JUDICIARY OF
ENGLAND AND WALES

R v Victorino Chua

In the Manchester Crown Court

Sentencing Remarks of Mr Justice Openshaw

19th May 2015

After a trial of four months, including a jury retirement of three weeks, the defendant Victorino Chua has been convicted by the jury of the murder of two patients, the poisoning of nineteen other patients and the attempted poisoning of seven other patients. I must set out the facts, in accordance with the verdict of the jury.

The defendant is now aged 49. He was born in the Philippines; he claims to have qualified as a nurse in Manila. He came to the UK in 2002, with his wife and two children. After working in a couple of local Care Homes, he became a Staff Nurse at Stepping Hill Hospital, in Stockport.

The defendant always worked the night shifts on the male and female acute medical wards, A1 and A3. Nearly all the patients in those wards received saline solutions dripped from bags, either for hydration or as a means of introducing prescribed medication; the bags were administered through cannulae; these sometimes became blocked and had to be flushed using a saline solution from a plastic ampoule. In the hospital, huge numbers of saline bags and ampoules were used; these were stored in the Treatment Rooms, attached to the wards. All nurses had access to the Treatment Rooms, where insulin was also kept, for the treatment of diabetic patients.

The evidence establishes that in the three weeks between the end of June and the 15 July 2011, the defendant injected saline bags with insulin. He did so with considerable cunning: he made a tiny slit in the outer plastic packaging, just above the rubber port or septum of the inner saline bag through which a nurse could properly inject prescribed medication; he then inserted the needle of a hypodermic syringe through the slit of the packaging and through the septum of the saline bag and by that means injected insulin into the bag. Since insulin is colourless, he knew and intended that if a contaminated saline bag was to be taken from the Treatment Room by a nurse it would then be administered to a patient without any chance of the contamination being detected.

Only a very small amount of insulin will cause the glucose levels in the body to fall; since glucose is the fuel for most of the body's vital processes, falls in the glucose levels results in the unpleasant and dangerous symptoms of hypoglycaemia; typically the patients sweat, and go pale, their heart races, often the body temperature falls; in more severe hypoglycaemia, the patient may experience tremors or shaking and even fits; the patient may become confused or irrational. Hypoglycaemia can be rapidly corrected by the administration of glucose but effective treatment depends on timely detection and intervention. Without treatment, the prolonged deprivation of glucose will result in an insult to the brain, leading to a reduction of consciousness and eventually deep coma; irreversible brain damage and even death can result.

Elderly and infirm patients are particularly susceptible, since they may be unable to throw off the effects of insulin. Most patients in those wards were elderly and frail, some were seriously ill, some even had terminal illnesses. All these patients were therefore acutely vulnerable and susceptible to the effects of insulin poisoning. The defendant was an experienced nurse; he knew and intended that the administration of insulin would cause these effects.

Furthermore, he also injected insulin into saline ampoules, by piercing the plastic container with a hypodermic syringe.

It is a striking, sinister and truly wicked feature of the case that he did not personally administer contaminated products directly to most of these the patients, for having left saline bags and ampoules contaminated with insulin in the Treatment Rooms, he did not know which nurse would innocently collect them, still less to which patient the nurse would then unwittingly administer the poison. Thus, nearly all the victims were chosen at random; it is as if he left it to fate to decide who would be the victim.

I turn then to the counts of murder; these were among his random victims; the defendant killed these patients by contaminating saline bags or ampoules with insulin, which other nurses then unwittingly administered to them.

Count 9 the murder of Tracy Arden

Tracey Arden was aged 44 at the time of her admission to Stepping Hill. She had a degenerative disease similar to Multiple Sclerosis, which over the years had caused a gradual deterioration in her condition: she had lost mobility; she had become bed bound; she had lost her speech and then her sight; she had to be fed by tube. She lived at a Residential Home, where she was well looked after. In spite of these many misfortunes, she retained her happy personality; she was ready to smile and she could respond by sound and gesture to conversations. Her condition was attended by many and frequent complications, which often required hospital treatment; in this way she became well known and well liked by the nurses at Stepping Hill.

On 6 July, she was sent to Stepping Hill for observations. She had some mild infection, but it was expected that after the administration of anti-biotics she would recover.

However there was a sudden and unexpected deterioration in her condition; her breathing became slow and distressed; she was taking as little as one breath a minute, which is not enough to sustain life. Tests showed that she had catastrophically low blood glucose levels. She had been poisoned by exogenous insulin that is to say by synthetic insulin which had been unlawfully administered to her.

An examination of her medical records strongly suggests that the means by which this was administered to her was by her cannula being flushed by a contaminated saline ampoule.

Tracy Arden was severely disabled by her pre-existing condition; she was prone to chest infections, but this infection was relatively mild; she was expected to recover. During the course of her treatment; she developed very severe and unexplained hypoglycaemia, which lasted for nearly 8 hours. The hypoglycaemia caused her brain damage and it caused her acute respiratory problems; her copious secretions made her breathing more difficult, therefore she could not get oxygen into the lungs, and hypoxia ensued, that is brain damage resulting from a lack of oxygen. Therefore, the hypoglycaemia and the consequent hypoxia, contributed to her death; they made a substantial contribution to advancing or hastening her death.

I quote from her victim personal statement from Mrs Arden, Tracey's mother, which ends in this way: 'Tracey battled for twelve years with her illness and was still fighting. It hurts to know that she wanted to fight and the chance to keep going was taken away from her. It should have been her choice to stop and die peacefully and naturally. …'

Instead of which she died in great distress because she had been wickedly poisoned by the defendant.

