RESTRICTED

Form MG11(T)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: HALLMANN, SHIRLEY SANDRA

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: NURSE

This statement (consisting of 6 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 anything which I know to be false or do not believe to be true.

Signed: S Hallman Date: 13/05/2005

I am employed as a Grade E Nurse at Jubilee House, Cosham, Hants.

I trained at St Mary's Hospital, Portsmouth between 1968 and 1971, qualifying as a State Registered Nurse, (SRN) and my number is 439846. Between 1971 and 1972 I extended my training to midwifery in Edinburgh, Scotland, qualifying as a State Certified Midwife, (SCM), my registration number is 439846.

I returned to St Mary's, Portsmouth, Hants until 1973 when I emigrated to the United States of America, working for a year in intensive care in Forth Worth.

Between 1976 and 1980 I was employed in the State of Iowa working in obstetrics and minor surgery.

I returned to Britain in 1980 and was employed at St Mary's Hospital, Portsmouth, Hants on the medical ward as a Staff Nurse, working night shift going on for a year as a Midwife at Blackbrook.

As a result of a back injury I was not employed between 1982 and 1988.

I restarted work in 1988 as a Staff Nurse in the Eye Dept at the Queen Alexandra Hospital, Cosham, Hants for a period of six months, returning to St Mary's where I worked in gynaecology.

Between 1991 and 1996 I was employed as a Staff Nurse at the Royal South Hants Hospital, Southampton during which time I worked in acute medicine.

Between 1996 and 1998 I worked in patient rehabilitation in Moorgreen Hospital, Southampton.

In January 1998 I commenced work as an F Grade Staff Nurse at the Gosport War Memorial Hospital, Gosport, Hants .

In 2000 I started work as an E grade nurse at Jubilee House, Cosham, Hants, working in palliative and continuing care.

Whilst I was employed as a Grade F Staff Nurse at GWMH I was Deputy Manager of Dryad Ward, my then line manager being Gill HAMBLIN. When Gill HAMBLIN was on duty I would revert to the responsibilities of a E grade nurse. As such I would have care of the patients in an oversee role.

As Deputy manager I would have responsibility of the ward when the manager was not there. The role of Deputy Manager requires an F Grade.

Gill HAMBLIN did not want me as a Deputy and did not make me feel welcome. There was tension between us because of this. On one occasion when she was off sick I spoke with Barbara ROBINSON , then Hospital Manager who said she also had problems with Gill.

Whilst working on the ward I had concerns. I did not feel that the patients always had a chance to see if alternative medication would work for them before the decision to start a syringe driver was made. I expressed my concerns to Gill HAMBLIN and on one occasion to Dr BARTON . Before this I had mentioned my misgivings to other members of staff, Freda SHAW , Lyn BARRETT and Sharon RING (E Grade) as well as Barbara ROBINSON. They all felt the same way as to how some patients were put on to Diamorphine , an opiate, and Midazolam, a sedative drug.

I am aware of the Analgesic Ladder. This is a method whereby you assess the pain level of a patient. The process is set by using the lowest amount and least powerful drug, increased on a scale until the patient is comfortable. This is set by the Doctor, in this case Dr BARTON.

I remember one patient, a lady who came to us from another hospital with a fractured femur. She was elderly and complained of pain in her leg. I recall that she occupied a single room next to the psychiatric ward. Dr BARTON put this lady straight on to Diamorphine. This is not usual. I cannot remember if the drug was administered by injection or syringe driver. Dr REID came in one day to do a ward round, which he did monthly, shortly after the lady was admitted to our ward and said she was with us for rehabilitation. She complained about the pain in her leg. Dr REID got her onto a walking frame and she walked with the assistance of this. He took her off Diamorphine straight away. The lady was discharged some months later to a nursing home.

I wrote my concerns privately at home and have given the Police my personal papers. I also spoke to my mother, Code A at the time. I felt if I went over the appropriate channels at work I would be discredited.

When I asked Gill HAMBLIN why we were going on to syringe drivers directly she never gave me a satisfactory answer.

On another occasion when I asked her she replied, "I hope when you die, you die in pain". She told me that Dr BARTON was upset with me. I went to Dr BARTON and apologised if I had offended her in any way. She replied, "It's not that. You don't understand what we do here".

I had been trained in the use of syringe drivers when I worked in the acute trust in Southampton Royal South Hants Hospital.

I was certified to administer drugs intravenously but there was no need for this on Dryad Ward, GWMH. Syringe drivers are subcutaneous, i.e. under the skin.

