

WITNESS STATEMENT

STATEMENT OF **BETTY WOODLAND**

AGE: OVER 18

This Statement consisting of 6 pages signed by me, is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

DATED this 30th day of June 2009

Signed **Code A**

BETTY WOODLAND

I am Betty Woodland of **Code A** I am a Primary Care Trust Nurse Trainer for Hampshire Primary Care Trust, having previously worked at the Gosport War Memorial Hospital from August 1978 until I retired from full time nursing in August 2001. I qualified as a nurse in the Doncaster Royal Infirmary in 1960 as a State Registered Nurse. My husband was serving at the time in the Coldstream Guards, and I moved with him working in hospitals in London and in Windsor. I then came down to Gosport and started at War Memorial Hospital in 1978, in the Accident and Emergency Department as a full time Staff Nurse. In due course I became the Senior Staff Nurse and stayed until they closed the Accident and Emergency Department. I have been a Royal College of Nursing Accredited Steward for over 20 years – from 1985, and as an Accredited Steward at the Gosport War Memorial Hospital, I would have been the first port of call for any trained nurses on Dryad and Daedalus Wards who were experiencing any difficulties, or had concerns, and would have been available to assist with anything about which they were troubled. Such issues would have included concerns about a doctor or systems at work.

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Witnessed

STATEMENT OF BETTY WOODLAND

2

AGE OVER 18

I would also have been part of any disciplinary procedures taken against them as their supporting union representative. All of the trained staff in the Hospital at the time of the matters involving the allegations against Dr Jane Barton were members of the Royal College of Nursing.

We had in place a robust whistle blowing policy that I would have encouraged the Nurses to use. We negotiated a very good whistle blowing policy with the Trust at the time the local Trust split, and the War Memorial Hospital came under the control of the Portsmouth Healthcare NHS Trust. This was in about the mid 90s. That policy is now used elsewhere in the country as a very effective model. If any nursing members had had concerns there was this robust system for dealing with them, and indeed if the complaint was not dealt with adequately, and all the correct procedures had been followed staff even had Trust permission to approach the media direct. We still have this in our policy today.

I was aware of concerns from some members of the Nursing Staff which were expressed at the Hospital in 1991 on Redcliffe Annex. As I recall it, things changed a lot in the early 90s. Staff were not always trained in new practices. Our main hospital was the Queen Alexandra Hospital, and we were effectively at the far end of one of the branches. As a community unit, it took a while for things to filter through. At that time, Community Nurses had syringe drivers available to them and training in the use of syringe drivers, but these had not come through to Redcliffe Annex. Or GWMH

I am aware that concern was expressed in the early 90s by Beverley Turnball, Sylvia Giffin and Anita Tubritt about the use of syringe drivers. All three were night nurses. Night nurses did not always receive as much information about the new systems of operation, and on occasion communication can be lacking. It was possible for night staff to become somewhat isolated. My recollection of the concerns in the early 1990s is that this essentially related to a lack of training in the use of and understanding of syringe drivers, and that with appropriate training, those concerns were then allayed

As a community unit caught up with a change in practice, with increasing use of the drivers, this was then followed by the Nursing Staff soon be catching up. The Nursing Staff raised concerns because they had not been trained sufficiently, but that was then resolved, with specialists from

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Code A

Witnessed

STATEMENT OF BETTY WOODLAND

3

AGE OVER 18

Macmillan and from palliative care coming in to provide that training and Nurses researching for themselves

In the late 1980s the intention of the local Health Administrators was that the War Memorial Hospital should be closed. The people of Gosport became quite irate as the hospital had been built originally with contributions from local people, and it is indeed classed as a War Memorial Hospital. That was reversed, and a decision was made that the Hospital should be developed. In about 1993 or 1994 new buildings at the Hospital were completed, with the Accident and Emergency Department being expanded, and the Hospital then having two day units, a maternity unit and two mental health wards. In addition, the Hospital had Dryad and Daedalus Wards, together with a GP Unit, known as Sultan Ward. There was a large occupational therapy and physiotherapy unit, though those facilities were not allocated to the Wards.

I am aware that in the mid 1990s, acute units at the District General Hospitals became busier and they then asked Gosport to take more patients. Although my work was principally in Accident and Emergency, inevitably this was known to me, through discussions with nursing colleagues. In addition, I was secretary to the local League of Friends for the Hospital and we were asked to provide funds to buy very expensive special beds for the wards.

It was apparent that over a period of time there were increasing numbers of patients being admitted to the Wards at the War Memorial Hospital. It was also clear to me that there was an increase in dependency and a deterioration in the condition of patients admitted to the Wards. This would inevitably have increased the amount of work for the Nursing and Medical Staff, but I am aware that there was no increase in the level of staff on Dryad and Daedalus Wards.

