THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY

Witness Statement of Helene Donnelly

I Helene Donnelly will say as follows:-

My Experience Working at Stafford Hospital

1. I make this statement in relation to the time I spent working at Stafford Hospital ("the Hospital") between 2002 and July 2008, and in particular to my experience as a Staff Nurse in the Accident and Emergency Department ("A&E") from 2004 onwards. I gave evidence to the First Robert Francis Inquiry and attach a copy of my statement as Exhibit HD1 [ ]. I asked to be anonymous in that Inquiry but am now happy to be named in this Inquiry.

2. When I started in the A&E it was headed up by [ ] who had been at the Hospital for years. My first impressions, which proved to be correct, were that [ ] ruled with fear and the department was short staffed and lacking in equipment. This continued until [ ] retired in 2006. After she left there was a rumour that only some of the budget allocated to the department had been used. When I heard this I assumed, with everyone else, that things would now improve and that money would be invested in training additional staff and in purchasing new equipment.

3. Unfortunately what actually happened was that events took a turn for the worse. Over the next year we had a series of part time managers in the department, whose remit was to babysit A&E in addition to running their own
department. This lack of leadership meant that two of the Sisters, Sister [Blank] and Sister [Blank] ("the Sisters") were able to take over. These two Sisters already had a reputation within the department as bullies and now, with no supervision, their behaviour became far worse. Between them these two Sisters had complete control of the department and, under them, standards fell, and the culture of blame and scapegoating worsened. On paper everything looked fine, and even showed an improvement, for example, training did start to happen. However, this was allocated only to a chosen few who seemed to be the favourites of the Sisters. New staff were recruited, but would arrive just as others were leaving, so that the actual number of nurses on the ward never increased. In addition, many of the new recruits were very junior. It used to be the case, when I qualified, that it was necessary to have at least one year’s experience as a nurse before working in A&E. However, this did not seem to be the rule in the Hospital. Many of the new recruits had no experience and were terrified at the level of work they were asked to do. My workload increased as a result, as these staff could not be left alone to carry out certain duties. In many ways they were a hindrance and made the situation worse. However, this was through no fault of their own but rather due to poor staff allocation and hospital management.

4. I used to flag my concerns about the poor practice I was seeing by using the Incident Reporting system. At first this was a paper form which could be completed and put on the manager’s desk, although during around 2006 it changed to an electronic form on the Hospital’s intranet. I would complete these forms frequently and knew that other staff did too. Examples of incidents that were logged were faulty equipment, poor staff skill mix and the department being understaffed. I recall that the form had a box which the complainant could tick if he or she wanted to receive feedback. I always ticked this box but never heard anything back. If I tried to follow up the forms I would be fobbed off. This would frequently be a topic of discussion between the staff and I know that nobody was ever given feedback. Thorowwort my whole time at the hospital, namely between 2002 and 2008, I made approximately 50 to 100 incident report logs.

5. I also raised issues verbally with the various managers who covered the department between 2006 and 2008. However I was always told to complete an Incident Report Form instead. I felt as though I was going in circles. The
fact that staff never heard anything back after submitting the forms was very
demoralising and it got to the point where I didn’t bother to complete them as
often, as I couldn’t see the point. They were quite time consuming to complete
and it was impossible to fill them out whilst on shift. I would sometimes finish at
10:30pm and be due back on at 7.00am the following day. The last thing I
wanted to do was to stay later to complete the form which past experience had
led me to conclude would not be acted on and/or was likely to be ignored and
so I would tell myself, as did others, that I would do it the next day. However,
events of the following day would inevitably take over and I would rarely
complete the form.

6. Two senior members of staff who were very helpful and tried to support me and
escalate issues were Sister Paula Gardner, the modern matron, and Joanna
Stark, from the Medical Division Directorate. They appeared to hit a brick wall
with Karen Morrey, Chief Operating Officer, but were the only ones who ever
tried to escalate issues appropriately. Nothing was ever acted on effectively in
my opinion, and our concerns were completely ignored.

7. Although a lot of the issues had gone on for generations, for some reason
everything seemed to get worse over this period after [insert name] left in 2006.
[insert name] for all her faults, had at least afforded some leadership. When she
left, A&E was left floundering without a manager and everything went from very
bad to even worse very quickly.

8. The culture in the department gradually declined to the point where all of the
staff were scared of the Sisters and afraid to speak out against the poor
standard of care the patients were receiving, in case they incurred the wrath of
the Sisters. Nurses were expected to break the rules as a matter of course in
order to meet targets, a prime example of this being the maximum four hour
wait time target for patients in A&E. Rather than “breach” the target, the length
of waiting time would regularly be falsified on notes and computer records. I
was guilty of going along with this if the wait time was only being breached by 5
or 10 minutes and the patient had been treated, as it seemed unfair and
unreasonable to declare a breach just because we were waiting for a porter to
come and collect a patient. However, when wait times were being breached by
20-30 minutes or more and the patient had still not been seen, I was not
prepared to go along with what was expected. I had already had a previous
confrontation with [REDACTED] over this in around 2003 and was therefore fearful of repeating this incident.

