RESTRICTED

STATEMENT

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I live at the address shown overleaf.

I have approximately 8 years experience in caring for elderly patients within both the public and private sectors. During the early 1990's I was employe d at the Acacia House Nursing Home in Horndean /cat /L274 as a night shift Nursing Auxiliary caring for elderly residents. I remained there for approximately 3.5 years. I left that placement to work at the Greylingwell Hospital in Chichester /cat /L275 , West Sussex where I was a nursing auxiliary on a Geriatric Psychiatry Ward. Once again I was responsible for elderly patients. Sadly due to travel costs and moving further away I had to leave this job and took up a post as nursing auxiliary at the Gosport War Memorial Hospital /C35 . I subsequently worked there from mid 1995 until I was forced to retire through ill health following an industrial accident in February 1999.

I have no specific medical qualification but throughout my time attended every course that was made available and achieved a Level 2 NVQ in Nursing.

The local newspaper 'The News' has this week been running a story concerning a police investigation into the suspicious death of Mrs Gladys RICHARDS /N1 at the hospital during August 1998. This story has brought back some disturbing memories o f incidents that occurred whilst employed at the hospital that I felt unable to highlight at the time. Having read this story I have decided that I am mor ally obliged to bring them up now. Prior to the story appearing I had been contacted by the Health Trust alerting me that a story was likely to be published.

I was approached by the police during the year 2000 who wished to speak about my dealings with Mrs RICHARDS. Until now I have not spoken to the police.&nbs p; I do recall the case because all of the staff were wary of one of her 2 daughters who was given to complaining. Due to this I recall Mrs RICHARDS being nurs ed rather better than the norm.

I remember the subsequent internal enquiry being carried out following a complaint made by the daughters. My only contact with their mother were general auxiliary duties washing/feeding etc. I am aware that she suffered from dementia and was violent on occasion. She would react in pain to the slightest contact. I was not present on the day she fell but subsequently was told about it. Nor was I present on the day that the syringe driver was se t up. After the driver was in situ I continued to wash her etc, until such t ime as she died.

The indiscriminate use of syringe drivers on patients in the Daedalus Ward at Gosport War Memorial Hospital is my main concern. It appeared to me then a nd more so now that euthanasia was practised by the nursing staff. I cannot o ffer an explanation as to why I did not challenge what I saw at that time. I re main deeply upset and feel terribly guilty about one particular death that I will detail shortly.

The Daedalus Ward was known throughout the hospital as the 'Dead Loss' ward this was a reference to the abnormally high levels of mortality on the ward. Th e ward cares for, in the main, three categories of patient. Those requiring rehabilitation after strokes, elderly patients who have suffered from falls etc prior to their placement in nursing homes and some respite care patients.

A consultant is ultimately responsible for the ward. In this case Dr LORD /N68 has been the consultant for some while. Secondly a local GP has the position of Clinica l Assistant. During my time this role was carried out by Dr Jane BARTON /N34 . Next in command was the ward manager, during my time at the hospital this role was carried out by 2 people. Initially Sheila JOINS /N67 who retired to be replaced by Code A

Also employed on the ward were a number of registered nurses who were normally D, E or F grades. Lastly there were a number of nursing auxiliaries. My r ole as an auxiliary would involve tasks such as washing, dressing, feeing, changing dressings, taking blood pressures and checking sugar levels.

Patients would arrive on the ward to be admitted by the clinical assistant or if she was not available then occasionally Dr LORD. If the patient was accompanied by relatives then a discussion would be held and a care plan would be drawn up.&nbs p; The care plan would involve other specialists such as the Physiotherapists, Occupational Health, Dieticians etc. Each patients care plan was included with their general notes and another of my functions would be to ensure that I knew what the care plan was in respect of

each patient.

It was some while later that I was to learn that all patients upon their admission were written up (by the doctor) who authorised the use of a syringe driver if appropriate. This enabled any member of the nursing staff to set up a syri nge driver for a patient without any further reference to the doctor. Although I cannot be certain I think this was explained to me by the Staff Nurse, Margaret COUCHMAN /N70 /A279 /F1 . I am sure however that this was not common knowledge among the majority of the nursing auxiliaries.

Despite my experience in elderly care I had never heard of a syringe driver prior to working at the War Memorial Hospital. I was later to learn that it was a device used for pain relief in seriously ill patients, the driver delivers a constant dosage over a period of time. It was also clear to me that any patient put onto a syringe driver would die shortly after. During the whol e time I worked there I do not recall a single instance of a patient not dying having been put onto a driver.