Her murder is alleged in count 9 in the indictment. In the light of the conviction on that count, there was no need to take a verdict on the alternative charge of attempting to cause her grievous bodily harm with intent as charged in count 9A.

Count 16 the murder of Derek Weaver

I turn Derek Weaver, who was aged 83.

In the early evening of Sunday 10 July, he was taken to Stepping Hill, with Chronic Obstructive Pulmonary Disease, with heart failure and in a confused state, he was obviously very unwell, even then in a critical condition.

In the early hours of the following morning, 11 July: he was found grey and unwell; a blood test was taken, which showed grossly unnatural levels of insulin and disastrously low blood glucose levels. He also had been poisoned by insulin.

When his sister arrived, he was fighting for his breath, convulsing violently, sweating profusely and his eyes rolling back into his head. He appeared to her to be in agony.

His condition deteriorated; he declined into unconsciousness; he died on 21 July; that is to say 10 days later.

The expert evidence was to the effect that the hypoglycaemia caused reduced consciousness, during which time the body's protective reflexes are impaired: the patient does not cough, nor are deep breathes taken to clear the lungs, so the infection increases. In this way, the hypoglycaemic episodes increased the severity of his illness and made it more certain that he would die and were a material contribution to him dying when he did.

His passing, and what his sister calls the indescribable pain that he suffered has caused immense sadness to his family, as his sister movingly describes.

His murder is the subject of count 16 in the indictment. In the light of the conviction on that count, there was no need to take a verdict on the alternative charge of attempting to cause him grievous bodily harm with intent as charged in count 17.

Both these patients, Tracy Arden and Derek Weaver were random victims of the defendant's acts.

Count 20 Grant Misell

I turn next to those patients who suffered insulin poisoning at the time that they were being treated by the defendant personally: the most serious case concerns Grant Misell.

In count 20 of the indictment the defendant was convicted of causing grievous bodily harm to Grant Misell with intent to do him grievous bodily harm, contrary to section 18 of the Offences against the Person Act 1861.

Grant Misell was aged 41. He had a history of clinical depression. On 10 July 2011, he took an overdose; fortunately, he alerted his sister and she called the ambulance; he was taken to Stepping Hill.

The doctor who examined him on admission considered that everything seemed to be all right with the patient; he was only admitted as a precaution, so that his condition could be monitored. His progress through the emergency ward was essentially uneventful and his condition was not causing concern.

At about half past one in the morning, he was taken to ward A1 and put in one of the beds in the Bay where the defendant was on duty as the staff nurse. The defendant took his medical history on admission, he recorded that he was fully mobile, was aware of his surroundings, with no communication problems; he assessed that he presented only a 'low risk'.

At a quarter past 3, he recorded the administration of one litre of normal saline delivered intravenously; there is, of course, only the defendant's word that it was actually delivered at that time.

At 04.34 (the time is recorded electronically), the defendant took a Point of Care Test to measure the patient's blood glucose reading; considered on its own that might have been justified but at or about the same time the defendant took similar tests from all the other patients in his Bay. This had no possible medical justification. It is impossible to avoid the conclusion that these tests were done to cover what the defendant was about to do (or possibly what he had just done).

At or about a quarter past six, the defendant took a sample of blood; this had been requested by the doctor on admission; by chance, that sample was not destroyed; it was later retrieved and laboratory analysis showed that even at that time the patient had very high levels of insulin, consistent only with the administration of exogenous insulin. I have no doubt that the defendant took that test also as a device to show his apparent confidence that all was well; he cannot have known that the sample would by chance be preserved and that advanced techniques at another hospital might reveal the presence of insulin.

A patient in a nearby bed, Mr Derek Inge (who has now died) described Grant Misell's condition early that morning: he appeared to be really unwell; he was making strange noises, at first Mr Inge thought it was just snoring but he then realised it was something else, more like moaning and groaning; Grant Misell was lying on his side in a foetal position; he was making these noises for maybe a couple of hours. Quite plainly Grant Misell was in the grips of severe, even catastrophic hypoglycaemia.

Yet, the defendant described the patient's condition as at six o'clock as being 'left comfortable in bed'. At 7 o'clock he described him as being 'alert'. Even as he went off duty at a quarter to eight, he gave no indication that there was any thing wrong – let alone seriously wrong - with Grant Misell; he told the day staff at the handover that all that was needed was for him to sleep it off.

He must have realised that Grant Misell was gravely ill with severe hypoglycaemia. The entries that he made at 6 and 7 o'clock and what he said when he went off duty were plainly untrue, intended to conceal what he had done.

When the day staff came to check him on their ward round at a quarter past 8, he was twitching all over his body; he was in a coma, deeply unconscious; not rousable to pain. He had laboured breathing; he even stopped breathing entirely for fully 10 seconds; it was a medical emergency. He was given a Glasgow Coma Scale of just 3; the lowest possible. He was rushed to intensive care but he was still connected to the contaminated saline drip; his catastrophic hypoglycaemia therefore continued for many hours.

Despite the very best skilled medical attention which he received, he had sustained severe brain damage, from which he made a very slow, gradual but imperfect recovery. The expert opinion was to the effect that the insulin poisoning caused his unconsciousness and that resulted in the irreversible brain damage.