A syringe driver is a battery driven device to which a syringe is placed, having been loaded with the drugs as per the doctors instructions to enable a mean level of comfort for the patient. The plunger regulates the administration of drugs over a twenty four hour period. It is placed in an area where the patient is least likely to remove it by movement of the body or by other means. This may be the abdomen, upper chest or back.

I have been asked what is meant by the term, named nurse. This is the nurse who is named on the patient's notes who is responsible for that patient's case. On Dryad Ward 'lip service' was paid to this. In effect if HAMBLIN or the doctor was on they would decide what would be done with the patient, e.g. if they could get up or have to stay in bed etc. The carers on the ward would answer to a patients minor needs and make sure they were kept comfortable, the more serious issues were undertaken by the named nurse.

In other hospitals I had worked in the Grade E Nurse would go round the patients with the doctor on the rounds. On Dryad Ward the rounds were conducted Monday to Friday. Dr BARTON would come in about 0720 hrs then HAMBLIN would come in about 0730 hrs and they would do the rounds. If HAMBLIN was off then I or another Staff Nurse would deputise for HAMBLIN. This was not normal practice.

The rounds were a brief walk around when the patients were spoken to (if capable) regarding their problems.

Any entries in the patient's notes were done at the time however, if it was very busy they would be completed by the end of the shift in order to complete handover to the next shift.

I worked 0730-1615 hrs or 1200-2030 hrs with a half hour break on the latter shift.

I have been referred to Exhibit, BJC/15 and specifically to pages 867 and 868 of these papers.

The entry of 21/9/98 (21/09/1998) reads, "Admitted from DDH with history of Parkinsons, Dementia and Diabetes. Diet controlled diabetic. Catheterised on previous admissions for

retention of urine. Large necrotic sore on sacrum. S/B Dr BARTON. Dropped left foot. Back pain from old spinal injury". The entry is signed by me.

To explain, DDH is the Dolphin Day Hospital. As a diet controlled diabetic the patient, Mr CUNNINGHAM would not require drugs for this condition. The catheter takes urine from the patient. Necrotic means gangrenous. The sacrum is the area of flesh at the base of the spine.

S/B means sent by. Dropped left foot means he was incapable of raising it perhaps due to a stroke or nerve damage.

I believe the last entry on page 867 is self explanatory. It is signed by me.

The entry on page 868 of 23/9/98 (23/09/1998) was made and signed by me. It reads, "S/B Dr BARTON. Has become chesty overnight to have Hyoscine added to driver. Stepson contacted and informed of deterioration. Mr FARTHING asked if this was due to the commencement of the syringe driver and informed that Mr CUNNINGHAM was on a small dosage, which he needed. To phone him if any further deterioration".

To explain, chesty is a wet cough, which may be due to a chest infection or pneumonia.

Hyoscine is a drug, which is given to patients who are 'chesty' as it dries up secretions.

Whilst the doctor determined the drugs and parameters of them to be administered to patients, the nurses would decide where and to what level, according to the pain level increase in the patient.

This statement was drafted following two meetings with DC Code A on 15th March and 3rd May 2004 (03/05/2005) and read and signed by me.

S Hallman

Signed: S Hallman
2004(1)

Signature Witnessed by: Code A

Further to the above I confirm that on 21/9/98 (21/09/1998) the entry, '1450 Oramorph 5mg given prior to wound dressing' is my entry. On the Analgesic Ladder Oramorph, which is the orally taken Morphine, would be used before diamorphine would be given in order to control pain.

The last entry of 867 reads, 'Mr FARTHING has telephoned. Explained that a syringe driver containing diamorphine, midazolam was commenced yesterday evening for pain relief and to allay his anxiety following an episode when Arthur tried to wipe sputum on a Nurse saying he had HIV and was going to give it to her. He also tried to remove his catheter and empty the bag and removed his sacral dressing, throwing it across the room. Finally he took off his covers and exposed himself". This is also my entry. I cannot recall this. The diamorphine was administered for Mr CUNNINGHAM'S pain, the midazolam for his anxiety. It is usually given when a patient is terminally ill and calms them down physically and mentally. It may be that if Mr CUNNINGHAM could not take Oramorph for any reason that was why the syringe driver was put in place. What would happen in some cases would be a two to four hourly injections of morphine. If the patient was so agitated as to be fighting or struggling this may have necessitated in the doctor deciding the use of the driver and drugs prescribed to be administered in this way.