

GOSPORT WAR MEMORIAL HOSPITAL INQUESTS

Friday 27 March 2009

The Guildhall,
Guildhall Square,
Portsmouth,
PO1 2AJ

B E F O R E:

Mr Anthony Bradley
Coroner for North Hampshire
Assistant Deputy Coroner for South East Hampshire

In the matter of Mr Leslie Pittock & Ors

(DAY EIGHT)

MR ALAN JENKINS QC, instructed by ??, appeared on behalf of Dr Jane Barton.

MR JAMES TOWNSEND, Counsel, instructed by the Royal College of Nursing, appeared on behalf of a number of nurse witnesses.

MS BRIONY BALLARD, Counsel, instructed by ??, appeared on behalf of the acute trust and the PCT.

MR TOM LEIPER, Counsel, instructed by Messrs Blake Laphorn, Solicitors, appeared on behalf of the families of Brian Cunningham, Michael Packman, Elsie Devine and Sheila Gregory.

MR PATRICK SADD, Counsel, (instructed from 23/03/09) appeared on behalf of the Wilson family.

(Transcript of the Official Recording by T A Reed & Co Ltd
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MR TOWNSEND: There is one matter which I would wish to raise with you briefly before the jury comes in if I may. I anticipate, given the timetable, that you will be calling Mr Farthing later this morning.

THE CORONER: Yes.

B MR TOWNSEND: As you will be aware, in his witness statement he refers to a comment that he says was made by a member of staff in the hospital about the nature of the ward. That is at page 2 in his witness statement if you wish to go to it. You may be familiar with it.

THE CORONER: I am as familiar with it as with the 26 lever arch files.

C MR TOWNSEND: Page 2, third paragraph, "I visited the hospital immediately". There is then a reference to a comment that he claims was made by an unidentified person. The turns to that comment, attempting to draw an inference, at page 3, the final paragraph. My observation at this stage is simply this: that is the kind of evidence which, in my submission, is potentially prejudicial. It cannot be explored. The comment that he alleges was made by an unknown member of staff is open to a wide range of interpretations, in fact, and it is the kind of thing that is not suitable, in my submission, to a dispassionate factual inquiry.

D THE CORONER: The difficulty I have is that it may be relevant in the first section if it is actually said to him. I do not think for him to pick it up in the second comment is relevant.

E MR TOWNSEND: I make this comment and I see the distinction but the fact it was said to him again, in my submission, does not assist because unless we know what was meant by that comment; indeed that comment is perfectly consistent with a ward full of very elderly very ill people. It would be wrong, in my submission, and prejudicial for a comment to be left that might be reported or from which the jury might draw an inference when the jury cannot explore what was meant by it.

THE CORONER: I am trying to think of what the references were. Somebody else referred to them. Without going back to my notes I cannot remember.

F MALE SPEAKER: It has been referred to in the course of the evidence. It is a material fact so far as Mr Farthing is concerned. Clearly what inferences are drawn from it is a matter for the jury. As my learned friend says, it is a matter of capable of several different interpretations.

MALE SPEAKER: Mr Farthing did. The answer was no. It is not in evidence.

THE CORONER: So it is not in evidence?

G MR TOWNSEND: It is not in evidence. It cannot be explored and, in my submission, how can that assist the jury in deciding either in the case of Mr Cunningham, or indeed in any of the other cases, on what the cause of death was.

H THE CORONER: That is exactly right. The problem I have got is if it is said to Mr Cunningham it is a matter that he can share with us because that would condition him in his approach to it, would it not? That would affect his mind in his interpretation of what he is doing.

MR TOWNSEND: Yes.

THE CORONER: I do not think the second one, now realising the full extent of, that is admissible and I would not put that in because that is extrapolated from that and I do not think that is fair or reasonable, but I think the initial comment that is made to him, if it has been made and if you want to explore that with him, I have no problem.

B MR TOWNSEND: I cannot in reality because it is there.

THE CORONER: You can: who said it to you and in what circumstances. Was it a dismissive comment? Was it a joke? My own view would be leave it alone but that is a matter for you to consider. I certainly think the first one goes in and the second one does not. Does that make sense Mr Farthing?

C MR FARTHING: You are absolutely correct. It conditioned my thinking and confirmed my thinking later. It is totally relevant in both cases.

THE CORONER: I will not take the second one because that is a label you are putting on it.

MR FARTHING: It was my thinking because of what I heard before.

D THE CORONER: If we can leave the first one out, I will certainly take the first one.

MR FARTHING: I will try and work around it.

THE CORONER: Mr Leiper, you have anything further to add?

MR LEIPER: No.

E THE CORONER: Beverley Turnbull is giving evidence this morning and you helpfully produced that schedule. I have not got have her down as having any evidence in relation to this.

MS BALLARD: She does not; it is a mistake. I apologise.

F THE CORONER: Just to see if I was awake. I am.

Can we have the jury in please?

(In the presence of the jury)

G THE CORONER: Good morning, ladies and gentlemen here we are again but it is Saturday tomorrow! We are going to go to Mrs Turnbull's evidence this morning. She is another nursing sister from Gosport.

MRS BEVERLEY ANN TURNBULL, sworn
Examined by The Coroner

THE CORONER: Thank you for being here. You are Beverley Ann Turnbull?

H A Yes.

Q If you are a contortionist, you can probably sit down and read your notes at the same time. If you find that too difficult for you stand, whatever is more comfortable for you. If you want to sit down, do but if you find it is not working for you. Tell me your job?

A I am a registered nurse and I work at Gosport War Memorial Hospital.

Q Are you still there?

A I am still there and I do night duty [inaudible].

B

Q Staff grade?

A I am band - my mind has gone blank - band B I think. I cannot remember.

Q Senior sister?

A No, I am a staff nurse.

C

Q You have got your notes there and if you want to refer to those please do. Your dealings with Mr Cunningham, do you remember him at all?

A I do not remember him, no.

Q Do you have any memory of the people that you nursed there, particularly Packman and Spurgeon?

A No, not really because it was a long time ago.

D

Q Absolutely. Then you have notes about Mr Cunningham. Can you tell me about him from your notes? Can you remember your shift pattern around that time?

A Yes, I do. I was a State Registered Nurse and I did 20 hours night duty.

Q Over how many days?

A I did not do days at all; it was night duty.

E

Q Was that four night?

A No, two nights a week, twenty hours.

Q Ten hours per night.

A That is right.

F

Q Do you remember what those hours were?

A Yes: quarter past eight in the evening to quarter to eight in the morning.

Q Your duties would be nursing duties, normal nursing duties?

A Yes, normal nursing duties.

G

Q Who were you working with do you remember?

A Sometimes I would work with another trained nurse or there would generally be three of us on duty: myself, a trained nurse, a support worker or myself and two support workers.

Q How many beds?

A I think we had 20, I am not sure. I cannot remember.

H

Q Who was your night sister normally?

A We had a night sister. She was Fiona Walker.

Q Were you always the same crew?

A No, it was different.

Q Who else did you work with?

A In the absence of the sister there would be a senior staff nurse.

B

Q Clinical support, what doctors did you have?

A At night time we did not actually have a doctor.

Q What would you do?

A If we needed advice we could call on the GP's practice but generally for advice if there was problem with a patient.

C

Q Who would the GP was?

A The practice was Dr Barton's.

Q Did you have cause to contact her very often?

A Not very often, no.

Q Would medication be changed for people during the night? Would there be any variation in medication?

D

A No.

Q If it became necessary, would that need approval?

A Yes, it would need approval.

Q How would that be dealt with, do you remember?

A You would contact the surgery.

E

Q When drugs were written up, were they generally within a range?

A They were, yes.

Q If you saw that range and there was to be any kind of change, who would have made that decision?

A It would be between the two nurses but the senior nurse on duty.

F

Q Was that ever you?

A Not at that time, no.

Q You do not remember making that decision.

A It was never made with just one nurse, no.

G

Q If it was in Fiona Walker's time, who else would have been involved in that decision?

A It would be two nurses. She would probably make the initial decision as she was the senior nurse.

Q Who were the consultants on the ward? Do you remember who they were?

A I think it was Dr Reid and Dr Lord.

H

Q They were not based at Gosport.

A No.

Q They were QA.

A Yes.

Q Did you ever see them?

A Occasionally in passing.

B Q Presumably they would not have much cause to be there because it was night time unless there was a specific reason.

A Definitely not in my time.

Q But you did see Dr Barton.

A I used to see Dr Barton in the mornings when I went off duty sometimes, yes.

Q She was a fairly early starter.

C A Yes, quite an early starter.

Q What time would you expect to see her there?

A Quarter to eight, eight-ish.

Q Would she do a ward round or walk through?

D A She would come in, do a ward round and sometimes she would ask how the patients were.

Q In her ward round what actually was she doing?

A I did not actually see her do the ward round because we were going off night duty so it was in passing.

Q It was much more a walk through at that point.

E A Yes.

Q What was she doing? Was she talking to patients?

A No, she would come up and ask how the patients were and if we had any concerns we would tell her.

Q It seems to have been a fairly relaxed arrangement.

F A It was, yes. Then she would go and do her ward round with the duty sister.

Q Day time.

A Day time.

Q Did you have dealings with Mr Cunningham now? You do not remember him personally.

G A No, I do not.

Q What was your involvement with him?

A I would be looking after him at night time, settling him for the night and making sure he was comfortable and giving any medication that had been written up.

Q You heard concerns about patients on the ward generally and I think those were expressed. What were those concerns?

H A I think that was going back some time.

Q It is not current at the time of Mr Cunningham.
A No.

Q Concerns had been at what time?
A It was earlier on, much earlier on.

B Q Going back to 1991.
A Yes.

Q Whatever those concerns were, they were resolved by 1996/1997?
A Yes.

Q Your involvement with Mr Cunningham, 26 September 1998, night time.
A Yes.