The only mechanism for the insulin to have been delivered was the saline bag which the defendant had administered to him. Quite when and how and why the defendant administered insulin to Grant Misell, only the defendant now knows, and plainly he will not answer any of these questions but he must known and intended the result.

The effects upon Grant Misell have been catastrophic. He has been transformed from a professional accountant, transacting multi-million pound deals to someone who, quite literally, can no longer hold down a job stacking supermarket shelves. It would be unkind to recite all his difficulties but, with help from his sisters, he has set them down in moving statement which I have read with great care. His statement ends with these words: 'In short, the attack has destroyed my life, not only in financial terms but in the area of self esteem and self worth; I now feel completely worthless and can see no way forward to improve this in the future'.

This offence committed upon Grant Misell is, in itself, a grave crime; it deserves condign punishment.

The counts of attempting to cause grievous bodily harm with intent

I turn now to the other patients each of whom received a health care product which the defendant had contaminated with insulin; this gave rise to the charge of attempting to cause them grievous bodily harm with intent, contrary to section 18 of the Offences against the Person Act 1861. First I mention those patients to whom the defendant personally administered the insulin.

Count 7 Beryl Hope

So I come to count 7 and Beryl Hope. She was aged 70 when she was admitted to Stepping Hill on 5 July 2011. She was very ill with cancer of the oesophagus; the tumour had spread to her liver. She could not swallow; so she had not eaten and was wasting away and was weak; because she could not drink, she had become dehydrated; she was therefore peculiarly susceptible to the effects of insulin poisoning.

There was an incident, trivial in itself, which I consider to be highly significant. There was in an adjacent bed, another patient (whom I need not name); she was a retired nurse. She realised that Beryl Hope was very poorly; from her experience she thought that Mrs Hope required some more active nursing and she went to find the defendant, who was the nurse in charge; and she told him what she thought. Plainly the defendant resented this act of interference, as

he saw it: she said that he became very angry, he just exploded; she was astonished at his aggressive and contemptuous reaction.

In view of what happened, I am driven to conclude that he took this out on Mrs Hope. During his shift, at 03.00, the defendant recorded that he had administered a saline bag, to the patient; that might have been the vehicle by which she was poisoned or he may later have flushed her cannula with a contaminated ampoule but that he knowingly administered insulin to her in some way is clear, as the jury have found.

The defendant made a series of entries in the records, at 07.00 and 07.10 noting that all was well with Beryl Hope; but all was not well, just 5 minutes later, she was found to be unresponsive, sweaty, with a very high heart rate; a blood test showed that she also had a catastrophically low blood glucose reading. In fact, because her condition was caught in time, she was given glucose and she rallied to some extent but her family believes that she was never the same again.

Sadly, she died from her cancer a couple of months later.

Count 2 'Jack' Beeley

I turn to count 2 and to John Beeley, known as Jack. He had meningitis as a boy, which caused some residual learning difficulty. He also had brain damage following a road traffic accident. In June 2011, he had bowel cancer and needed full time nursing care.

On 27 June 2011, he was admitted to Stepping Hill, suffering from a variety of ailments including vomiting and shortness of breath. He was confused and unable to give a coherent history of his condition. He was continually shouting but not making any sense. He often pulled out his cannula.

Early the following morning, one of the treating nurses became concerned because the patient had suddenly become uncharacteristically quiet; she went to see him; his eyes were shut; he seemed clammy, the nurse shook him but he was not responsive. It was obvious that something was seriously wrong; tests showed that he had hypoglycaemia with very low blood glucose levels. He was given glucose and he recovered.

The nurse noticed that he was hooked up to a saline bag; that bag must have been contaminated by insulin. But such a bag was not prescribed for him; it does not appear in his medical records. The defendant must have administered that bag; if anyone else had done so, they would have entered it on the patient's records, for they would have nothing to hide; the only person with an interest in concealing the administration of the bag was the poisoner. So the defendant must have done this, presumably to shut up a patient whom he found to be particularly troublesome.

It is quite clear from the statement provided by his sister that this incident in fact had a very serious effect upon the victim whose personality changed; he lost his zest for life.

The deliberate poisoning of such an acutely vulnerable patient is truly despicable.

I turn then to the other patients, those who were treated with saline bags or saline ampoules which the defendant had contaminated by insulin, and who had, in that way, the misfortune to be his random victims.

Count 1 Josephine Walsh

Josephine Walsh was aged 68. On 23 June 2011, she was admitted to Stepping Hill with long standing Chronic Obstructive Pulmonary Disease. On 27 June, whilst she was receiving a saline

bag, she was found slumped on her chair; she was very pale, conscious but not responding normally. Mrs Walsh herself remembered being soaking with perspiration; she felt dizzy; it was, she said, the scariest thing that had ever happened to her; she thought she was going to die.

Fortunately her hypoglycaemia responded to treatment by glucose. Later, she must have been given another contaminated bag because she had another hypoglycaemic episode, with the same distressing effects.

Count 3 Mrs Linda McDonagh

Mrs Linda McDonagh was aged 59. She had a history of Motor Neurone disease, with difficulties of swallowing and speech. Latterly she communicated only by iPad. She was admitted to Stepping Hill on the 28 June with severe chest infection and aspiration pneumonia. She was seriously ill.

She was treated with a contaminated saline bag; she did not call out because of her communication problems. She was found unresponsive and slumped; she also was suffering from hypoglycaemia. She was treated with glucose and recovered physically.