I have never received any training in respect of a syringe driver nor have I ever used one in order to administer drugs to any patient.

The regime on the ward was as follows. If one of the trained members of nursin g staff considered that a patient required the use of a syringe driver then they would seek the approval of another trained nurse. Having reached agreement then the driver would be set up. The needle would be inserted into the patients back so as to make it impossible for it to be removed.

I have witnessed disagreements between nurses where one of them did not agree that a patient required the use of a syringe driver. These disagreements w ould be resolved by the nurse requiring the syringe driver approaching a more senior nurse and obtaining their consent. Once that consent had been obtained the n the syringe driver would be set up.

I have never known of a case where a staff member did not obtain permission to use a syringe driver from senior staff.

I referred earlier to a particular case that troubled me deeply. The patient s name was Code A He was aged about 80 and during 1997 or 1998 was a patient on the ward suffering from stomach cancer.

Code A was quite a character who loved to eat sweets and crisps that had been brought in for him by friends and family. He would eat so many that t he staff would sometimes have to confiscate them from him to stop him from being sick. Mentally he was alert and capable of long conversations I recall tha t he was in room 8B which is a ward for 4 patients all of whom spent many hours chatting together and watching TV. If I am right, at the same time another of the other patients had been a professional footballer with Portsmouth and the patients would chat for hours about old matches.

Physically he was able to walk with the aid of a zimmer frame and was able to wash himself. It is important that patients are encouraged to continue with the se tasks allowing themselves a level of independence and more importantly dignity. Code A Code A however tended to be rather lazy in this respect and in many ways was quite a difficult patient. He liked to think of himself as b eing more ill than the other patients and seemed to quite enjoy the attention this brought. However he would sometimes get quite tearful about his condition.

I remember having a conversation with one of the other auxiliaries, Marion BERRY /A28 1 /N56 /F3 , we agreed that if he wasn't careful he would 'talk himself onto a syringe driver'. Code A although frail was not (in my opinion) near death at that time.

One day I left work after my shift and he was his normal self. Upon returning to work the following day I was shocked to find him on a syringe driver and unconscious. I was so shocked and angered by this that Marion and I went t o confront Code A the ward manager. He told us that Code A was il l.

I said 'Did you tell him he'd be dead at the end of this?'

Code A said 'You know he's gone downhill we don't know how long he's got left'

I said 'That's not the issue did you tell him he'd be dead?'

Code A was unable to answer me.

The previous evening Code A had been alert and perfectly capable of decision making and conversation I was concerned that the inevitable outcome if he succumbed to a syringe driver would be his death. I wanted to be reassured that he had been given a full explanation before allowing a syringe driver to be introduced. Code A was unable to provide me with any reassurance. ; Knowing Code A as I did I am confident that he to would not have allowed the introduction of a syringe driver had he known of the outcome.

Code A subsequently remained unconscious until his death. He lasted som e while. Whilst accepting that I have no medical qualification I am concerne d that he was certainly not in imminent fear of death when he allowed the syringe driver to be introduced.

I know that there was considerable disquiet amongst both the nursing and auxiliary staff over Code A

After the syringe driver had been introduced I felt unable to discuss Code A with his family when they visited. Families often naturally seek reassuran ce from any member of staff when they visit. Things like 'How does he look to you?' I was so upset by the whole situation that I felt unable to face the m until his death. I was worried that I would say something out of turn.

There was an atmosphere between Mr BEED and I which led to us speaking in his office on a couple of occasions over the following week. He accused me of 'Failin g to come to terms with death'. This was ludicrous by then I had over 7 years experience in elderly care and had seen many many deaths. He failed to see my point that this death had been unnecessary.

I cannot explain why I didn't speak out against the regime within the ward. I feel incredibly guilty about the death of Mr BRICKWOOD.

Prior to Mr BEED, the Ward Manager was a lady called Sheila JOINS /A282 /F2 . I can recall a patient being admitted onto the ward almost unconscious. She was an elderl y Welsh lady. Mrs JOINS spoke to the family and explained that the lady was in pain and that all in all the syringe driver should be used to relieve her pain. The family were united in the belief that all medication should be stopped to see if that brought about a change in their mothers condition.

The medication was withdrawn and over the next couple of days the lady improved beyond all recognition within a short time I remember walking arm in arm with her along the corridor having a conversation. She was subsequently dischar ged home to live with her daughter. I understand that she lived for a further year. This would certainly not have happened were the syringe driver set u p upon her arrival.