C Q What was your involvement?
A My involvement was when Brian died. He died at 21.35 and death was confirmed by me and by senior staff nurse Anita Turbitt.

Q Would that have been fairly standard procedure?
A Absolutely.

D Q Would it be normal for the nursing staff to pronounce life extinct?
A We could do that, yes.

Q Was that referred to in the notes?
A Yes.

E Q Dr Barton told us that she would put in her notes happy for the nursing staff to certify death.
A Yes.

Q If that was there, that would be done.
A Absolutely.

F Q That was expected deaths.
A Yes.

Q What if it was an unexpected death?
A Then we would have to notify the doctor.

G Q Presumably Mr Cunningham was an expected death because you and Nurse Turbitt certified there.
A Yes.

Q Who spoke to the family?
A I cannot remember. The family would always be notified.

H Q You tell us that the entry for the 26 September 1998 reads "Brian's condition continued to deteriorate. Died at 23.15" and then you go through the list of vital signs that are absent.
A Yes.

Q Because it was during the night no doctor was on duty to perform these tasks so it was in order for two nurses to carry out the role but you said only if it is was an expected death and it appeared in the notes as in order for you to do that.

A Exactly, yes.

Q You refer in your statement to the analgesic ladder and I think part of the concerns that had been related to that. When you were there in 1996/97/98, those concerns did not exist any longer?

A No.

Q You were familiar with the analgesic ladder.

A Yes.

Q Can we look at your involvement with Packman? Do you want to deal with this witness on a deceased basis?

MALE SPEAKER: I would have thought you would follow the course.

THE CORONER: Do we want to leave this one? Does anyone have any questions?

MALE SPEAKER: I was anticipating you going directly straight on.

THE CORONER: Then let us do that. Packman, page 6 of your statement, your involvement with Mr Packman then please.

A Again I cannot recall this patient. I was still on night duty and I would have been looking after him at night and, as before, settling him and giving any medication.

Q What was the medication?

A Oramorph, that was the morning.

Q From the notes 27 October 1999 "Oramorph given as prescribed. Comfortable night. Not complaining any chest pain" and you signed the entry.

A Yes.

Q Entry from the 28 August 1999 "Oramorph given as prescribed. Condition variable. Drinking well. Appears hydrated. Slept long periods" And again you signed that entry.

A I did, yes.

Q Cross-referenced both the entries, the prescription chart which you initialled and administered Oramorph to Mr Packman at six o'clock on the 27 August, six o'clock and ten o'clock on the 28 August and six o'clock on the 29th.

A Yes.

Q "The prescription had been written up by Dr Barton and as such I administered what had been written up. Given four hourly. A double dose given at night in order that the patient is not woken up to administer gives the patient uninterrupted sleep." Is that the standard pattern?

A Yes.

Q You then document that you signed all the relevant entries for the drugs.

A Yes.

Q The question of care plans, were you involved in those?

A I was involved those, yes.

Q Who else would have been involved?

A The trained nurse on days and the named nurse.

Q Would Dr Barton have been part of that?

A No.

Q That really was a nursing care plan?

A That was a nursing issue.

Q The 2 September 1999 you have written "Incontinent and weak tarry faeces, unsettling. Nursed on side. Peaceful night. Strong radial pulse. Opened eyes when spoken" and you have signed that entry.

A I did, yes.

Q That is the last entry you have for that.

A Yes.

Q What about Enid Spurgeon?

A Again, I do not remember this patient but again the same principle would apply for night duty ensuring the patient was comfortable, settling them for the night, any medication was given and ensuring the patient is comfortable.

Q You have written in your notes for the 26 March 1999 "requires much assistance with mobility at present due to pain discomfort. Oramorph 10 mg in 5 ml given at 23.15 and 5 ml given at 6.50" and you signed that entry.

A Yes.

Q Do you recall the cause of her pain and discomfort?

A I do not, not at the moment. I cannot, not at a moment, no. It was a long time ago.

Q The nursing notes on page 114, the nursing care plan regarding incontinence you write that on the 26 March 1999. What did you note at the bottom of page 5?

A "Problem maintaining urinary continence due to poor mobility. Desired outcome: to main urinary continence. Evaluation date: Daily. Nursing action: assist with the use of super pan. Enid will request when needed."

Q She was quite *compos mentis*.

A At that time.

Q There is an entry for the 26 March 1999, problem?

A That is the next page: "Enid requires help with washing and dressing. Desired outcome: to try and maintain a standard of hygiene acceptable to Enid. Evaluation date: daily. Offer daily wash of high liquid paraffin to dry areas. Report any changes to skin to trained nurse and ensure privacy and dignity at all times."

Q The nursing care plan is to address each individual problem.

A Exactly, yes.

Q You identify the problem and then detail the treatment and how you are going to deal with that.

A Yes.

Q On the same day the problem: "Enid may be prone to constipation due to lack of mobility."

A Yes.

B

Q And the action you take from that.

A To try to get regular bowel actions. Evaluation date is daily. "Nursing action: encourage adequate diet and fluids: 1 to 1.5 litres daily. Record all bowel actions. Report any changes. Maintain privacy, dignity at all times. Give prescribed analgesics as ordered and monitor their effectiveness."

C

Q That is signed.

A Yes.

Q Next problem you need to address "needs assistance to settle for the night."

A That is right.

D

Q Would that be a problem with many patients?

A That is to ensure they are comfortable, that you can maintain their normal sleep pattern, any anxieties that they have, and obviously any problems, if there is any pain.

Q You say try to maintain Enid's normal sleep pattern and rest pattern and to wake on own accord feeling refreshed.

A Yes.

E

Q You evaluate that nightly. In order to achieve that, what would your nursing action have been?

A Probably to offer a warm night drink, toilet requirements, and give prescribed analgesics, night sedation and monitor their effectiveness. Make sure she had a drink, call bell within reach and privacy and dignity at all times.

F

Q You written on the 26 March "Used slipper pan. Difficulty in moving. Slept long periods. Oramorph given as ordered for pain in hip" and you signed that entry.

A Yes.

Q You say on page 81 on the 3 April 1999, 4 April, 5 April signed blank entries and that indicated nothing untoward happened during the night to warrant an entry.

A Yes.

G

Q To confirm that you were all there and it was all happening but there was nothing significant.

A That is correct.

Q Anything to add to that? What was the atmosphere on the ward at night?

A It was very calm. It was OK, yes.

H

Q The comment was made, and I think we the intake into the ward actually changed as time went on.

A It did change, yes it did.

Q In what way?

A We had continuing care patient, then we would go to an assessment ward. We had various patients, orthopaedic, people with Parkinsons, some re-hab, but they would only be offered about an hour's physio a week.

B Q That was referred to by somebody else, that it was very limited physio.

A Very limited.

Q Presumably the physiotherapist would need to see whoever was in need of physiotherapy. That was not just the one person.

A I do not know because I worked nights, yes.

C Q Will you wait there.

Cross-examined by MR LEIPER

MR LEIPER: I am Tom Leiper and I represent some of the families in this inquest. I think you began working at the Redcliffe Annex in 1981.

A Yes.

D Q Can you explain to the members of the jury what the Redcliffe Annex is and how it relates to the Gosport War Memorial Hospital?

A Going back in those days, Redcliffe Annex was a continuing care area from the Gosport War Memorial which is down the avenue and the patients that we had were there basically until they died. They did not ever go home.

E THE CORONER: It was a terminal care unit.

A Yes.

Q Continuing care.

A Yes.

MR LEIPER: That was the position at the beginning of the 1980s.

F A Yes, that is when I first moved there.

Q You said the type of patients subsequently changed.

A Not at Redcliffe, no.

Q But it changed when you got to Gosport.

A Later on at Redcliffe it did change before we went back to the War Memorial.

G Q How did it change initially?

A When I say changed, it was a long time ago. I still think patients were more sort of - they were. This is a long time ago.

Q Perhaps if we concentrate on more recent times at the Gosport War Memorial Hospital. The type of patients who were coming through there, you say they were those who had more orthopaedic or Parkinsons disease.

H A No, there was a variety. They could have late stage Parkinson, some did have

orthopaedic patients that had hip replacement, multiple sclerosis. There was a variety but they were still quite poorly patients.

Q Poorly patients and for a number of them there was a prospect of recovery.

A Yes.

B Q When you started at the Redcliffe Annex, back in the early 1980s so far as you were concerned most of the patients in there were likely to remain in there.

A Yes, definitely.

Q But during the end of the 1990s, when they were in the Dryad Ward at the Gosport War Memorial Hospital there was an expectation on you part some of them would leave.

A Not a lot would go home, no. It was still [inaudible] Problems.

C Q The reasons why they had been admitted, there was a high proportion of people for rehabilitative care at the end of the 1990s.

A That was not true because we did not have the rehab resources. They were lucky if they had an hour physio a week.

Q You say the Dryad Ward was not actually set up for rehab care.

A Not really, no.

D Q That was well known within the Dryad Ward but less well known outside the Dryad Ward.

A No.

Q That is fair.

A Yes.

E Q When you began work in the Redcliffe Annex, Dr Barton was not there.

A Not when I first started there.

Q She joined towards the end of the 1980s.

A She did, yes.

F Q The general practitioner care for those at Redcliffe Annex before Dr Barton's arrival would be provided by who?

A Just the patients GP or the patients GP.

Q You would have a number of different patients in the Redcliffe Annex and they would be attended by a number of different general practitioners.

A As far I can remember, yes.

G Q You say in your statement that in the first part of the 1980s before Dr Barton arrived there was no use of opiate analgesics.

A Not that I can remember.

Q Your recollection is there was no diamorphine, no fentanyl, no Oramorph.

A As far as I can remember.

H Q There was no use of syringe drivers at that time.

A No.

Q Then at the end of the 1980s Dr Barton arrived.

