WITNESS STATEMENT

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: BARTON, ANNA

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

This statement (consisting of 5 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: A BARTON Date: 19/03/2018

Tick if witness evidence is visually recorded ☐ (*supply witness details on rear*)

This statement refers to an incident I was present at when a patient I know as Yulia was spoken too during a sedation hold, this was on Thursday 8th March 2018.

I said in my interview when I gave free recall that it was the 10th of March, I can now confirm it was the 8th March.

I will refer to Yulia by name, Yulia is a patient at the hospital and is currently on the ICT ward which is also known as the Radnor Ward, it is a high dependency unit.

I will also refer to one of the female nurses that work at the hospital, she is Rebecca. And a male consultant named Steve COCKROFT. I may mention others in this statement.

I am a doctor. I am a medical registrar working on Radnor Ward at Salisbury Hospital, my qualifications are MBBS, MRCP. My role on the unit is as a generic junior doctor, working under the consultants.

I am aware of Yulia and her medical condition, I had worked Monday when the unit was in lockdown. I was involved with caring for Yulia, but was not doing her daily review, I also worked Wednesday. Before this I had been on call on the Friday and Saturday beforehand during the snow.

Last Thursday I was at work at around 16:00-16:30hrs, it is a busy ward but I work with a good team. I was due to finish at 16:00hrs but never do.

Each day, our intention on ICU is that each of our ventilator patients, so patients who are on a breathing machine with a tube down their throat, have a hold in their sedation. We switch of their sedation medication infusion in order to see what they are able to do without sedation and in order to make sure they do not get toxicity from the drugs they are being given. I cannot comment on any other day in regards to the result of the sedation hold, I will speak about only about Thursday.

The nurse looking after Yulia is named Rebecca. When a patient is ventilated, there needs to be a nurse with them all the time, to make sure they do not lose their tube or their airway.

At some time around 16:00hrs Rebecca sent out a message that she was doing a sedation hold and that the patient had woken up. And was being appropriate - Inappropriate would mean someone was not conscious or not following commands, She (Yulia) was appropriate which meant she was conscious and able to follow commands. I cannot recall how the message was passed that Rebecca wanted us to see a sedation hold, it would have been another medical professional who told me, but cannot remember who.

When I was told I was sitting at the desk around the corner from the room Yulia is in. A consultant, Steve COCKROFT was also sitting at the same desk. The desk is about ten meters from the side room where Yulia is being looked after. You cannot hear anything from the side room if you are outside and cannot hear outside if you are inside of the room.

- Steve is one of the consultants on the ward. We have two consultants on the ward at present, this is unusual and has only been the case since this major incident, one consultant is there to look after our three index cases, 'Yulia' 'Sergi' the 'policeman' the other there to look after the rest of the ward. Steve is currently looking after the rest of the ward whilst the other consultant, James HASLEM is looking after the three. The second consultant James was not immediately available, and I don't recall where he was at that time. I cannot say whether he would have been available had we tried to find him. James has been on conference calls regularly, of which there are a lot, he may have been here but I do not know where he was.

It is quite unfamiliar for a consultant to have someone else on the ward in charge of the patients, they would generally be in charge of the whole ward and look after all patients.

Steve jumped up straight away and said he would go, to see the sedation hold. Steve walked off in the direction of Yulia's room, I continued to hand over my patients, or complete my phone call, I think it was handing over patients now I think about it.

I then decided I would go to see Yulia because it is important that we document what people are doing Neurolically whilst they are off sedation.

Yulia is being cared for in an isolated side room, it is about five meters by seven meters the blinds are kept down to prevent anyone looking in to take photographs, or to prevent any hostile actions. A nurse stays with her at all times until they are relieved. The room is near to the clinical desk and the clerk's desk. At this stage there are two uniformed police officers outside, there are a further two officers near them also, I assume they are counter terrorism officers, and they are armed, you then go into an ante room to put on PPE, then straight into Yulia's room. This is room 12.

I followed Steve in after about two minutes, because I had to get my PPE on, which was a pair of gloves and an apron at the time, although this has since changed. I followed Steve in as she was my patient that day, and a sedation hold is a perfect routine part of business and we always want to know what a patient does when she is not sedated. As junior doctor, she was my patient, therefore I needed to see her sedation hold.