On the Wards, if there was a question of seeing the patients or attending to a Nursing Carded, inevitably the emphasis for a nurse would be on attending to the patient. The burden on the nurses in relation to the time available to care for patients and the increased pressure would have inevitably had an effect on the ability of the staff to make full or even adequate notes.

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Code A

Witnessed

STATEMENT OF BETTY WOODLAND

4

AGE OVER 18

I knew Dr Jane Barton because she was a local General Practitioner. Each week we would have a different practice on duty for those patients who were not registered locally with a General Practitioner, and I came to know her from her responsibilities in attending at the Hospital in that capacity. I also knew her as she would come into Casualty when going to the wards, and as she collected her post from the general office. On occasion it was necessary to ask her to come down from the Wards in order to assist in Casualty with a particular incident. We were all aware that Dr Barton was on the Wards every morning from a very early hour in order to see her patients – indeed she never failed to come unless she was on holiday. In the event that we needed her to attend in Casualty to assist, she would come immediately if requested to do so.

As I indicated in my statement to the Police and the General Medical Council I always found Dr Jane Barton to be very professional in the way she responded to my calls for help, and in the way she treated patients and dealt with relatives in the Casualty Department at the War Memorial Hospital, and indeed in the way she related to me as a nurse. It is only with hindsight that I realise how much we contributed to her already over loaded days.

I never heard her be abrupt or callous with a patient. She joked with patients on occasion when they had done something stupid that led to them being injured, for example, a young man from a well known local butcher shop who was preparing pork for sale in the shop, severely damaged his thigh. The incident took place many years ago now, so I cannot quote her exact words but I do know she distracted him to make him less aware of the treatment we gave him. (Sutures)

I never worked on the Wards at the War Memorial Hospital, but Dr Barton was a professional colleague for whom I have the greatest respect and admiration in the way she has conducted herself over the past very difficult years. She has quietly got on being a very well liked local GP whom her patients adore.

Having come to know Dr Barton since I came to Gosport I believe I have had a very good opportunity to form a view of her character. I can say that she is a very approachable individual. I have never heard anybody say anything unpleasant about her. I can say that she is always

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Code A

Witnessed

STATEMENT OF BETTY WOODLAND

5

AGE OVER 18

reliable, and it was apparent to me that in addition to attending on the Wards in the mornings, she would also, come back to the Hospital lunch times and in the evenings. I always found her to be An extremely pleasant, "tell it like it is" individual, with a very real sense of humour and at no time did I have any concern about the quality of care she provided to patients. With the exception of Nurse [Code A] have not heard anyone say anything derogatory about Dr Barton. I believe she took up her post as Clinical Assistant and continued with it because she enjoyed the work that she did. When ultimately she realised she could no longer perform to the standard she wished because of the pressure upon her, she resigned. A great loss to the NHS and GWMH.

I would describe her as professional and very caring. Her staff and her patients adore her. She is someone who is there for her patients.

In my role as an RCN Accredited Steward I was involved in assisting a nurse from Dryad Ward in making a grievance against the Ward Manager on Dryad, Gill Hamblin, and Dr Barton. [Code A] [Code A] had approached me to say that she felt Gill Hamblin was making her life intolerable. She asked for my advice, saying that she did not want to put up with it. I advised her to speak with Barbara Robinson as the manager above Gill Hamblin, but she came back to me a little while later to say that she was still very unhappy.

I advised her that if she had tried every way around it, the only other way of dealing with the matter was to bring a grievance. As I understood her concern at the time, she felt that Gill was making her life unbearable, Gill did not trust her, and she felt that she did not have a role on the ward. The complaints were essentially against Gill, though when she then brought the grievance, she included Jane Barton.

I do have a recollection of [Code A] saying that if Gill could not get her to do something she would wait until she was no longer on duty and it would then be done by someone else. I have no recollection of any expression of concern by [Code A] about Diamorphine or the use of syringe drivers. I was involved in the police investigation at the hospital from the outset in 1998, and I am sure that if [Code A] had mentioned any such concern I would remember

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STATEMENT OF BETTY WOODLAND

AGE OVER 18

it. I would also have reported any such concern to Barbara Robinson and Fiona Cameron. (Now Smart)

In advising **Code A** in relation to the grievance I would certainly not have told her that she should not include anything in her letter, indeed quite the opposite. The letter of grievance is an opportunity to raise all concerns that someone might have. If it had been the case that one aspect of **Code A** concerns was being dealt with already via another mechanism, again I would not have advised her to exclude this from her letter. I would have regarded it as a breach of confidence to have told her of the fact that it was being considered.

After **Code A** left Gosport War Memorial Hospital, she moved to Jubilee House. I am aware that she then made a complaint against another member of staff there. I was commissioned to investigate that complaint in September / October 2001 by Barbara Robinson, evidence collected found the complaint to be baseless and it was found to have been a malicious complaint on the part of **Code A**

Signed. **Code A** Witnessed.....

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