A She did, yes.

Q Your statement suggests that following that arrival syringe drivers were introduced as a means of treatment for people staying - - you were about to say something.

B A No, it would only be if necessary at the end stage of life.

Q But the position is that the use of syringe drivers and diamorphine, coincided with the arrival of Dr Barton. That is what your statement suggests, is that correct?

A Yes.

Q I think the evidence is clear that it was Dr Barton who was the person who was able to prescribe the drugs.

C A Yes.

THE CORONER: Can I take you back one step? What you said was that Dr Barton arrives and syringe drivers are then introduced. Are the two connected? Is that the suggestion?

MR LEIPER: Yes.

D THE CORONER: Did Dr Barton actually introduce the use of syringe drivers, do you remember?

A The syringe driver did come into use when Dr Barton was there.

Q That was not the question I asked. You do not recall if it was she who introduced it?

A I think yes.

E Q She did.

A Yes.

MR LEIPER: It was Dr Barton who introduced the syringe driver?

A Yes.

F Q It was Dr Barton who introduced the use of diamorphine.

A Yes.

Q So far as the use of diamorphine is concerned, because it is a regulated drug is there some sort of procedure which has to be gone through before it can be administered to a patient?

A Yes.

G Q What is that procedure?

A You have to obviously check the treatment card and check how much is prescribed and it is always two nurses that have to check and administer the drug, always two nurses.

Q So far as the prescribing itself is concerned, is there a procedure in place for who it is who can prescribe diamorphine. Do you know that or perhaps that is something you do not know?

H A I do not know.

THE CORONER: When you say you checked the prescription, would you be looking to see who had signed the prescription?

A I am looking at the drug, the amount, the amount to be given, and obviously to check that it was signed and dated.

Q That would be by a doctor.

A Yes.

B

MR LEIPER: Following Dr Barton taking over as clinical as assistant at the Redcliffe Annex and subsequently Gosport War Memorial Hospital were all the patients on the ward her responsibility.

A Yes, I think.

Q So from Dr Barton arriving there would be no other general practitioners coming in to check on the patients. That is what your statement suggests.

A I think, yes.

C

Q That is your recollection.

A It is.

Q The Coroner has asked you about concerns that you had at the beginning of 1991.

A Yes.

D

Q Do you remember those concerns?

A Vaguely, yes.

Q Can you help the jury as to what those concerns were?

A Myself and other colleagues were just a little bit concerned about the use of syringe drivers.

E

Q Containing anything in particular?

A Yes, containing controlled drugs, diamorphine.

Q Your concerns were raised and subsequently with other members of staff.

A They were.

F

Q You had a meeting in relation to those concerns.

A That is correct.

Q I think you are familiar with the paperwork which documents that meeting.

A Yes.

G

THE CORONER: This is going back to 1991.

MR LEIPER: Yes.

THE CORONER: I think you said earlier those were resolved by 1996/1997.

A They were.

H

Q That was resolved to your satisfaction and to the satisfaction of everyone else.

A Yes, definitely.

Q At the time we are concerned with, 1996 to 1999, they did not present you with any problems.

A They did not, no.

Q Is that to your knowledge or is that so far as you are able to remember?

A As far as I am able to remember, yes.

B Q You have no record of any further concerns being raised as we get on into the night.

A Definitely not, no.

MR LEIPER: Your statement suggests that following you having raised concerns about the use of diamorphine and your concern it was being used for patients who did not have pain. That was one of your concerns.

A Yes.

C

Q You were also concerned about the risk to the patients' health.

A Yes.

Q You were also concerned there was a risk of the patients dying.

A Yes.

D Q As a consequence of those concerns there were several meetings that you had.

A That is correct, yes.

Q It was your recollection that a policy was going to be drawn up to formalise procedures.

A Yes.

E Q Your statement records that to your knowledge that never happened.

A That is correct.

Q Dr Barton was aware of those concerns.

A She was, yes.

F

Q Did you ever raise those concerns with Nurse Hamblin?

A We did.

Q Who was Nurse Hamblin?

A She was the sister on Dryad Ward.

Q What was her relationship with Dr Barton?

A A normal sister/doctor relationship.

G

Q Over what period of time did Dr Barton and Nurse Hamblin work alongside each other?

A I cannot remember.

Q Ten years, 15 years?

A I do not know.

H

Q It was a long time.

A Yes.

Q Do you know whether or not Nurse Hamblin ever shared your concerns?

A I do not know.

Q Page 5 of your statement in relation to Mr Cunningham, do you have page 5 there? It begins with the sentence "The other nurses would do the same". Do you have that? Can you confirm that?

A Yes.

Q You see the second paragraph there, could you read for the jury what that paragraph says. This is your statement, second paragraph.

A "I did not have any concerns in respect of Mr Cunningham although I had no concerns with previous patients on the ward."

Q This is the Dryad Ward.

A I cannot remember if it was Dryad or the Redcliffe.

Q It is possible that you did have continuing concerns while working on the Dryad Ward?

A I cannot really remember.

Q It is possible.

A I do not really know.

Q You say that you did not have any concerns in respect of Mr Cunningham. You do not remember him at all, do you?

A I do not, no.

Q The jury have heard he was a pensioner on the Dryad Ward between 21 September 1998 and the 26 September 1998. This gentlemen had an extremely bad bed sore. If I could give you a few details to see if it rings any bells. He had been admitted by Dr Lord with a view to more aggressive treatment of his sacral ulcer and there was an episode of unruly behaviour which may have happened in the course of your shift. Do we have the original Cunningham records here?

THE CORONER: Do you want to move on and come back to that point?

MR LEIPER: It would assist if we have them.

THE CORONER: You will have them but - he will be amongst us moving about.

MR LEIPER: To save time there may be questions in relation to Mr Packman's records as well. Could I ask for the Cunningham records, page 867. Do you have page 867 there? At the bottom there is an entry dated 22 September 1998. Do you see that?

A I have it here.

Q Do you see who signed that entry? It should be at the bottom of the page or there is a signature on my copy.

A The staff nurse signed it.

Q Let me just read it out to you to see if it rings any bells for you? To put it in context,

Mr Cunningham had been admitted on the 21 September. This is an entry while dated the following day refers to the evening, as I understand it, of the 21 September the date of his admission.

B “Mr Farthing has telephoned explaining that a syringe driver containing diamorphine and diazepam was commenced yesterday evening for pain relief and to allay his anxiety following the episode when trying to wipe sputum on a nurse saying he had HIV and was going to give it to her. He also tried to remove his catheter and empty the bag and remove the sacral dressing and throwing it across the room. Finally he took off his covers and exposed himself.”

There is a reference to that happening in the course of the evening on the 21 September. Does that ring entry bells with you?

A No, because that could be before I came on duty.

C THE CORONER: It has no memory for you.

A No, nothing whatsoever.

MR LEIPER: Stay on the same page, 867. We know that a syringe driver is begun at 11.00 that evening and the entry immediately above the one we just read out says “Remained agitated until approximately 20.30, syringe driver commenced as requested.”

D A Yes.

Q That is not your signature there, is it?

A No, definitely not.

Q You would not be able to help us who it was who requested its commencement.

A No.

E Q You have told the jury about your hours of work which were from quarter past eight at night until quarter to eight in the morning.

A That is right.

Q Was that the usual pattern for all night staff?

A The usual pattern, yes.

F Q Page 753 in the bundle, do you have that there?

A I do.

Q It is a drug chart.

A Yes.

G Q Which on the left-hand side names a number of drugs.

A Yes.

Q Then it has some times. If one looks by way of example you see the entry - two entries - in relation to the drug Sinemet. If you look at the entry sinemet 110. Do you see that?

A I do.

H Q Alongside that there are some times, 0600, 0900. 12:00, 1500 and 1800.

A Yes.

Q The entry in relation to Mr Cunningham at 0600, if one goes along the table there are a number of different columns, a number of different boxes.

A Yes.

Q Each of the boxes has a number at the top of the page which records the date.

B A That is correct, yes.

Q Can one tell from this chart that on the 22nd that Mr Cunningham was administered Sinemet at 0600 hours in the morning?

A Yes.

Q Because there is a signature there?

C A There is a signature there.

Q That indicates the drug was given.

A Yes.

Q One goes to 0900, 1200, 1800 there is another signature there?

A That is correct, yes.

Q If a patient was asleep at the time when it was appropriate to give them the six o'clock in the morning drug, what would happen?

D A That entry would not be signed. You would have to document on the treatment chart why it was not given.

Q If the reason was that the patient was asleep, what would you put?

E A It would have columns where that would be, like a number there. It would be at the back of the treatment card it would be documented there the reason.

Q Is what you are looking at 754, at the top, we have a reference to the reason why Mr Cunningham was not given drugs on the 21 September 1998 at ten o'clock at night because he was sedated? Do you see that?

A Yes.

Q Had he been asleep, what would the entry have been then?

F A I do not know because I was not on duty then.

THE CORONER: What would the entry have been? If you were going to enter up somebody was sleeping, would you put they are sleeping?

A Yes.

Q You distinguish that from somebody being sedated.

G A Yes.

THE CORONER: Is that your point?

MR LEIPER: Yes. At that exceptions to prescribed orders, the night duty staff including yourself would be obliged to make an entry in the event of medication which should be administered during your period of responsibility not being administered.

H

A That is correct, yes.

Q Presumably you would get in some trouble if you did not.

A Yes.

THE CORONER: That is job. That is the job that you do.

A Yes, exactly.

B

MR LEIPER: The entry in relation to Oramorph - going back to page 753, the top entry, the top drug, is that co-proxamol?

A That is co-proxamol, yes.

Q The entry timed 0600 hours has a cross against it.

A Yes.

C

Q What does that mean? The drugs on the left-hand side, the box the numbers along the top signifying the top then there is a cross.