However, although terminally ill, she was reluctant to again to seek medical attention, although she needed it, being fearful of being returned to hospital. Furthermore, when she died, the family had to go through the additional trauma of intervention by the Coroner and a post mortem examination. This in turn has caused great stress to other members of the family, all of which is very clearly set out in the statements made by Mrs McDonagh's daughters and her sister, which I have read with care.

Count 4 Joseph MacDonald

Count 4: Joseph Macdonald was aged 66. On 27 June 2011, he returned to the hospital to receive intra-venous anti-biotics to treat a recurrence of his cellulitis; his cannula had to be flushed, because it was blocked with congealed blood; almost at once, he complained that he felt unwell; the nurse – understandably - thought that he had had a reaction to the drugs. Mr Macdonald said that he felt dreadful; he began to sweat profusely; he felt dehydrated; he knew that he had an adverse reaction.

The next day he again came back for another dose of anti-biotics; again the nurse flushed the cannula and then again the anti-biotic was administered intra-venously, using a saline bag. Again, very shortly afterwards he complained of being unwell, feeling terrible, sweating profusely; with the same symptom as the day before. The nurse said that he looked drowsy, clammy and sweaty; as if he was out of it; and he seemed to get worse; the nurse thought that he might be having a heart attack. This time a blood glucose reading was taken, which was very low.

As the jury have found, he had two incidents of hypoglycaemia induced by insulin poisoning.

Count 5 Anthony Smith

Count 5: Anthony Smith was aged 48. He was admitted to Stepping Hill on 27 June 2011 with a number of symptoms related to his alcoholism.

He seemed to be making good progress until he had an unexpected hypoglycaemic episode with increased respirations and heart rate. He became agitated, he was mumbling and otherwise unresponsive, the nurse treating him thought he was having a seizure; a test showed a very low blood glucose reading. He was prescribed intra-venous dextrose, which was

delivered and he very quickly became more responsive. He then had another similar episode; again he recovered after being treated with glucose.

He later described how terrible and awful the experience was but he has now turned his life around and just feels grateful to be alive.

Count 6 Joyce Atherton

Count 6: Mrs Joyce Atherton, was aged 81 when admitted to Stepping Hill on 3 July, with a chest infection and a productive cough, with a high temperature.

Her hypoglycaemia was observed by her daughter, who described how her mother had become wringing wet with sweat, yet cold and clammy; she recognised this to be a hypoglycaemic episode and called for help. She was given glucose and recovered but later, after another saline bag had been administered she had another attack: she complained of feeling hot and clammy, she was not confused but she was drenched in sweat, she said that she felt rubbish; the nurse thought this might be another hypoglycaemic episode so she administered another blood test which again showed very low glucose levels; so low as to be extreme and dangerous. Again she received glucose and recovered.

She describes how what happened was a terrible ordeal; not a day goes by but that she thinks of it; for a long time it had a serious effect upon her mood.

Count 8 Doreen Brace

I move onto count 8 and Mrs Doreen Brace. She was aged 87. On the morning of 5 July 2011, she was admitted to Stepping Hill with chronic urinary tract infection, pulmonary disorder and many other age related illnesses including chronic kidney failure.

Now there is a peculiar entry on one of her medical records; this is the 'Infusion Chart for Fluid Replacement' which is in the jury bundle at page 33 of divider 14 which purports to show the prescription of a litre of saline. The doctor did not sign that entry; it is a forged entry; since that same record shows that that litre of saline was administered to this patient by the defendant personally, in the context of the jury's other findings, it must follow that he forged that entry. However, the patient did not suffer a hypoglycaemia as a result of the administration of that saline. I am sure that there must be some sinister explanation for this singular occurrence, but I cannot speculate as to what this might be; it is one of the unexplained mysteries of the case.

There is no doubt that Mrs Brace did later suffer a hypoglycaemic episode. This must have followed the administration to her of an anti-biotic in saline solution; in fact there was evidence that this drip was not running freely, so Mrs Brace did not in fact suffer her hypoglycaemia until she had been transferred to another ward but she remained attached to the contaminated saline drip which she had received on Ward A3; a nurse saw that Mrs Brace did not look very well; she was damp with sweat yet 'cold and clammy to touch'; she gave a very low blood glucose reading. She was given glucose and recovered.

Count 10 Kathleen Murray

Count 10: Kathleen Murray was aged 53. On 7 July, she went to Stepping Hill with labyrinthitis, an infection of the inner ear; the condition responded to treatment and she was shortly to be discharged. She had however been given a saline drip contaminated with insulin; Mrs Murray herself described how she woke up in a terrible state, shaking violently, sweating, completely wet through, she called for the nurse. The nurse said she was cold, sweaty and clammy; she had a very low blood glucose reading; she gave her some glucose powder and a Mars bar, to

bring the blood sugar up; she increased the rate of flow of the intra-venous fluid, thinking that that would help.

For a short time, the patient recovered but later Mrs Murray had another hypoglycaemic episode, she said that she had exactly the same symptoms as before. Again she responded to glucose.

She has had a series of health related problems since being treated at Stepping Hill; it is not, I think, clear that all are related to her insulin poisoning but I do not doubt that she has suffered from an on going stress related condition, which was caused by what happened to her at Stepping Hill.

Count 11 Lilian Baker

Count 11: Lilian Baker. She was aged 85. She had various age related health problems, including asthma and angina. In the early hours of 7 July, she was admitted to Stepping Hill, with internal bleeding.