In the room, Yulia's bed is against the far wall, with her head at that end, so her feet would have been closer the door.

As I entered the room, I saw the patient, Yulia was fully conscious, she was in bed with her eyes open, she was sitting up, at about 40 degrees. Steve was to the left as I looked at Yulia, so would have been to her right side, standing, talking to the patient, Steve was near to Yulia's head, with Rebecca standing right behind him, or just beside him. I stood at the end of the bed and heard Steve was asking her some questions. This would have been in the presence of her nurse Rebecca.

The interaction had clearly been going on for a couple of minutes and I had clearly been coming in at the end of it. The first thing I heard as I walked into the room was, Steve saying to her 'Did someone spray something on you', or 'In the restaurant did someone spray you' I cannot remember the actual question but it was something similar to this.

I do not know why he was asking her the question but her response seemed to be appropriate. She looked at him, bearing in mind she won't be able to see straight at the moment, she would probably have had double vision because of the nerve agent, but she looked at him. Her eye movement is not conjugate. This will be due to the nerve agent and it would be perfectly normal for her to have double vision in this circumstance.

She could not really move her head, but moved her eyes, she also nodded her head and blinked her eyes when we were in the room. In answer to the question Steve had asked her about the restaurant, I cannot remember if she moved her head, nodding as vigorously as she could or that she blinked. It seemed to me like she was really trying to tell us something about what happened to her at the restaurant. I think she nodded in response. Her nodding would be her head lifting slightly of the pillow.

Rebecca then asked her 'Is this a stranger? Or have you seen this person before? Did you know them? It was not a yes no question. So I suggested she should ask a yes / no question. So she asked 'Had you seen this person before' Yulia did not seem to give a clear answer, so she said 'Was this a stranger' again she did not give a clear answer. She was given 5-7 seconds between the questions to see if she showed a response. At that point we were thought, she is fatiguing, let's stop it. She may have been blinking, it looked deliberate, very slow, closing her eyes slowly and opening them slowly, but not in a way of trying to let us know what she was trying to say at this point.

I remember Steve telling her that she was in Salisbury hospital, but cannot remember at what point he said this and cannot say about her response to that.

She was asked a question at some stage, I think it may have been a repetition of something happening in the restaurant, that she had an emphatic blinking response to it.

She could not talk with a tube down her throat and could not move most of her body so it was very difficult for her to communicate.

It was calm in the room, and I can confirm there were only the four of us inside, I don't recall anyone else coming in during this time.

I can add that the state of the patient at that time was that she was fully awake and able to follow commands. She could follow commands to squeeze hands, wiggle her toes, voluntarily lift her head of the

bed to command, so she was being entirely appropriate. She also followed my finger for full range of eye movement.

This is very positive in the patient, and very exciting to see her entirely appropriate. The medical notes will confirm her previous sedation hold results and those since, but to my knowledge Thursday was the first day she woke and was appropriate.

She was still relatively paralysed. She could not move everything.

She was able to lift her head and blink her eyes in response to questioning.

After Steve said she was getting tired, she was still able to follow eye movement and lift her head from the bed, but mental function, as in memory was too much for her.

Steve then left the room at this point, I remember him saying something when he left, maybe that he was going back to the desk or something, but he left the room.

I then held her hand having moved to Yulia's right side, and said, you are ok, you're in hospital, we are doing our best to get you through this, your dad is ok, there are lots of police outside the door, they have big guns, and you are safe. I told her we were supporting her and that there was a tube down her throat to help her. I told her, you are doing really well, stay brave. I spoke softly to her to keep her calm and offer reassurance, Rebecca had gone to Yulia's other side and was also speaking to her, offering support and soothing her. I could tell she was listening very intently to what I was saying to her about her dad, she had tears in her eyes. In my opinion she was crying, her medication would have dried up her tears normally, so I think she was crying, she seemed very emotional. I would describe her as hyper vigilant, the sort of thing you see in people that have had really bad things happen to them. She was in no way relaxed, it is only my assumption, but this is what I thought about her reactions.