A That means it was not given.

Q It would follow, would it, that because Dr Barton did not begin her shift until quarter to eight she would not know whether or not the six o'clock in the morning drugs had been given.

D

A That is right, yes.

Q Unless by reference to the chart.

A That is correct, yes.

Q She would only know if it had been given if the drug chart was initialled.

E

A Yes.

THE CORONER: I am not sure that is right. What we have heard is Dr Barton attends on the ward and talks to you and talks to the patients. It is not just from the knowledge of the chart.

A No, that is right.

F

Q That is the evidence that has been given.

MR LEIPER: I am grateful for that distinction.

If it was an issue, she could be satisfied that the drug had been given.

A Yes.

G

Q If you go to page 869, this is a summary of significant events. Is that a document to be completed by nursing staff?

A This is by nursing staff.

Q If something untoward happened over the course of a night with Mr Cunningham or another patient, would you expect an entry to be included?

A Yes, definitely.

H

Q You say definitely.

A Yes, it would be.

Q Nursing staff were under an obligation, night staff were under an obligation to include significant events.

A Yes.

Q What sort of significant events would you include?

B A Any changes in the patients, any deterioration on the patient's condition, the giving of any medication.

Q What about any abnormal behaviour?

A Yes.

Q Any pain?

C A Any pain, yes.

Q Any refusal to take medication.

A Absolutely, yes. Any discomfort, yes.

Q All nursing night staff would be aware of that as an obligation.

A Yes.

D Q So far as Mr Packman is concerned, put aside those bundles and pull out the Packman bundle, the jury have heard Mr Packman was a gentleman who was substantially overweight and he died subsequently from a gastrointestinal bleed. He is somebody you do not have any specific recollection of. Page 79 in the bundle. Are there any entries there by you and, if there are, could you begin with the one earliest in time?

E A Yes. On the 27.8.1999: "Oramorph given as prescribed. Comfortable night. Not complaining of any chest pain." Signed by me.

Q Are there any other signed by you on that day?

A Yes, next paragraph, "Oramorph given as prescribed. Condition variable. Drinking well. Appears hydrated. Slept long periods."

Q Is there any anything there by you?

F A Yes. On the 31.8.1999: "Peaceful night. Incontinent. Black tarry faeces ++++. Nil taken by mouth. Remains hot."

Q So far as that entry in relation to black tarry faeces is concerned, I think you say in your statement that indicates either he has been on iron tablets or having an internal bleed.

A That is correct, yes.

Q It is an obvious symptom of an internal bleed.

G A Yes. I am not a doctor but I documented that, yes.

Q If you go to page 83, do you see an entry on page 83 which is yours?

A I can.

Q What date is that?

H A The 31.8.99: "Continues to pass large amounts of black tarry faeces."

Q I think you comment or you state in your statement - we know that Mr Packman died on the 3 September 1999 so this is you seeing him recording symptoms some four days before that. You comment in your statement about the fact there was no change in the nursing plan as a result of these black tarry faeces.

A Yes.

Q Why did you make that comment? Would you expect a change in the nursing plan?

A Yes, definitely, yes; I would have done.

Q You definitely would have expected a change in the nursing plan.

A Yes, in the care plan, yes.

Q That is the case from your perspective as a nurse, a gastro intestinal bleed is an emergency?

THE CORONER: Would you see it as an emergency or a significant event, a change?

A A change, yes.

MR LEIPER: A significant event which should be managed by a reference to a care plan.

A Yes.

Q That did not happen in this case.

A No.

Q Thank you very much.

MALE SPEAKER: I have no questions.

Cross-examined by MR JENKINS

MR JENKINS: Can I ask some questions on behalf of Dr Barton? What you have told us that you were working at the Gosport War Memorial Hospital from the early 1980s.

A I was, yes.

Q When you trained, you were not trained in the use of syringe drivers?

A No.

Q They did not exist.

A They did not.

Q When you trained as a nurse. We have heard in the late 1980s at the War Memorial syringe drivers were used and Dr Barton was using them from time to time with patients.

A Yes.

Q I think you have not had any training.

A That is correct.

Q I think there were other night staff who were in exactly the same position as you: no training and were asked to look after patients where there were syringe drivers 24 hours, so syringe drives whilst you were looking after the patients.

A Yes.

Q You told us that some concerns were raised and as a result of that there were a number of meetings in 1991.

A That is right.

Q I think essentially it was a few members of the night staff who were raising the concerns.

A Yes.

B

Q Was that the case with all of you raising concerns that you had not been trained in syringe drivers but were being expected to look after patients without the training?

A Yes.

Q I think the meetings involved senior nurses, certainly day staff senior nurses and night staff, and a consultant geriatrician, Dr Logan.

A Yes.

C

Q Dr Barton was there.

A Yes.

Q Nurse Hamblin was there as the senior day sister.

A Yes.

D

THE CORONER: Is this going to a point that is resolving to your satisfaction?

MR JENKINS: Yes, absolutely.

[To the witness] I think it was explained to you that the purpose of syringe drivers was they were an effective means of avoiding breakthrough pain. It was a way of delivering medication to a patient and consistent over a 24 hour period, is that right?

A Yes.

E

THE CORONER: Is it a way of avoiding breakthrough pain, I am not sure.

MR JENKINS: It means you do not get any medication for four hours and then the levels stay the same at a consistent level.

F

THE CORONER: Putting that it would not prevent breakthrough pain is not quite right.

MR JENKINS: It is a way of maintaining a consistent delivery of medication to patients.

THE CORONER: Avoiding the peaks and troughs, is that right?

G

MR JENKINS: Indeed.

[To the witness] Was it explained that opiates were of benefit not just to patients with pain but for other symptoms as well, restlessness, agitation?

A Yes.

Q You told us that one of the concerns was that some patients did not appear to have pain were getting opiates or diamorphine.

A Yes.

H

Q I think part of the subject of the meetings was an explanation to nursing staff that opiates, diamorphine particularly, were very useful in patients who were restless or agitated until they died.

A Yes.

Q You told us diamorphine was a useful drug in treating patients with breathlessness.

A Yes.

B

Q It was helpful at night. Perhaps belatedly, later than it should have happened, the night staff were told about syringe drivers, were told about the uses of drugs that could be given by syringe drivers.

A Yes.

Q It should have happened earlier but it happened in 1991 when you raised concerns.

A Yes.

C

Q We have been told by a professor that the majority of terminally ill patients are treated with opiates. Did you understand that? Did you know that?

A Yes.

Q We have been told that a syringe driver is recommended in books for doctors and pharmacists and nursing staff to use as a means of delivering strong opiates to maintain levels of pain relief to patients.

D

THE CORONER: You fall into the trap immediately of pain relief and the other of administering which is of particular significance bearing in mind Professor Black's statements.

E

MR JENKINS: That is essentially what I wanted to ask.

Having had respectively training, explanations, in 1991 did that resolve your concerns about the use of syringe drivers?

A Yes.

Q Did it or did it not?

A Yes.

F

Q Part of the issue was for night staff patients may not show distress during the night yet they were still on syringe drivers.

A Yes.

Q I think you were being told that patients may be very different during the day when day staff were dealing with them than at night when night staff were.

A That is right, yes.

G

Q I think what was being said to you, you as one of a number, a handful, of nurses raising concerns was that patients should be pain free, if that could be achieved, all the time.

A Yes.

Q Not just overnight.

A Yes.

H

Q The day staff would be doing rather more with patients I think than night staff.
A This would be correct.

Q Patients should be pain free when they were handled if they are being moved, changes done to dressings and matters of that nature.

A Yes.

B Q Not just pain free when no-one is near them but pain free all the time.

A Yes.

Q Thank you.

THE CORONER: Mr Wilson, can I stop you whilst we replace the machinery.

C (Adjourned for a short time)

Cross-examined by MR WILSON

MR WILSON: You said that Dr Barton at the Radcliff Centre introduced diamorphine as a painkiller.

A Yes.

D Q How was pain controlled prior to the diamorphine being introduced or did the patients die in pain then?

A They did not die in pain. It was a process called the analgesic ladder where you start off with the weakest analgesic and then increase or go to the next one as necessary.

Q What drugs would be used if diamorphine was not used?

E A I cannot recall.

THE CORONER: I am not sure that it was Dr Barton who introduced diamorphine.

MR WILSON: Sister Turnbull said that.

F THE CORONER: I know she did. Certainly it was the syringe driver is the message I have got but was it not in use before then?

MALE SPEAKER: We think it was but it can't be verified.

MR LEIPER: Nurse Turnbull has given evidence about it and she was clear quite it was not.

THE CORONER: She said it was not.

G MR LEIPER: Yes, that is her evidence.

THE CORONER: She is quite clear about it but I take that on board.

MR LEIPER: If she was unclear, she would have said so and she has not.

H THE CORONER: Do you remember? Would you have known if diamorphine was in use before then?

A It is a long time ago and I cannot really recall.

Q From your memory diamorphine was not in use before Dr Barton arrived.

A As far as I can - yes, that is right.

MR WILSON: The types of the drugs being administered through the drivers we know was diamorphine, midazolam. In your statement you made for the police, the result of these drugs would have led to what as you put it in your statement? Can you remember?

B

A I cannot remember what I put in my statement, no.

Q In your nursing knowledge the use of those drugs how would that affect the patients?

A It would calm the patients and have a sedative reaction. They would be quite calm and asleep.

C

Q You go a bit stronger than in all three of your police statements.

THE CORONER: That is what she is saying now. Would you take in any further than that?

A No.

MR WILSON: They would not be become heavily sedated, unarousable and die.

D

THE CORONER: Calm and sedated.

MR WILSON: In all three of her police statements she has come across with a lot stronger than she has come across now. I would like to know whether the drugs given are going to lead to the patient being unarousable and die.