She was given a saline drip; after which she complained of feeling hot and flushed. A blood sample revealed what one of the experts called 'astronomically high' levels of insulin, with very low levels of glucose. She also had been poisoned.

Lilian Baker herself was later interviewed on video; she variously said that she was frightened; how it was awful; how her breathing was shocking, really bad; that she thought that she was going to die; indeed she said that she was that ill, she wanted to die.

She responded to treatment with glucose but she was still attached to the contaminated drip and suffered another attack, with the same consequences. Again she recovered after treatment with glucose.

Count 12 Beatrice Humphreys

I come to count 12 and Beatrice Humphries. She was aged 84. In the early morning of 8 July, she was taken to Stepping Hill, having coughed up blood. The provisional diagnosis was cancer of the throat with a possible kidney infection.

She was later found to be 'sweaty and clammy' with a very low blood glucose reading. She was again treated with glucose and recovered.

Beatrice Humphries was herself interviewed on video, she had only an imperfect memory of what happened and little or no understanding of why it had happened.

Count 13 Mary Cartwright

Count 13: Mary Cartwright. She was aged 88. On 9 July 2011, Mrs Cartwright was brought to Stepping Hill with a high temperature; with an infection of the urinary tract.

Over the course of her stay at Stepping Hill, she gave many very low blood glucose readings; a later laboratory analysis demonstrated beyond doubt that she also had been poisoned by insulin.

She rallied after being given glucose but her family thought that she was never the same again. They also had to go through the anguish of a post mortem examination.

Count 14 'Eileen' Armstrong

Count 14, Eileen Armstrong. She was aged 83 when admitted to Stepping Hill on 9 June, with shortness of breath.

Mrs Armstrong herself was interviewed about these matters but she was unable to remember anything beyond being in the hospital.

She also suffered from epilepsy and unfortunately did have some epileptic seizures whilst at the hospital but later an experienced nurse realised that the patient was seriously unwell from some other cause; she had a very low blood glucose reading.

Her family who had been attentive to her condition described how she was breathing erratically; they thought that she was dying.

She responded to treatment by glucose but had other hypoglycaemic incidents when treated with other saline bags from which she also later recovered but again, her family felt that she was never the same again, losing her confidence in the hospital, in the medical profession constantly terrified that something similar may happen again. Her daughter feels that her mother's last few years have been blighted by this crime.

Count 15 Philip Jones

I come then to the events of the night of the 10/11 July, when 4 patients had unexpected hypoglycaemia on the same ward. The first is Philip Jones, the victim named in count 15. He was aged 67. On the morning of 10 July he was taken to Stepping Hill, with cellulitis.

Mr Jones remembers that his cannula had to be flushed because it had blood in it. He said that a few minutes later, he became hot; the sweat was dripping off him; he felt as if he was hallucinating, unable to answer simple questions; he was struggling to breathe; he thought he was going to die. He had no idea what had happened to him. He was given glucose and thereafter he recovered.

He considers himself lucky to have survived but is sad that others did not.

Count 19 Arnold Lancaster

Arnold Lancaster was aged 71. He had advanced untreatable and terminal oesophageal cancer.

On 10 July 2011, he was taken to Stepping Hill, over and above the advancing cancer; he had widespread infection to the urinary tract and chest. He was seriously ill; he received most of his many medications by way of saline bags.

Suddenly just after 3 o'clock on the morning of 11 July, his condition deteriorated; he became pale, not as alert, he was thrashing his arms around and sweating; she could not account for that; the experienced nurse who was treating him checked his blood sugar levels which were the lowest she had ever seen in any patient. He had very severe hypoglycaemia, which was brought about by insulin poisoning.

He died later that afternoon but having regard to his advanced cancer, the jury were not sure that it was proved that the insulin caused or contributed to his death. The defendant was therefore acquitted of his murder as alleged in count 18 and of the alternative charge of manslaughter but convicted of the charge of attempting to cause him grievous bodily harm.

It is indescribably wicked to cause a dying man to be poisoned with insulin.

Count 21 William Dickson

I turn then to count 21 and the poisoning of Mr William Dickson, who aged 82. In the morning of 10 July, he complained of shortness of breath arising from an infective exacerbation of his Chronic Obstructive Pulmonary Disorder; he was taken to Stepping Hill.

Despite treatment with anti-biotics and nebulisers, his condition deteriorated and in the middle of the night, his wife was called to the hospital.

She described how, even as she was speaking to her husband: 'all of a sudden, [he] was gone; he went blank, straight in front of my eyes. The talking stopped and he fell backwards onto the bed' she ran to the nurses' desk shouting their help. It was, of course, fortunate that she was there, otherwise his condition may have passed unnoticed and more serious injuries may have resulted.

The nurse on duty found him completely unresponsive, 'just staring into space'. His blood sugars were dangerously low. He was immediately given glucose, and recovered. A later laboratory analysis confirmed that he had been poisoned by insulin.

Count 22 the discovery of the contaminated ampoules

The following evening, 11 July, an alert nurse on duty in A3 noticed that a saline ampoule that she had picked up from the treatment trolley in the ward, which she was about to administer to a patient, appeared to be 'foamy', like washing up liquid; it should have been clear; furthermore, it had the characteristic disinfectant smell of one type of synthetic insulin, which was administered to patients with diabetes. She immediately informed more senior staff of her discovery; following which, a thorough search was made of the ward and the treatment room on ward a where the ampoules were stored. 45 ampoules were found which had been punctured with a hypodermic syringe, 19 of which had been contaminated with insulin. In due course, all these would have been used for the treatment of patients.