During this time I assessed Yulia's neurological function by asking Yulia a number of things, I asked her if she could blink, she did, I asked if she could squeeze her eyes, she could not. I asked her to try and move her right arm, she moved this about ten centimetres. I also asked Yulia to squeeze my hand, I asked her to squeeze my fingers with each of her hands, she did this with a faint squeeze on both hands on demand. I asked her to lift her head off the pillow, which she was able to do. I then asked her to follow

my finger to all quadrants, which she was also able to do. Watching my finger going left, right, up and down. I noticed her right eye was not moving as far as should do, this would cause the double vision.

I think that it was maybe Steve who asked her to wriggle her toes before she left, I saw her toes move, I did not see if he did any other tests before. I can't recall who moved the sheets to show her feet to see her toes wiggle, but Steve asked her, so this was before he left.

Rebecca was asking similar questions and carrying out similar tests, but I did not see, and cannot be sure what she did. I think she asked Yulia to squeeze her fingers.

During this Yulia was either looking at Rebecca or myself, she was not really moving her head, she was more moving her eyes. This seemed to be due to the sound of our voice. It appeared she was interacting appropriate. We deliberately did not ask her any questions about what had happened to her, we only spoke to reassure her she was being looked after.

Her blood pressure and pulse had started to raise, this happens during sedation hold process, as the patients can become distressed. She was then put off to sleep again. Propofol is the drug used to keep people sedated, this is turned off to wake the patient up, it was turned on again by Rebecca, to sedate the patient again. It was a decision between the two of us. It is a quick process to turn the machine on, and sedate Yulia again, within a few seconds.When I thought she was sedated again, I asked her to open her eyes, she did not, I then stroked her face to stimulate her, again she did not open her eyes. She was sedated.Yulia is also on Diazepam which she has to protect her brain.I was in the room for ten minutes (estimated) between entry and Yulia becoming unconscious again.

I said something to Rebecca, saying that we should not have asked the questions, about what had happened to her, and that I had to record it in the notes. So I recorded the medical details about what she was able to do, and then recorded the questions, in retrospect I should have recorded the medical notes and the other questions elsewhere, but it is standard practice to record everything in the notes.

When I recorded the notes, I did so with Rebecca there, I made notes about what had happened before I arrived in the room as Rebecca told me what had happened, I also made notes in regard to what happened when I was there also. Rebecca told me that she had been there when Steve asked her if she did something at home and that Yulia looked at him but did not blink, this is before I was in the room. I recorded everything in the medical notes at is the most appropriate place to do this as some things can get

lost in the nursing notes. The notes are left locked in the room in the bedside units. I have since been told that I should not have recorded the notes in this way.

After this I speak with Rebecca, I mention that Steve will have to talk to the police about this. I should have told Rebecca to inform her line manager about the incident but I did not, it is her responsibility to inform her own line manager.

I left and updated James HAZLEM within five minutes of leaving the room, [redacted] FT49 was also present, I told him that we had had a sedation hold, and that when I walked in I had heard Steve asking the question about the restaurant. James and [redacted] FT49 seemed to have the appropriate response by this saying something like 'He did what' I said that he (Steve) will have to speak with the police about that, and that I see this as me escalating this along the appropriate chain of command. I maybe should have spoken with the police myself, but he is the consultant and is responsible for the patient and a decision about what information to pass on in regards to her medical notes had to be decided and I am not in a position to do that. It would have to have come from the consultant.

I did mention to Steve that he needed to do a ward round, and confirmed he would be speaking to the police after this, he confirmed he would.

I left work shortly after this and did not go back in to see Yulia again that day.

In retrospect I wish I had have shut down that conversation immediately, when I walked into the room, but it was right at the end of the conversation that I had walked in, I knew it was not appropriate, but it was literally at the end. I did not think it appropriate to question why the conversation was going on at this point. I trusted Steve to talk to the police about this, to talk to Counter Terrorism, because I knew you would need to know about this. I recorded this in the clinical notes, because that's our only place to record this, as I thought it inappropriate not to make a contemporaneous record of what had happened. I did not however think the conversation had any weight in terms of evidence for the police, as she was still on drugs to assist her and those drugs may have an effect on her.

I have not spoken with anyone about this incident except the consultant James HALSEM. James was with [redacted] FT49 who is the CBRN Porton Down guy.

Signature: A BARTON Signature witnessed by:
2022

[redacted]