THE CORONER: The answer is yes they are if given in sufficient quantities. That has got to be the issue. That was the issue Professor Black addressed.

E

MR WILSON: Thank you.

Going back to 1991, and I do not want to go over it too much, you had concerns and again when you were asked you said you had a bit of a concern. Bit of a concern or, according to your statement, very concerned?

F

A I was concerned in 1991.

Q A bit concerned or very concerned?

A Very concerned.

THE CORONER: That has got to be right, so much so that a meeting is set up to address the issue.

G

A Yes.

Q That was unusual in itself.

A Definitely, yes.

Q It was an issue for you all.

A Yes, it was.

H

Q But that was addressed.

MR WILSON: Following that meeting, you have already said you were still unhappy. You did say that. You certainly say it in your statement.

A Yes.

Q At that meeting, I know it is a long time back, how did you feel that meeting went when you had the meeting?

B THE CORONER: I do not want to do this. The situation is we are looking at 1996 to 1999. Those that have been asked said the issues were addressed and their concerns did not continue. I am not looking at the circumstances in 1991. I have no doubt there were all sorts of things happening then. None of those is relevant, so far as I can see, from 1996 to 1999 and the ten deaths that I am looking at. Nurse Turbitt was quite specific in saying that no, it did not go beyond that. I really do not want to go any further on that. I am not going any further into it.

C MR WILSON: With respect, Mr Bradley, our concerns that we have now are exactly the same concerns. What we are saying is those concerns were not sorted.

THE CORONER: What you have been told is they have been.

MR WILSON: We do not have any proof they have been.

D THE CORONER: You have somebody telling you they have been.

MR WILSON: I will take that.

The relationship between night staff and day staff, what would you say that relationship was like at that time?

E A It was OK. The relationship was fine.

Q Again in your statements to the police you stated that you felt "me and my colleagues were labelled as trouble makers." Would be that correct?

A That was 1991.

THE CORONER: Is that what you are looking at, 1991 time.

F A Yes.

MR WILSON: Were you labelled as trouble makers or did you feel you were labelled as trouble makers?

A We were labelled as trouble makers.

THE CORONER: Let us stop it.

G MR WILSON: I want to lead on to something.

THE CORONER: Mr Wilson, please accept that I am sitting up here and you are sitting down there and I am saying I am not going to take that. If you want to move on to your next point.

H MR WILSON: Who set up the drivers?

A The nursing staff.

Q Day staff or night staff?

A Whoever was on duty, day staff or night staff if required. If the patient required the syringe driver then, it would be set up by two nurses.

Q Because again in your statement you do say that the drivers were set up by the day staff.

A Not necessarily.

Q OK, fine.

THE CORONER: It would normally be day staff, would it not?

A It depends. A lot of time it is the day staff but night staff can do it if required.

MR WILSON: You have also said while you have been here today during your statement that obviously it is a long time ago that we are looking at and you cannot remember an awful lot of things?

A Yes.

Q How can you be so sure that the families were told about the syringe drivers before they being administered? You were very sure about that.

A I cannot recall that I said that.

THE CORONER: I do not remember her saying that either. Did somebody make a note of that? I have not got a note of that.

FEMALE SPEAKER: I believe a question was asked regarding the families were notified and you said I cannot remember and then you went on to say families would always be notified.

MALE SPEAKER: I think that was about the death of a patient not the use of a syringe driver.

THE CORONER: This Committee has decided you are not right.

FEMALE SPEAKER: Thank you for that. She is speaking very quietly and I have to job to hear.

MR WILSON: Mr Jenkins said following the meetings re-1991 that you were trained in the use of drivers and you were happy with those. I think that is what you said. Mrs Turnbull was trained and you were trained in the use of drivers.

A I do not recall him saying that.

Q Forget that. Were you trained in the use of syringe drivers?

A Yes, eventually, yes.

Q When would eventually be?

A We were trained in syringe drivers.

Q When would that be?

A I cannot recall.

THE CORONER: The evidence we have had elsewhere is that was on-the-job training and over a period of time.

A On-the-job training over a period of time.

MR WILSON: Again in your statements you say Mrs Evans said she would arrange training in the use of the syringe driver, "however as a State Enrolled Nurse this did not affect me as I was State Enrolled Nurse."

A At that time I was a State Enrolled Nurse and I would not actually have set up the syringe driver. That is correct. It would have been in those days a registered nurse.

THE CORONER: Can we take you on from there for a moment. If that had been the case, would you have been the second person to sign? Would you have been an acceptable person to sign as a second person to sign?

A Yes.

Q You are involved in the process of setting up the driver.

A In those days, yes.

THE CORONER: Thank you very much indeed. I release you.

(The witness withdrew)

I will move on to Mr Farthing. Do you prefer to be called Mr Farthing or Mr Stewart-Farthing.

MR STEWART-FARTHING: It can be either. I have accepted a lot worse at times.

CHARLES RODNEY STEWART-FARTHING, sworn
Examined by the Coroner

THE CORONER: Charges Rodney Stewart-Farthing.

A Yes.

Q You are Mr Cunningham's stepson.

A Yes.

Q How long was he your stepfather?

A Since 1977.

Q A close relationship?

A As close as one can get as stepfather, yes.

Q His health problems?

A Yes. Brian had in 1980 was the first indication --- Perhaps I should start at the beginning. He had actually a very long-standing war injury. He had been a pilot in the war and had been involved in a crash landing of an aircraft on the American Lease Lend which ran out of fuel and he was injured. He had actually only the second spinal fusion operation of its type.

Q When was that done?

A In 1945, somewhere in London I guess. I do not actually know.

Q Stoke Mandeville was starting at this time.

A I do not know.

Q I think they pioneered an awful lot of that. I do not remember. I am not old enough.

B A This left him with a permanent disability whereby he had a serious limp. That is all I can describe it as. When I first met him he walked with a stick invariably. His condition deteriorated gradually over the years. That became an arm crutch and so on from there.

In the 1980s he developed what was called at that time Parkinson's syndrome. It only manifested itself, as far as I could see, in a very, very slight shake in one of his hands and that was something that continued for many years and apparently it did not get much worse.

C Q Was he receiving treatment for that?

A Yes.

Q Medication for that?

D A Yes. Dr Lord was his specialist consultant and she reviewed his condition from time to time. Initially it was with large spaces in between and as time went on it became more frequent medication from one to another. Latterly the drugs he was given did not suit him and there were problems with him refusing to take them or taking them at his convenience.

Q He was not medication compliant.

A I think I agree with Dr Lord he would take the drugs when he felt he needed them to some extent. It seemed unusual to me but that was actually the case.

Q You want to talk to us.

E A I was going to say my mother and Brian married in 1977 and both were second marriages. Brian had no contact with his former family at all although my mother had seven children of whom I am the eldest, and by and large we have always had a reasonably sociable relationship with one another and kept in touch despite being spread around the world even today.

F My mother was a victim of cervical cancer and died in 1989 at the age of 69 and it was from this that I first came across the use of syringes drivers. The time arrived in her treatment when she was started on a syringe driver and the infusion of diamorphine resulted in her death within six days. After this Brian continued living alone in their home in [inaudible] Gosport for several years and was able to look after himself quite well and was aided by a long-standing home help who did domestic chores two or three times a week.

G I mentioned he was diagnosed with Parkinsons syndrome in the 1980s and this was controlled by a variety of drugs which was reviewed on a regular basis by Dr Lord. Apart from that he lived a reasonably normal life although he walked with the aid of a stick for as long as I had known him due to the spinal injury I have spoken about.

H He did have some mobility problems although he was a very intelligent man, had a very good, analytical brain and could beat me hands down with *The Telegraph* crossword quite frankly. He was that kind of thinker. He was fully mobile with a car and later he bought a small electric scooter. He was able to operate to and from the car as he needed to. Indeed it is from that time that his physical mobility started a very slow and gradual decline which I

attributed personally to the reduced use of his muscles.

Q Just an aging process.

A I just felt that the scooter was a turning point. He was not exercising quite as much therefore especially going up and down stairs and steps, and this is one of the difficulties in our home. We have a lot of steps as I am sure Gemma will testify. She was there the other day. Getting in and out was a problem for him.

B My stepfather was a difficult man at times and managed to alienate people by his manner and attitude, and he upset other members of my family to the extent that my wife and I were the only ones who could tolerate him. He was certainly capable of being unduly blunt and discourteous and he would readily complain about anything he was not happy about. By contrast he was a good conversationalist and often very generous to a fault.

C During his later years Brian was in and out of hospital with various ailments. I remember one was kidney stones. He got treatment, you will be hearing about that later in, in Mulberry, a month or so before he found himself in the Gosport War Memorial Hospital. I did not know at the time but that was to do with his mental condition I understand. He attended the Dolphin Day Hospital regularly to see Dr Lord before his Parkinsons review. The Dolphin Day Hospital is physically part of the Gosport War Memorial Hospital.

D Q [To the jury] You are all fairly local so you are aware of Gosport and the hospital.

A In his later months as his mobility declined he lived in a number of rest homes and nursing homes, the last one being the Thalassa Nursing Home in Gosport. I have read a number of misleading statements relating to this unsettled period and for the record I would like to say the reason for his being unsettled was simply he believed that the residences were haunted, nothing to do with being unsatisfied with the standard of care that is stated. The reason for that was the gradual progression of the Parkinsons which necessitated adjustments of his drugs and the result was hallucinations. He was seeing people in his bed, snakes on the floor and that sort of thing and as a result could not settle anywhere for more than a few weeks. Indeed, I think he knew this himself. We discussed this sort of thing regularly and he tried his best to cope with it but it was very difficult for him. I think he was on sinemet. They changed his medication to sinemet I seem to remember.

Q He was not coping with the condition he had, the medication.

A He was coping the best he could. He was a person who believed in mind over matter. I am sure he put up with a lot of things that other people would not put up with in terms of his health.