Count 22 is charged as attempting to cause grievous bodily harm with intent in relation to the contamination of one such ampoule, on the basis that in due course the ampoule would have been administered to a patient without the contamination being detected by the treating nurse. Although there was no actual harm to any patient, the potential for causing serious harm is obvious.

Quite why so many ampoules had been punctured but not injected with insulin is another unexplained mystery in the case.

Count 23 Daphne Harlow

I move on to count 23: Daphne Harlow was aged 86. On the morning of July 12, she fell at home and hurt her knee. The ambulance was called and she was taken to Stepping Hill.

She developed some infection but she seemed to be making progress until a nurse found her clammy and unresponsive, with a vacant expression; she then started to jerk or shake, as if she was having a fit; she opened her eyes but her eyes were fixed and not dilating; a blood test gave a very low glucose reading, which was dangerously low.

She was given glucose and she improved but again her family thought that she was never the same again, being confused, anxious and suspicious.

Count 24 Zubia Aslam

Count 24: Zubia Aslam. She was only 24. On the evening of 13 July, she became ill with gastro-enteritis.

She was prescribed a litre of normal saline solution intravenously, to be dispensed over an eight hour period. In the light of the general alert about the contaminated saline ampoules, two staff nurses carefully examined the saline bag to see whether there were any leaks; they found none; this, incidentally, thereby shows that even a careful examination the

contamination could not be detected; therefore they administered the saline bag to the patient.

Zubia Aslam herself described what happened: she woke up and felt really unwell, sweating buckets, feeling dazed, lifeless and unable to talk; she even thought that she was hallucinating; her vision became blurred; she was unable to get up and called her help; she felt so unwell that she thought that she was going to die. The nurse said that the patient looked very weak and about to collapse. She was slumped to one side and looked as if she was about to fall into a deep sleep. A blood test showed very low glucose levels. She responded to treatment with glucose.

The doctor arranged for the saline bag to be preserved; laboratory examination established that the bag had indeed been contaminated with insulin, which had been injected by hypodermic needle through the rubber septum in the resealable port.

Prof Ferner, one of the expert witnesses said that the huge amount of insulin found in the bag must have resulted from the injection of more than two full insulin syringes. The bag was set to run for 8 hours, had it done so, then her hypoglycaemia would have continued, this would have caused irreversible brain damage and very likely death.

Zubia Aslam herself became withdrawn and depressed by what had happened to her, which has had other effects upon her life, her job, her marriage and even her state of mind.

Counts 25 – 28 the contaminated products

Following the unexpected and unexplained hypoglycaemic episode suffered by Zubia Aslam, the treatment room in Ward A3, was sealed and searched; a number of health care products were found to have been contaminated by insulin.

Count 25 is laid following the discovery of a single glucose bag contaminated with insulin, out of 77 recovered from the Treatment Room.

Count 26 is laid following the discovery of a single bag of saline contaminated with insulin.

Count 27 is laid following the discovery of a bottle metronidazole, which was also contaminated with insulin; metronidazole is an anti-biotic, which is administered intra-venously; so this was another vehicle by which the defendant intended to administer insulin intra-venously.

Count 28 is laid following the discovery of a saline bag contaminated not this time with insulin but with lidocaine, which is a local anaesthetic; clinically it is administered externally but it is potentially dangerous if administered intra-venously, for it would tend to anaesthetise the heart. This is charged as attempting to commit an offence of administering poison, contrary to section 24 of the Offences against the Person Act 1861, which carries a maximum sentence of 5 years.

The pulse chart and Venn diagram

This is perhaps a convenient point at which to refer to the staff shift patterns.

There is a striking correlation between the defendant's working pattern and the incidence of the hypoglycaemic attacks suffered by the patients; this is well shown in diagrammatic form by the so-called pulse chart; such a correlation cannot be explained by co-incidence.

The defendant's duty on A3 on the night of the 26/27 June, followed by the hypoglycaemic attacks of Josephine Walsh on 27th and Linda McDonagh in the early hours of 29th.

His duty on A1 on the night of the 27/28 June, coinciding with the hypoglycaemic attack of Jack Beeley in the early hours and morning of 27th and followed by the hypoglycaemic attacks of Joseph Macdonald and Anthony Smith on the 29th.

He then moved from A1, where the hypoglycaemic attacks ceased and moved back to A3; there were no hypoglycaemic attacks for some days; he was on duty on 2/3; 3/4; 4/5; 6/7 July; he was off for a few days and back on A3 for 8/9 and 9/10 coinciding with the hypoglycaemic attacks of Joyce Atherton later on 3rd and another one the following day, the 4th; followed by the hypoglycaemic attacks of Beryl Hope on 6th; Doreen Brace on 6th and again on the 7th; Tracy Arden on 7th; Kathleen Murray and Lilian Baker and Beatrice Humphries on the 8th; Mary Cartwright on the 10th and again on the 11th and Lilian Armstrong on 10th and again on the 11th.

All the while the incidence of hypoglycaemic attacks had ceased on A1; he returned there on duty in A1 on the night of the 10/11, which was accompanied by the attacks on Philip Jones, Derek Weaver, Arnold Lancaster, Grant Misell and later that morning by the attack of William Dickson.

