RESTRICTED

STATEMENT

Number: S151

Number Of Pages	[7]
Age	[53]
Statement Date	[28/JUL/2003]
Signed Name	[Shirley Hallmann]
Telephone No	Code A
Postcode	
Date Of Birth	[09/OCT/1949]
Occupation	[STAFF NURSE]
Address	Code A
Forename 1	[SHIRLEY SANDRA]
Surname	[HALLMANN]

I am the above named person and I live at the address overleaf. I qualified as a State Registered Nurse in 1971 and as a Midwife 1972. I have worked in the USA for seven years as a Nurse and in various hospitals in Portsmouth and Southampton since 1989.

In January 1998 I went to work at the Gosport War Memorial Hospital /C35 as a Senior Staff Nurse, a Grade F. This was a promotion for me and the first time I h ad worked on a long term care ward for the elderly. I had previously worked o n an elderly rehab ward at Moorgreen Hospital /L719 . I was used to working with elderly people.

The only ward I worked on at the GWMH was Dryad Ward. The Ward Sister was Sister HAMBLIN /N131 and our Medical Assistant was Dr. BARTON /N34 . Dr. LORD /N68 was the Consultant until she was replaced by Dr . REID /N28 .

As the Senior Staff Nurse I would run the ward when Gill HAMBLIN was not about.&nbs p; I was also meant to be second in command of the ward however, things did not work out. I found out early on that Gill HAMBLIN did not want a deputy and was against having an 'F' Grade. This meant I was given very little responsibi lity from the outset.

When I first arrived at Dryad Ward I was impressed with the level of general patient care. The patients were well cared for, they were always clean, including hair and nails, the Ward was clean and nurses gave great attention to making sure that the patients ate properly. This was due to the way Gill HAMBLIN ran t he ward. She was an excellent nurse with regards to general patient care, she ensured that staff under her kept up those standards. She was very much an old fashioned Sister like the matrons of years ago, her word was law.

Against this she was not a person who could be approached or questioned. I knew th at Gill had been at of the hospital a long time and she seemed stuck in a time gone by. It was therefore extremely difficult to introduce new ideas and methods.

I had not been at the hospital very long when I began having concerns about the use of syringe drivers /C43 . A syringe driver was meant to give pain management over a 24 hr period.

Syringe drivers were for the terminally ill who were in a lot of pain and or distress.&n bsp; On Dryad Ward we would use Diamorphine /C64 and Medazolan /C71 in the dr iver. After these drugs were prescribed and the syringe driver used I never saw anyone come off the driver alive.

There were times when it was appropriate to use Diamorphine and or Medazolan and as a Nurse on an elder care ward you accept some people are going to die. I tho ught it was important when people died that they do so in comfort without pain or distress. I wish to make it quite clear that I am not anti the syringe dri ver, my concern is that at the GWMH the drivers were used too early before other methods of pain control had been tried.

As soon as a patient came into Dryad Ward Dr. BARTON would speak with the patient and then write up their regular medication. She would also authorise the u se of a syringe driver as and when it was required. She is the only Doctor I have known to do this. It meant the authority was in place and the decision whe ther to use a driver or not was now with the trained nurses. In reality this me ant Gill HAMBLIN. Gill HAMBLIN was not in the practice of consulting with othe r staff to find out if a patient was in pain. Her management style was autocratic, but I think she made her judgements in the belief that she knew all the relevant information and what was best for the patient.

Gill HAMBLIN and Dr. BARTON were very close. When Dr. BARTON did her early morn ing rounds she was accompanied by Gill HAMBLIN. A lot of the decisions about patient care were made between Gill HAMBLIN and Dr. BARTON during these early morning rounds. In my opinion Dr. BARTON was very trusting of Gill HAMBLIN . Dr. BARTON would not question Gill HAMBLIN'S views.

On the occasions I undertook rounds with Dr. BARTON, I would say a patient did not need a driver. Dr. BARTON would question me and say she would try another method of pain control but she would possibly use a syringe driver later. I recall on one occasion after I had done a round with Dr. BARTON and we had not used a driver on a patient, seeing that patient on a driver the following day.&n bsp; This was after Gill HAMBLIN had done a round with Dr. BARTON. I asked Gill why the patient was on the driver

and she simply replied, "Because". I did not feel that this was a satisfactory answer.

I am unable to recall any names of patients who went on drivers who in my opinion other forms of pain management should have been tried before. As time pass ed my professional relationship with Gill HAMBLIN deteriorated. Gill would ig nore me and slam things down in front of me. She would do this in front of othe r staff. We didn't talk and this was not good for the ward in general. Dr. BARTON remained civil and kept a very professional attitude.

In 1999 Gill HAMBLIN had four months off sick. During this time I ran the war d. I introduced several new measures including clinical supervision, regular assessments for the staff, investors in people and for the potential for student nurses to join us. I would listen to staff about concerns and or problems. Although I have no evidence to prove this I believe that on the ward the use of syringe drivers was less common.

Gill HAMBLIN returned to work and things went from bad to worse between us. I h ad gained access to Gill's desk and had found some money that had been donated to the ward. This was not a case of theft, just poor management by Gill. ; However, she was cross with me because I had been in the desk. Not long af ter Gill had returned I was sent to the QA Hospital to help with the Staff crisis.&n bsp; I was asked and agreed to do this.

When I returned to the GWMH, Barbara ROBINSON /N76 told me I had upset Dr. BARTON, but I was not say anything to Dr. BARTON. Nor would Barb ara give a reason as to why I had upset Dr. BARTON. I spoke to Dr. BARTON and said, "I believe I have upset you and I am sorry if I have". I didn't know what I was saying sorry for but I thought it provoke some discussion. Dr. BARTON said, "It's not that, but you just don't understand what we do here". I took this to mean the syringe drivers.

A post was available at the QA on a lower grade than the one I held at the GWMH.&n bsp; It seemed to me that both Gill HAMBLIN and Dr. BARTON were putting me under pressure to take this post. In the end I made a complaint about both of th em on the basis of harassment. Gill would not speak to me after this. H owever, Dr. BARTON remained professional at all times.

The complaint process is well documented and I hold papers that relate to it. This can be produced if required. The upshot was that I left the hospital on a lower grade.

With regard to the use of syringe drivers I have spent the last three years working at Jubilee House where we deal with palliative care issues. In my opinion patients at GWMH were put on syringe drivers too early and on too high a dose of either Diamorphine or Medazolan.

A practice was in place at the GWMH, which was there because of Gill HAMBLIN and Dr. BARTON to put patients on syringe drivers. I believe both women believ ed they were doing the best for each and every patient. I do not believe that they ever intended to harm or kill any patient.

In my opinion Dr. BARTON was responsible for the high dosages given to the patients. Her actions were ill thought out and could have lead to the premature death of a patient. Other GP's in Dr. BARTON's did not pre scribe such large doses. I do believe that other medical staff should have mentio ned what was happening. I shared my concerns with other 'E' grades at the ward who said it had been going on so long it was useless to argue. I also spoke wi th Barbara ROBINSON the Hospital Manager and briefly told me of my concerns. Barbara said they were aware and they were being dealt with.

I have never spoken with the Police about the GWMH prior to today. I became aware of the investigation via the local press. I did speak with CHI and expressed my concerns. I am aware that Dr. BARTON told management that I worked to my own agenda and that changes to treatment routines particularly relating to opiate administration would happen on shifts when I was not working.

I left the GWMH in September 2000. I wish I had expressed my concerns earlie r but I did not feel I had the expertise to question a Sister and a Doctor.