The thought of taking Brian into our own home was never far away but the plain fact was that at the time this was an issue his mobility had declined to the point where it was an impossibility because of the access as I had mentioned.

G On the morning of the 21 September 1998 I collected one of Brian's remaining boxes of belongings from the previous residence and took it to the Thalassa Nursing Home. This was one of several such excursions over several weeks in order to allow Brian time to empty each box one at a time and dispose or arrange its contents. Upon arrival that morning, the 21st, Monday morning, I was informed that Brian had been admitted to Gosport War Memorial Hospital following a planned early morning appointment with Dr Lord.

H

Q You are actually told when you arrived at Thalassa that he has gone to Gosport already after the appointment with Dr Lord.

A He had an early morning appointment with Dr Lord and I was told when I arrived at the nursing home that he had been admitted.

Q Would that have been at the nursing home the appointment with Dr Lord?

B A No, it was the Dolphin Day Hospital. Unfortunately no further information was available due to the absence of the resident nurse at that time.

Q You go to Gosport.

A Immediately I went to the hospital at a round 10.00 am that morning and asked if it was convenient to see Brian as I was preparing to depart on a drive to London and would not be back for two days. I was informed he was in Dryad Ward and given directions. It was during this exchange that another male member of staff at the time in the office at the time passed the remark "This is the death ward".

C

Q Which you obviously took exception to.

A I was absolutely shocked of course. I considered it to be an utterly irresponsible and facetious thing to say to anybody.

Q When you get to Brian, what do you find?

D A I found him alone in a four-bed cubicle sitting up in bed on one side and I asked him, in my usual friendly manner between us - we have our own relationship - "What the devil are you doing here, Brian." He was at the time perfectly normal and cheerful as I saw him. He said he had a sore butt and was in for treatment. I had been previously vaguely away of his behind being somewhat sore from a previous discussion on the telephone.

E I explained that I had deposited another of his boxes in his room prior to driving to London for a couple of days only to find he was not there. I then asked him if there was anything I could do for him, anything I could get in view of his unexpected admission, and the only request he had was for a supply of chocolate and a box of tissues. I know he is fond of chocolate and he needed the tissues to wipe his mouth. One of the symptoms of the Parkinsons was his lips frequently became moist with saliva and he had to keep wiping them. He was very self-conscious of this. I then proceeded to the local shop and bought adequate supplies to cover the period I would be away and returned them to Brian. May I call him F Brian? His was Arthur Dennis Brian but we knew him as Brian.

I then asked a passing nurse for directions to the toilets prior to my journey, to be told I was directed to the end of a long passageway that passed about six similar cubicles to the one Brian was in. They all had four beds and each had a single occupied bed whose occupant was clearly unconscious with abnormal skin colouring.

G It occurred to me then, without much significance to it, it was a form of cruelty to segregate Brian into such a ward and felt he should have been in the company of others as he was quite a gregarious person and enjoyed intelligent discussion.

H I then went back to bid farewell to Brian and said I would see him the day after tomorrow on my return from London. Before leaving the building I asked a nurse in the reception area if it would be possible to see a doctor or someone in authority. With this I was introduced to nurse Hamblin. She said that Brian had the worst bed sores she could remember seeing and

incredibly expressed the opinion he could not survive them. She also advised me to consider making a complaint against the nursing home for allowing things to deteriorate to the extent they had.

B I then asked to speak to a doctor and was told I could see Dr Lord at 5 pm that day and there was some discussion about no permanent doctor on site. I do not remember how that discussion went. I know there was an appointment with Dr Lord at 5 pm that day. I explained my impending absence and this was changed to the following Monday, not two weeks as we have been hearing but the following Monday, the 28th.

C Although I was not aware of it at the time, the hospital notes indicate that it was actually Dr Lord who had arranged for Brian's admission following his visit to the day hospital, as I said, and she produced a clear care plan which has been described as competent and appropriate. In summary the plan alludes to aggressive treatment of the sacral ulcer, a high protein diet, of 2.1 mg to 10 mg of oral morphine as required at intervals of four hours. It also mentioned the nursing home bed should be kept open for at least three weeks, something of that sort.

Q That is what we got fairly early on.

D A The following morning I telephoned the hospital from London to inquire about Brian's progress and was told that after I had left he had become difficult and abusive to staff and had been given something to quieten him down. I expressed regret and said I would visit the hospital immediately on my return the following morning and have strong words with him about his behaviour. Knowing Brian as I did, I was utterly confident it was nothing more than a simple flare-up due to somebody having said something to him or done something to him that he did not like. I was given no indication Brian's condition had deteriorated or worsened in any way only that his behaviour had been unacceptable.

E On route through Fareham to get to Gosport I collected my wife and we arrived at the hospital at about twelve o'clock lunch time on Wednesday 23 September. I was absolutely shocked to find Brian was totally unconscious and then discovered he was being administered serious drugs through a syringe driver. There was no hydration or other infusion and I understood the implications immediately from my previous experience with my mother.

F I was certainly not told, during my telephone conversation with the hospital the day before, drugs were being administered in this way and the nursing notes are totally incorrect and misleading in that respect. It later became apparent to me the syringe driver had commenced two days before on the evening of the 21 September, the first day of his admission, despite the existence of Dr Lord's care plan prescribing small doses of Oramorph orally as required.

G By now I was beginning to realise the full extent - and this is where I need to be careful because I have been asked not to make a [inaudible] statement by you Sir - the full extent of my experiences on the Monday and what was said then. I was utterly appalled and demanded the syringe driver be stopped immediately in order that I might have a final conversation with Brian. This was refused by Nurse Hamblin who said only a doctor could authorise its removal. I asked for this to be obtained forthwith and informed by Nurse Hamblin that the visiting doctor responsible for the ward, Dr Barton, could not be contacted but would be visiting later that afternoon.

H It was with this that I started to feel exasperated and angry. I no doubt become very rude

with Nurse Hamblin to the point my wife had to apologise for my behaviour. Then miraculously the hospital vicar appeared on the scene and asked me into her office. It was as though it had been pre-arranged. During my interview she tried to quieten me with various platitudes including the inevitability of death and suchlike. After this Nurse Hamblin reappeared to inform me that permission to stop the syringe driver had been refused by Dr Barton and she would not now be visiting that day. If this is an example, clearly it is not the same Dr Barton we have heard is always willing to do her best for her patients and meet relatives to explain what is going on. I was now convinced was Brian intentionally executed.

B

Q I do not think you can go there.

A I was absolutely certain of it at that point. Later indeed I found the manuscript statements by Dr Barton to the effect in the hospital records which I obtained during one of the earlier police investigations where she said on the 21 September, the day of the admission, and later on the 24 September she had written "I am happy for staff to confirm death."

C

Q You heard what the procedure was for that. It is not a death sentence, just in the event of death staff will do that without having to call her or some other doctor.

A It did not look like that to me.

Q I am sure it did not. You are making the point but I do not know from the evidence we have heard over the last week that is position. Go on please.

D

A We heard Sister Joines the other day and others stating syringe drivers were never commenced unless a patient could not swallow or refused to swallow, also that the hospital always involved the families in such decisions. This most certainly did not happen in Brian's case which is one reason we are here today. It beggars the question why Brian sent me out to get chocolate for him in the morning on the same day as he was given the syringe driver if he would not eat it.

E

MALE SPEAKER: I do not mind a witness giving his evidence, it is important that he does, but I am rather concerned it seems to be arguing the case.

THE CORONER: Indeed. We need to be quite careful. I can put this into working order after the event but really what I cannot take from you is dogged statements of the type that you are making.

F

A This is how I felt.

Q I am sure you do and I told you when we started this inquest we are here to look at the deaths and what has happened. The comments you are making are gratuitous and to certain people will be offensive. I think I need to keep you on track as to the factual matters. It is very difficult. I am trying to be understanding but please do not overstep.

A I will try not to.

G

One further point of serious concern that I have discovered is the doses of diamorphine.

MALE SPEAKER: He is arguing the case.

A The medical notes have been quite clearly and deliberately overwritten after the original notes had been completed.

H

THE CORONER: I do not think that is right. I do not think there is any evidence of that at

all. Certainly from all the people that have looked at the notes there is no evidence of any overwriting.

A Can I refer to page 869 of Mr Cunningham's notes, the 25 September.

THE CORONER: Do I have the original? I would like to see the original? What page are you looking at?

A 869.

Q It is that special folder. Can I see the original? Which entry are you looking at?

A 25 September and 26 September. It is in a different pen at the very least. We have diamorphine 60 mg on 25 September and on the 26 we have diamorphine 80 mg. There is no reason why it should be different to the rest of the written statement in a different pen.

Q Nobody has ever answered the question. Presumably because of the difficult morphine prescription.

MALE SPEAKER: There is other evidence it is written in red because it is a controlled drug.

THE CORONER: That is the understanding. It is not a different pen, it is actually a different colour. You see the original.

A Is it the same as all the others? It comes out the same as the earlier - you cannot distinguish the difference. It is in a different pen.

Q It is a different colour because it is a controlled drug. The earlier statement diamorphine was also in red.

MALE SPEAKER: The jury can see this.

THE CORONER: It is obviously overwritten. There is another one there if anyone wants to see it.

A I have been looking at the document where it is in black. That is how it appears. (inaudible.)

MALE SPEAKER: That is another one, again written in red if the jury could look at it.

A They both look in black.

THE CORONER: Yes, but the whole point is if it is a controlled drug that goes in red.

A You take my point. Looking at it in black, it looks like it is overwritten.

Q Yes, anything else?

A From that point on, my wife and I remained at the hospital with Brian apart from night time when we went home to rest. Whilst awaiting the pleasure of Dr Barton, who finally made her appearance at 5 pm the following day, the 24 September, we were told unequivocally that Brian was dying. It was the poison emanating from bed sores and it was too late to interrupt the syringe driver which she said was needed to ensure he was not discomforted in any way. In any case, it was very unlikely he could recover enough to speak coherently.