He returned to A3 on 12.13, followed by the hypoglycaemic attack of Daphne Harlow and Zubia Aslam on 15th, following which the contaminated saline bag was found and further security systems were put in place.

A similar point is shown, in slightly differently form in the Venn diagram.

Improved security

Following the discovery of the contaminated healthcare products and the realisation that there was a poisoner at work at Stepping Hill, there were improvements to the security arrangements in the Treatment Rooms; in particular insulin was to be kept in locked fridges and there was to be a proper system of stocktaking and recording of insulin withdrawal and administration. Therefore it became impossible for the defendant to continue to withdraw insulin undetected, so his first campaign of poisoning was brought to a halt.

For some time, he managed to control himself; I move forward to the night of the 2/3 January 2012, when again the defendant was on duty. The events of this night give rise to the charges as set out in counts 29 – 36 of the indictment.

Counts 29 – 36 the altered prescriptions

I come to Maria Pawlyszyn; she was aged 86; she was taken ill after a flight back from Dubai with breathlessness and swelling of the legs. She was taken to Stepping Hill; she was diagnosed with a mild heart attack. She was transferred to a Bay in Ward A3, where the defendant was the nurse in charge.

She was accompanied by her daughter Mrs Anna Dodd, who understood that the doctor in the emergency ward had advised that her mother should be attached to a heart monitor; when she reached the Ward, she asked the defendant to arrange that. The defendant pointed out that there was no mention of the heart monitor in the medical notes and if it wasn't in the notes, it wasn't going to happen, or words to that effect. Mrs Dodd considered his manner to be rude, and un-caring; she said that he did not like being challenged. Eventually, with what she took to be a bad grace, he bought the monitor, threw it down on the table, as if in anger but said that there was no cable or lead for it. So her mother was not attached to the monitor; she told him that if anything happened to her mother during the night, he would have to answer to her. According to her, he then walked off 'in a strop'. She was left crying in sheer frustration.

Later that night, a series of forged entries were made to Mrs Pawlyszyn's prescription record. The jury have found that the defendant made those alterations; I have no doubt that he did so in order to get his own back on the patient's daughter; to do so by attempting to poison her elderly mother is yet another despicable and odious act. This is charged in Count 30 of the indictment as attempting to administer poison, which is an offence contrary to section 24 of the Offences against the Person Ac 1861.

One entry, namely for the administration of Bisoprolol, was added to her prescription chart; this was a forgery, the defendant attempted to imitate the doctor's writing on the line above. This drug reduces the heart rate and the ability of the heart to act as a pump, which could in turn have produced respiratory problems if the drug had been given to her.

In view of the jury's verdict, I have no doubt that the print from the side of his left palm was made as he steadied the paper whilst he forged this entry.

Nor was this the only alteration: the prescription of 8 mgs of Candesartan was altered to 18 mgs; the prescription for Amlodipine was altered from 5 mgs to 15 mgs; both were to lower blood pressure; if they had been administered in the altered dosages, there would have been a risk of precipitating acute heart failure.

The prescription of 90 mgs of Tickegrelor was doubled to 180 mgs; this was prescribed to inhibit platelet aggregation; had it been administered in the altered dosage, there would have been the risk of internal bleeding.

The prescription for Furosemide has been altered so that the 13.00 dosage of 20 mgs had been altered to 40 ms and also to add another dosage of 40 mg at 22.00. Furosemide is a strong diuretic; the altered prescription would increase the production of urine; it would cause at least inconvenience and discomfort but could also produce dehydration, with other attendant risks; the administration of such a drug at night would cause the obvious risk of distress and inconvenience throughout the night.

Possibly in order to cover what he had done to Maria Pawlyszyn, but possibly also to cause extra work for the day staff, he also altered the prescription charts for a number of other patients, each of whom was elderly and vulnerable that is to say for Jean Moss (aged 82) as alleged in count 29; Audrey Fallows (aged 79) as alleged in count 32; Edith Hardman (aged 92) as alleged in count 33; Marion Stait (aged 88) as alleged in count 34 and Freda Bingham (aged 80) as alleged in count 35. I need not I think detail here the precise alterations made but the amount of medication prescribed to each was altered so as to increase the dose; each patient would have been put at risk if the dosages had been administered as altered.

The alterations made to prescription chart of one patient were actually administered to her. This is the subject of count 36. Theresa Bailey was aged 82; she had been admitted to Stepping Hill on 30 December, with angina. Her prescription of Ivabradine was altered from 5 mgs twice a day to 15 mgs twice a day and the prescription of Nicorandil was altered from 10 mgs twice a day to 40 mgs twice a day. That these alterations were unauthorised was unfortunately not noticed the next morning and the altered dosages were given.

Theresa Bailey herself gave a statement; she said that she thought that she had been given more pills than usual, indeed she questioned it, but the nurse re-assured her and so she took them and went into what she called a long sleep and she awoke feeling very tired with a head ache. The expert evidence was to the effect that the administration of these increased doses would be to slow the heart rate and to cause the blood pressure to fall, which could have very serious effects, including precipitating strokes, heart attacks and kidney damage. Fortunately

the alterations were then discovered before she continued with the increased dosage; so – as it turned out – she suffered only minor effects. But her confidence was badly affected; her daughter wrote that her mother was left to live in fear.

I need not mention count 31, charged as attempting to administer poison in the form of some unknown tablets to another patient, because the jury acquitted the defendant of that charge.

