorial Hospital in February 1988 in the capacity of Staff Nurse at Redclyffe Annex which was a 23 bedded unit for continuing care, terminally ill patients and share-care patients who's length of stay at the Hospital was variable, but basically to assist relatives and give them a period of respite from their caring.

Redclyffe Annex was situated a short distance from the main Hospital, as was Northcott Annex, a 12 bedded unit which has since closed, Redclyffe having then moved to the main Hospital in 1994 and thus becoming Dryad Ward.

I have attended and qualified over a 2½ week course in the care of the elderly and I am required to attend a further 3 to 4 days study courses every 2 years in order to keep updated and remain qualified in this field.

I'm not sure of the exact date but in October 1988 Doctor Jane BARTON became the Doctor

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**RESTRICTED**

Continuation of Statement of: HAMBLIN, GILLIAN ELIZABETH

Form MG11(T)(CONT)

Page 2 of 5

responsible for the patients, prior to this each patients General Practitioner was responsible for their individual patients on the ward.

As well as the Doctor, a Consultant would attend on a Monday each fortnight, and saw the patients, but if the Consultant was on holiday, then no visit would be made for at least a month.

Responsibility for medical care was 'Elderly Medicine' based at the Queen Alexandra hospital, Cosham.

Doctor BARTON would visit at 7:30 (0730) a.m. each morning Monday to Friday and see every patient, and then visit the male ward of the main Hospital, before returning to her normal Practice.

She would only return to the Hospital to check in and arrange to see relatives either that day or later.

On her visits Dr BARTON would prescribe the drugs that were required by each patient and at this time we had an excellent Pharmacist who would check the drugs charts every week, each Monday and comment if drugs had been written incorrectly and would advise us to contact Dr BARTON, who would then rewrite the prescription.

I am again uncertain of the date, but sometime in 1989 Diamorphine Syringe Drivers were introduced to those working on Redclyffe Annex and these were a new concept to the staff at this time.

Sister GREEN, who was in charge at that time, brought the Syringe Drivers to the Annex and explained the system to the other Nurses and they would have learnt their use from her.

At this time there were no Courses in the use of Syringe Drivers, but because of concerns which have now been shown as to their use, Courses are now held and have been running for the past 6 years.

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2004(1)

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**RESTRICTED**

Continuation of Statement of: HAMBLIN, GILLIAN ELIZABETH

Form MG11(T)(CONT)  
Page 3 of 5

I am uncertain as to what caused the concerns, but sometime in 1991, concerns were voiced amongst the staff with regards to the treatment of elderly patients, and in particular, in respect of Staff Nurse GIFFIN who was a member of the night staff at that time working Sundays and Mondays each week.

The concerns were of her practice and treatment of elderly patients and I am aware that she was taken to one side and spoken to by the manager, who had concerns about her needing updating in her practices in the care of the elderly, even though she had been there for a long time.

I am also aware that she was also spoken to about leaving medication on lockers, which included controlled drugs, which isn't the correct procedure.

As previously stated, concerns were voiced over the use of syringe drivers in the care of patients on Redclyffe Annex, this was mainly the night staff in particular, which included Nurse GIFFIN. As the result of their concerns, the night staff were invited to attend the Consultants Ward Rounds to state their concerns to the Consultant, but whereby some did, Nurse GIFFIN never did.

If I had ever doubted the drugs prescribed, or didn't like what was written up, then I would remark to Doctor BARTON, 'Hang on' and then I would get her to check it. You wouldn't give it if you weren't satisfied, you just wouldn't do it.

If I, or any other member of staff, voiced their opinion to Dr BARTON, she would listen and act accordingly, although she has proved me wrong on a couple of occasions.

Because of the continuing concerns, a meeting was arranged with members of staff to enable them to voice their concerns in relation to the Syringe Driver and Diamorphine.

I believe the subsequent meeting was Chaired by Isobel EVANS who was the Patient Services Manager.

Signed:   
2004(1)

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**RESTRICTED**

Continuation of Statement of: HAMBLIN, GILLIAN ELIZABETH

Form MG11(T)(CONT)  
Page 4 of 5

I am unable to remember who else attended this meeting, but I can remember that Steve KING the Nurse Manager was in attendance. He had the responsibility for palliative care on Charles Ward and was experienced in the use of Syringe Drivers.

Also at this meeting was Dr LOGAN, who was the Consultant at this time, and as he was in attendance I can only assume that the meeting occurred on a Monday, which is the Consultants visiting day.

I am aware that there were other meetings which took place in regards to the Syringe Driver, but I cannot remember attending these, or when they were held.

I have now been shown a number of correspondence in relation to meetings that have taken place and these are marked JEP/GWMH/1/COPY2.

Having refreshed my memory from these correspondence and I can see that the meeting I attended where Isobel EVANS, Dr LOGAN and Steve KING were in attendance was the 20<sup>th</sup> August 1991 (20/08/1991).

I can see that meetings were also held on 11<sup>th</sup> July 1991 (11/07/1991) and 17<sup>th</sup> December 1991 (17/12/1991) and contained within the minutes are names of members of staff who attended those meetings amongst which my name appears.

I am unable to remember these meetings, even after I have been allowed to read the contents of the minutes, it just doesn't jog my memory at all.

I have never had any doubts over the use of Syringe Drivers to administer drugs to patients and I believe that in the main, this was a new concept which was adopted and which some members of staff were unable to accept.

The main reason for the use of a Syringe Driver is to administer drugs to the patient once oral medication has stopped, generally due to the patient's inability to swallow.

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**RESTRICTED**

Continuation of Statement of: HAMBLIN, GILLIAN ELIZABETH

Form MG11(T)(CONT)  
Page 5 of 5

Drugs that I am aware of that have been administered in this manner are Midazolam (a sedative), Hyoscine and Cyclizine (to stop secretions and vomiting) and of course Diamorphine.

Also Haloperidol (to treat Psychosis), but this is very rarely used as its use has to be carefully checked as to which other drugs it is mixed with.

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