I accused Dr Barton of murdering Brian and the interview was rapidly terminated. My wife and I remained at Brian's bedside awaiting the inevitable which duly happened on the late evening of the 26 September. I will never be able to get over the thought that Brian's death

was intentional whatever comes out of this. It was achieved in front of my very eyes, also that I was wilfully deprived of a last opportunity to speak to him to satisfy myself he knew what was happening and was happy with it.

Cross-examined by MR TOWNSEND

B MR TOWNSEND: A couple of questions. Would you accept that you are a man with fairly fixed opinions that are difficult to shift?

A I would not say that, no. I am a very considerate person who likes to hear all the argument before reaching a decision.

C Q Let me ask you this then. You have told us in the evidence that you have just given that you spoke to Nurse Hamblin on the first occasion that you went to the hospital and, to use the words you used today and indeed in your police witness statement, you said words to the effect that incredibly she told you that your stepfather was unlikely to survive the bed sore.

A Yes.

Q Do you accept, having heard the evidence of Professor Black, that in fact that was correct?

A What was the question? Start again please.

D Q Do you accept, having heard the evidence of Professor Black about the prognosis given about the bed sore, that what Nurse Hamblin in fact told you was correct, that was very, very difficult to treat.

A I think it is debatable. We would need to cast that further with other authorities before I would accept that.

E THE CORONER: You have Professor Black who was quite clear about it. You will have Dr Wilcock the week after next so you have the opportunity to test that. Professor Black was quite clear those were very severe and serious bed sores.

A That is one opinion.

Q That is right, but you have the opinion of Nurse Hamblin, the opinion of Dr Barton. Those are the ones you do not accept. What we have got now is one generated for me.

F A Brian went into the hospital and I saw him on the Monday morning --

Q You are missing the point. What you are saying is you do not accept the position. What I am saying to you is on the evidence that we have got, and particularly I am putting credence on Professor Black, that he is quite clear about it. What you are doing is rejecting that statement from him.

A At the present time I am keeping an open mind if I may.

G MR TOWNSEND: Let me remind you to use two phrases that he used. One phrase was that it was almost impossible that it could be cured and treated and indeed your stepfather would survive. Second the word was "miracle" which is what he said was being hoped for by keeping the nursing home open. Do you accept that as a professor of geriatrics.

A At that time I did not accept it at all. I have strong reservations now.

H MALE SPEAKER: With respect to my learned friend, I am not sure this is an exchange that

is going to assist the jury in their deliberations. It is for them to form their view in relation to the cause of death and Mr Farthing is not an expert. He will not be able to assist the jury in what the cause of death is.

B THE CORONER: The difficulty is he has asserted and put forward those statements. Perhaps if I were sitting on my own I would form a view but I am not. A jury is entitled to question that, and to question whether those opinions are reasonably held. I think that is the issue. It goes to so many points in these inquests. People say things and they need to be brought to account, not in a critical way but to test that statement, to test that evidence. I think that is exactly what is being done. I cannot stop you.

MR TOWNSEND: I will be very short.

C THE CORONER: I am not being critical. What you are saying is of some value. What Mr Farthing is saying is of some value. He is answering you and saying he does not accept the evidence as it is.

MR TOWNSEND: I am accepting that point. The second point I make is this. You went into the hospital again on Wednesday 23rd. My understanding is at that point you had not spoken to any doctor at the hospital.

A No.

D Q Indeed, you had not spoken to the geriatrician, Dr Lord, who was the geriatrician who admitted Brian to the hospital.

A No.

Q Not having spoken to anyone medically, you nevertheless, to use your own words, demanded that the syringe driver should be removed.

E A Yes.

Q You were told by Nurse Hamblin that could not be done without the authority of a doctor.

A That is correct.

F Q You have heard the evidence of Professor Black that the institution of a syringe driver with diamorphine, leaving aside the question of notation and doses, was appropriate in his opinion?

A If that is what he said. I cannot remember that detail.

Q He did not criticise the use of the diamorphine at that stage or the use of a syringe driver to administer.

A Are you speaking about my stepfather in particular?

G Q Yes. There was no criticism of that.

A If that is what he did, that is what he did. I cannot dispute that.

Q Do you now accept, and this comes back to the question I asked before, that in fact the institution of the syringe driver was appropriate on the evidence you have heard?

A I cannot accept that at the present time.

H Q Thank you.

Cross-examined by MR JENKINS

MR JENKINS: I think the cause of death given by Dr Brook was bronchial pneumonia.

A That seems to be the case, yes.

[Short discussion from the floor]

B

THE CORONER: I do not think I can raise any observation on that. Does it affect me? It may be of concern. There is a cameraman at the back of the building photographing the back of the building and there are concerns for the judiciary and those that are using the entrance. I do not think we can stop them.

A SPEAKER: The main concern is for members of the jury.

C

THE CORONER: As long as they are not identified. I do not know whose camera it is at the back of the building, preferably not when the jury are coming and going. I am used to it but they are not and should not be.

MR JENKINS: [To the witness] Dr Brook, I think it was, signed the death certificate saying bronchial pneumonia.

D

A I think so. The name was interpreted by the registrar when I went to register the death.

Q You wanted a post mortem.

A I asked for a post mortem because I was unhappy with what the state was.

Q There was a post mortem.

A There was a post mortem.

E

Q The result of the post mortem was from the pathologist saying this was bronchial pneumonia.

A Yes. It was not the post mortem I had asked for. I asked for a post mortem to establish whether Brian had been overdosed with drugs and it was not done.

F

Q The purpose of a post mortem is to establish why somebody died and the pathologist's conclusion was exactly that given on the death certificate by Dr Brook, that your stepfather died of bronchial pneumonia but you do not accept that do you?

A What I would say is the bronchial pneumonia was induced by the drugs. There was nothing wrong with his bronchial system before the drugs were administered.

G

Q You do not accept the cause of death given by Dr Brook. You do not accept the result of the post mortem carried out at your request by a pathologist.

A I cannot argue with the pathologist's judgment. What I have said is I believe the bronchial pneumonia was caused by the drugs.

Q What you have said in a statement was that the Coroner's Office - not Mr Bradley I hasten to add - was corrupt in relation to that post mortem.

A It seemed that way to me at the time.

H

Q It seemed that way to you at the time. Your mother died of cervical cancer.

A She did.

Q Was she in hospital for a long time?

A She was in and out of the hospital St Mary's for a number of years, yes.

Q Was the course of her illness a long one?

A It lasted, I would say, from about 1980 until she died in 1989.

B Q Nine years of cancer. What you have told us is over the last six days she was on a syringe driver.

A Yes.

Q Is it your evidence it was the syringe driver that killed her not the cancer after nine years?

A In her final days it was the syringe driver, yes.

C THE CORONER: Are we not shooting the messenger here? I am not sure there is a great deal of merit in the point, but to suggest that after nine years of cervical cancer because the treatment is moved on to a syringe driver it is the syringe driver that kills her I find that quite a wild statement. Is it not the terminal treatment? Is not that what this is about?

A At the time I was working in London and I was only in the area at weekends. I saw my mother, and Brian, on the Saturday evening with one of my sisters. My mother was perfectly OK then. No pain, no discomfort. It was not until I disappeared off to London on the Monday morning I heard a little later, not that day - I think the Tuesday or Wednesday - my mother was going to die. I had to drop everything and rush back. She was by then unconscious of course.

MR JENKINS: The fact is that for whatever reason after your mother's treatment and after her death you had a completely closed mind about syringe drivers and diamorphine, did you not?

E A When I saw the syringe driver with my stepfather I knew the inevitable.

Q You had a completely closed mind about the use of the syringe driver and diamorphine.

A I had the experience of my mother and syringe drivers.

Q The fact is your mother was put on a syringe driver because she was in, I expect, intractable pain.

F A I would not quite agree with that.

Q I will not deal with the mother; I will move on.

G What we know of Brian Cunningham is after his mental health problems he was seen by Dr Lord on the 21 September 1998, and the jury has heard the assessment that Dr Lord made on that day. It was made at the Dolphin Day Hospital. Page 642, she described him as very frail. There was reference to tablets found in his mouth some hours after they had been taken. She describes is sacral ulcer with a thick black scar, offensive, large and necrotic ulcer. She goes on to make a full assessment of him and concludes with these words "prognosis poor.

A Yes. I understand. I discovered that later, much later.

H Q You have heard from Professor Black how it is that those words are interpreted and what is meant by them when doctors use them in circumstances of this nature.

A Yes.

Q Do you suggest that the prognosis was not poor for your stepfather as at the 21 September?

A I have stated how I found him on the morning of the 21st with a care plan which was accepted as appropriate and competent and on the same day find that he has been put on a syringe driver.

Q He was very frail, that is Dr Lord's note. Are you suggesting he was in good shape?

A I am not suggesting that at all. I have said myself he was frail and weak at that stage.

Q He was taken to Dryad ward. Dr Barton saw him on that day and we had the entry and we know what it was she said. We will be reminded when she gives evidence about your stepfather. On subsequent days there is a nursing entry which talks about the large necrotic sore seen by Dr Barton on that day. We know from the entries that there was an episode when he was wiping sputum on a nurse saying he had HIV. He tried to remove his catheter and empty the bag and remove the sacral dressing. What you have told us is if you had been there you could have spoken to him firmly and that would have been sorted out.

A I think so.

Q Do you really believe that?

A I am sorry, he is my stepfather. You were there not, I was. I knew him.

THE CORONER: You were not there at the time of that sequence of events.

A No, but I knew how he could behave.

Q You said you were there but you were not.

A I was there in the morning.