Following the discovery of these further incidents of poisoning at the hospital, the police were again informed.

Arrest and the 'letter'

On 5 January, two days later, the defendant was arrested at his home at 28 Churchill Street, Stockport. During the course of a search of his house, a document was found; the defendant called it a letter, plainly he intended that it should be read by others, although it is not at all clear to whom it was addressed. Nor it is entirely clear when it was written, some internal references suggest that parts of it were written in 2010 but he told the police in interview that parts were written much later, possibly even shortly before the insulin poisoning. I cannot here quote the whole letter but some extracts may give a flavour of what he wrote: '… I go straight to hell, no question … So I'm writing this letter in case something happen to me … and work out how an angel turn to an evil person. The bitter nurse confession. Got lots to tell but I just take it to my grave. My family will make history here in England'.

Again: 'at home, I can control not to take my painkiller but in hospital because of staff, I can't help it to take more than the limit or else I won't cope or carry on with my job. I'm just telling them I'm fine and all right, just to shut their mouth. Still inside of me I can feel the anger that any time it will explode; just still hanging on can still control it but if pushed, they're going to be sorry'.

Hw wrote this as if he knew what he had done or – more likely – what he was about to do but there is nothing here to explain why he acted as he did; for what he did is, of course, inexplicable and irrational.

The relevant sentencing considerations

I turn then to the relevant sentencing considerations.

Following a conviction for murder, there is a mandatory sentence of imprisonment for life, which I pass on each of the counts 9 and 16.

I must also fix the minimum term which he must serve before he is considered for release, according to Schedule 21 of the Criminal Justice Act 2003.

I identify the following aggravating factors.

These murders and indeed all the incidents of insulin poisoning were committed in a sustained course of conduct, which necessarily involve some planning and pre-meditation, no doubt all poisonings require planning and premeditation but I doubt whether he had formed a settled intention to kill.

The minimum term imposed for the two murders must reflect also the 19 other victims of insulin poisoning, including Grant Misell who sustained permanent and severe brain damage, and indeed the contamination of the other health care products which were withdrawn before they were administered, thereby poisoning other patients.

Each of these patients was vulnerable, either because of age and illness, or often both; furthermore, each suffered significantly, and some continue to do so.

Opinions may differ as to whether it is more abhorrent for the defendant personally to administer the poison directly to patients in his care or to cause victims to be selected at random but the combination of both seems to me to be unusually wicked.

His course of offending caused others members of staff to fall under suspicion, indeed one was actually arrested and indeed charged.

I must also reflect the second series of offences committed in January 2012.

Furthermore, these offences have damaged the reputation of the hospital and may also have adversely affected public confidence in the health care system.

As against that, it is said that he did not intend to cause death; that may be so and that – and that alone – saves him from a whole life sentence but it is otherwise a point of limited force, since administering insulin to elderly or sick patients carried a gross and obvious danger to life, as he must have known, more particularly so after he had killed Tracy Arden.

I realise that he will be an old man before he is to be considered for release; however, when Parliament enacted that age could be a mitigating factor, I doubt that they had in mind a man who is only 49. He has committed a dreadful crime, he must now pay the price.

I appreciate that he has no previous convictions but that also carries little or no weight when set against the enormity of these crimes.

In my judgment the cumulative effect of the aggravating factors entirely overwhelms such mitigating factors as there may be.

This is a murder of two or more victims, the seriousness of which is particularly high.

In all the circumstances, I consider that the starting point is 30 years but for all the reasons that I have given, there must be a considerable uplift from the starting point; I fix the minimum term at 35 years before he is considered for release.

The other offences as charged in counts 1 – 8, 10 – 15, and 19 – 27 inclusive are so serious that only a discretionary life sentence is appropriate; here I am required by law to fix a minimum term, which by law is only one half of the appropriate determinative sentence.

The sentences

The sentences will be as follows: on count 9 for the murder of Tracy Arden and on count 16 for the murder of Derek Weaver: life imprisonment, with a minimum term of 35 years; he will have credit for the time served.

On count 20, for causing grievous bodily harm to Grant Misell with intent: there are so many aggravating factors that I consider I am justified – indeed I am required - to sentence outside the Guidelines: the sentence will be life imprisonment, with a minimum term of 12½ years, predicated upon a determinate sentence of 25 years.

Counts 1 – 8, 10 – 15, 19, 21, 23 and 24 inclusive, where patients were poisoned, there will be a life sentence with a minimum term of 10 years, predicated upon a determinate sentence of 20 years.

On counts 22 and 25 – 27 inclusive, where saline bags and ampoules were contaminated with insulin but which were not administered only because the contamination was discovered;

again the sentence will be life imprisonment but because there was no actual victim, the minimum term will be reduced to 8 years, predicated on a determinate term of 16 years.

On counts 28 – 30 and 32 – 35 inclusive for attempting to administer poison and on count 36 for administering poison, I pass the maximum sentence of 5 years.

I am anxious that this sentence is not misunderstood or mis-reported. The sentence is not just 35 years the sentence is a sentence of imprisonment for life. The defendant will serve at least 35 years; there is no early release from such a sentence; even then he will be released only if the Parole Board considers that he no longer presents a continuing risk to the public; and even if released he will be subject to licence for the rest of his life.

I will cause a transcript of this judgment to be put with the case papers so that in due course the Life Sentence unit in the Prison Department and Parole Board may understand my findings.

I am required by law to apply the statutory surcharge, as I do.

ENDS