MR JENKINS: We knew that a month before he was crawling around the bedroom floor in the small hours, 3.20 am, being verbally abusive and paranoid saying the organisation had set all this up - this is the Mulberry ward - saying to the nurse she was trespassing, that the police would come and sort it out. He implied he was sending out his medication to be analysed and that he was taping all of us. Is this him being unreasonable or is it his mental condition, the deterioration from which he was suffering?

A I read that very recently. I only got these papers in the last few weeks. Having read them I felt, quite frankly, he was under the influence of some sort of drug to do that.

Q It is the doctors' fault, it is not the illness, is that what you are saying?

A I am saying he was under some sort of drug.

Q You have not really come to grips with your stepfather's condition surely? It is very worrying, do you not think, for nursing staff and doctors if a man with an extremely bad ulcer, a bed sore, is removing his dressings?

A I think it is very bad.

Q I am suggesting that anyone would be concerned if someone like your stepfather with an extremely large necrotic sore is taking off his dressings and throwing them across the room.

A It may well be.

Q Did you ever see the bed sore on his sacral?

A No, I did not.

Q Have you seen the medical record and the photograph?

A I have seen a photocopy of it.

Q You know a few days later after he died it was found to have gone through to the bone.

A You are telling me. You are telling me. I do not know.

Q You have seen the records.

B

THE CORONER: You have seen the post mortem report on Mr Cunningham.

A I am not sure I have seen the same one as you have but I have seen a report.

MR JENKINS: He was put on a syringe driver to alleviate his condition, pain relief, to allow his anxiety as the reason given in the nursing records. Do you say that should not have happened, he should not have been given that form of pain relief?

C

A I have told you how I found my stepfather on the morning of the 21st and there was no mention of pain then. No doubt he was in discomfort of some sort. Lying on his side that would relieve I would suggest. There was no mention of pain whatsoever so it cannot have been that serious.

Q It cannot have been that serious. On the 22nd the nursing note says, page 868 for those that have the records, "Syringe driver changed contains diamorphine 20 mg. Appears less agitated this evening."

D

A He had already been 24 hours on diamorphine by then, had he not?

Q He is less agitated.

A 24 hours of diamorphine inside him.

THE CORONER: I do not want to enter into an argument but the progress we are making is comparatively slight. What I am looking at is a post mortem examination report from Portsmouth Pathology Services, Dr Hamid, senior registrar, who says that a bed sore, a wet ulcer, identified on the sacral area measuring up to 10 cm in maximum dimension. "No flesh is present beneath the ulcer." That is the extent of the ulceration. You have no idea whether that is right or wrong presumably because you have never seen it.

E

A No. I asked for a post mortem because of the drug overdose.

Q Would you accept that is what Dr Hamid found when he examined your stepfather?

F

A I only have his report.

Q I do not know how much more you want to do.

MR JENKINS: I am going to do a little more. It is appropriate.

On the 23 September, again from the nurses' notes page 868, your stepfather was seen by Dr Barton. He had become chesty overnight. A drug hyoscine was added to the driver. You were contacted, I suggest, and told of the deterioration.

G

A I have a vague recollection that I was told he had become chesty.

Q You were told Mr Cunningham was on a small dose which he needed. They said they would phone you if there was any further deterioration.

H

A I imagine something of that was said. I really cannot remember the details.

Q Were you raising concerns at that point because of the syringe driver because of your experience with your mother?

A I have already said what happened on the 23rd. I made my statement.

Q I am allowed to ask questions. You were you raising concerns at that point about the syringe driver.

A Of course I was.

B

Q I think there is a note at one o'clock; 1300 hours, on the 23 September, "Mr and Mrs Farthing had been seen by me" - Staff Nurse Hamblin and Staff Nurse Frieda Shore - "very angry driver has been commenced." That was you being angry not, the nurses.

A Yes, it was me.

Q "It was explained yet again the contents of the syringe driver were to control his pain." Do you remember that explanation being given to you?

C

A I am sure it was. I cannot remember the detail today. I have made my statement. To the best of my belief it is accurate.

Q It says "Has also been seen by Pastor Mary for one and a half hours this afternoon." Is that after you "kicked off" to use a phrase another witness used?

A Yes. As I said before, I think she was waiting around the corner and heard the whole thing.

D

Q "He is not fully away that Brian is dying and needs to be made comfortable." Do you agree that you were fully aware that Brian was dying at that point?

A I was told by Hamblin, yes.

Q But you did not accept it.

E

A (Inaudible)

Q On the 24th there is a nursing entry "Report from night staff" - meaning the night staff from the 23rd over to the 24th - "that Brian was in pain when being attended to. Also in pain", said day staff, "especially his knees. Syringe driver renewed and diamorphine of 40 mg is now being given. His son, Mr Farthing, seen by Dr Barton this afternoon and is fully aware of Brian's condition." Are you able to help us whether he was in pain as the night staff and the day staff were reporting on the dose he was then getting?

F

A Am I am able to help you? Of course I am not. Brian was unconscious when I turned up at lunch time on Wednesday 23rd and he stayed comatose from that point until he died.

Q The night staff and the nursing staff may have more experience of nursing people who are terminally ill than yourself, would you agree?

A I am saying what I found.

G

Q They would be well able to assess whether someone is in pain, would you agree?

A I would hope so is all I would say.

Q That is what they found. It went on, did it not - I have missed out one on the 23rd: "Seems in some discomfort when moved." On the 25th: "Peaceful night" say the nursing staff, page 876, "position changed and still does not like being moved." We have heard the suggestion that implies he was in some discomfort when he was being moved.

H

A It sounds rather like that. I was not there.

Q No, you were not.

A You are looking at notes written by someone in the long distant past.

THE CORONER: Not one person; this is a continuum of nursing notes.

A I was not there so I cannot answer the questions.

Q Why are you disagreeing with them? That is what I cannot understand.

B A I am suspicious of them because of what I said already.

Q It is a succession of people.

A People will say what they will.

MR JENKINS: Are you saying what you will? I am inviting you to consider what is in the records made by the people caring for your stepfather.

C A People say what they will.

Q You have done and you tell us you accuse Dr Barton of murder.

A Yes, I did.

Q It seems she brought the conversation to a close after that.

A Yes.

D

Q You accept there is not much to be said if one party appears to be rather irrational.

A Say that again.

Q I am suggesting that you were being wholly irrational at that time and that you are still with regard to the care of your stepfather.

A This is my stepfather you are talking about.

E

Q I agree, we have gone through his clinical history. He was in pain and discomfort and so the dosages were changed.

A Whatever you say is not going to change my mind.

Q That much is clear, Mr Farthing. I am inviting you, because you have been given the opportunity to do so, to reflect on what you have heard both from Professor Black and from the other witnesses and to reflect as well on the post mortem that you asked be carried out.

F

A I have listened very carefully to what has been said and I will reflect when I hear the whole story.

Q Thank you.

Cross-examined by MR LEIPER

G

MR LEIPER: Going back to Monday 21 September, the purpose of your visit was to collect Brian's remaining boxes of belongings from his previous residence and take them to the Thalassa nursing home.

A A box. There was a whole collection of boxes and I had been doing that over a period of time. It was simply a routine execution in order to moves things forward.

H

Q What were in these boxes?

A Just inessential personal belongings of one sort or another.

Q What were you expecting him to do with the boxes?

A Unpack them and arrange things as he wanted them in his new home, and things he did not want to dispose of which I would probably do for him by request. (Inaudible)

Q Were these his personal papers, his personal effects.

A Yes, hundreds of the video tapes for example, loads and loads of things. He had a house after all. The house had been emptied some months before and stacked in boxes. When he moved from one nursing home to another, the boxes went with him.

Q Had he been sorting out the contents of these boxes over a period.

A Yes.

Q Over what sort of period?

A I have to say about three months.

Q You were expecting him to do the same on the 21st.

A He had not gone through the boxes at one place before he moved on to the next. They were never unpacked sometimes.

Q Over the course of that three months had there been any obvious deterioration of his condition?

A I think there was, to be fair. He had been become weaker and frailer. He was driving up until the April, six months before he died, with his scooter. He got to the point where he could not continue with that. It was his decision to dispose of the scooter and he more or less became housebound apart from the fact that my wife and I took him out when we went, at weekends mostly.

Q What period of time was there before the 21 September when you had seen him previously?

A No more than a fortnight. I really cannot remember.

Q Had there been any marked deterioration in his condition over that fortnight?

A Not marked deterioration, no; I would say not. The whole thing was a very gradual process. There was no marked deterioration at all.

Q When you saw him on the 21 September, you told the jury he was perfectly normal and cheerful.

A As I remember him being two weeks before, or whenever it was I saw him.

Q To give them a flavour, when you say he was being perfectly normal, how was he when he was perfectly normal?

A He was a perky personality. You could have a straight discussion with Brian. He was very forthright, rather overbearing in some ways but I was able to handle that. In many ways I liked him quite frankly. He was stupidly generous, especially with my wife.

Q Thank you.

THE CORONER: Thank you very much. We are very grateful to you. If you could go back to your seat. That is as far as we can go this week. If we break now until ten o'clock on Monday.

(The witness withdrew)

Ladies and gentlemen, try and avoid the press if you can. So far as the reports of these proceedings are concerned, I would like you to keep an open mind. You are aware you are adjudicating the facts that happen before us on the evidence we have got. You may find your mind being swayed if you dwell on the press reports and it would be helpful if you did not. If you find you are in any difficulty, let me know. Thank you.

B

MALE SPEAKER: When the jury have gone, can I mention the batting order of the witnesses to come. You have told us but I think not yet the jury they are due to get Thursday off this week.

THE CORONER: Yes. We are planning a day off on Thursday for good behaviour! Thank you very much indeed. Have a good weekend.

C

(The hearing was adjourned until Monday 30 March 2009 at 10 am)

D

E

F

G

H