9. On that particular occasion, before [REDACTED] had retired, I had finished my shift and was summoned by [REDACTED] who asked if I had changed the breach time on a particular patient’s notes. Although I replied that I had not, [REDACTED] proceeded to shout at me in front of patients and other staff, to the point where afterwards people came up to me to ask me if I was alright. [REDACTED] demanded to know why I had changed the breach time and I was told that this was a disciplinary offence and that I would be hauled up in front of Jan Harry. I was terrified; Jan Harry’s reputation was such that the thought of going up against her was very frightening. It was obvious that someone else had amended the notes as it had been done in a different pen and was in different writing to my own. It later transpired that Sister [REDACTED] had amended my notes, which was discovered only when a receptionist told [REDACTED] that Sister [REDACTED] had asked her to change the same patient’s computer record. I heard nothing more until about a week later when I was told by Trudi Williams, Head of Governance, that everything had been resolved and that no further action would be taken. As a result of this, absolutely nothing happened to Sister [REDACTED] in terms of disciplinary action as far as I was aware.

10. At this point I had been in the department about a year and now realised that Sister [REDACTED] would have been happy for me, a junior nurse, to take the blame for her actions. I lost all trust and respect for her as a senior member of staff at this point.

11. I have been asked how I reconciled poor practice in the A&E department with my nursing code. I was of course aware of the nursing code but it was not even this that convinced me to raise concerns. My own moral code told me that the standards of care were not right. I would go home in tears because people were being treated so badly in that Hospital and were suffering so unnecessarily.

12. The fear factor kept me from speaking out, plus the thought that nobody wanted to know anyway, due to the lack of response to the Incident Report forms I had logged. I felt that any external bodies would have told me that it was necessary to exhaust all internal mechanisms first before they would fully
consider my complaint(s). Also, it would have been a big step for me to go outside the Trust as I was a relatively junior nurse and was being told by people around me that this practice was normal and the same everywhere; that it was just how the NHS was now. I didn’t believe that this was the case, as I had trained in a different hospital where standards were much better. Nowhere is perfect and there are of course elements of this practice, I am sure, in every hospital. However, what was going on in Stafford was plainly wrong. The problem is that this practice becomes routine and, because I didn’t have any recent point of reference, it was difficult for me to stand out from the crowd and be counted.

13. To me falsifying the patient records seemed insane; if the department was seen to be meeting the targets, we would never be allowed to recruit more staff or buy additional equipment. If I ever raised this as an issue I was told in no uncertain terms that, if we didn’t meet the targets, heads would roll and A&E would be closed, with all of us losing our jobs. I understood this point but I was equally concerned about the terrible effect that our actions were having on patient care. I did raise this with Sisters [_____] and [_____] however their response was extremely aggressive, basically telling me that they were in charge and accusing me, and anyone else who agreed with me, of not being team players. Anyone who made trouble, as they saw it, was ostracised from the team and had to endure constant bitchy comments.

14. In the summer of 2007, Monitor visited the Hospital as part of the Foundation Trust application assessment. At this time A&E was in the process of being refurbished and we were working in a temporary area. This was split into two parts to accommodate minor and major injuries. Monitor toured the department and I understand that any potential issues they raised were explained away by the Trust as being due to the temporary nature of this ward and the logistical issues that having the ward split into two parts presented. At this point I wanted to believe that things would get better and accepted what Monitor was told about how things would improve once we were back on a permanent ward. Even cleanliness issues were blamed on the refurbishment, which Monitor seemed to accept, as we were effectively operating in a building site.

15. I was not given any opportunity to speak to Monitor and was busy with patients anyway. However, even if I had been, at this stage I wanted to be proud of
where I worked and believed that the cuts were only happening whilst the Hospital was pursuing Foundation Status, in order it could show it was keeping control of its costs. I, along with many other staff, thought that this was temporary and that when we achieved Foundation Trust status, and were in charge of our own finances, the Hospital would recruit more staff. I now feel that we were being fed a line and that I was sucked in along with everyone else. This was the bait that was used to get us to work harder and longer hours in pursuit of Foundation Trust status. I feel that we were lied to.

16. Before Monitor arrived I was told to get the patients out of the corridor, although there was nowhere to move them to. There were no trolleys to put patients on and no beds on the wards. If Monitor had asked my honest opinion I would not have lied, and would have said that people were often left in corridors and that we needed more staff and equipment. However, I was not approached.

17. Monitor did not pick up on the lack of triage, as the temporary ward had no designated triage area. A specific triage room was being built as part of the refurbishment but Monitor were told that logistically this couldn’t be provided in the short term due to lack of space. The fact that we hadn’t had a triage area for years was not mentioned. Ironically, when the triage room was eventually ready, in November 2007, it was often redundant as there was no-one to man it. The triage nurse was often needed to assist in the ward itself because of the staffing shortages.

18. Things got to a point where I couldn’t take any more and, after one particular shift, when I had been effed and blinded at by one of the Sisters, I felt I had to speak out.

19. In October 2007, on the day that I finally spoke out, we had been short-staffed to such an extent that a number of breaches occurred. There had been so many breaches in such a short space of time that it was impossible to hide them. Reports were demanded from everyone on shift which had to be on Joanna Stark’s desk by 9.00am the following day. I was up until 1.00am typing my report, even though I was due back on shift at 7.00am. I attach this report, dated 28 October 2007, as my Exhibit HD2 [ ] . By this point I had had enough and decided to be completely honest about the falsifying of the breach times and the attitude of the Sisters. The following day Joanna Stark
came to see me and asked whether anyone could corroborate my story. This is how it started.

20. Having submitted my report everything suddenly seemed to move very quickly. This surprised me, after the lack of response to my numerous Incident Report forms. Up until this point the Trust had seemed to ignore complaints made by staff, or this was certainly my experience. Joanna Stark did seem to take the matter very seriously and both Sisters and were suspended. Of course this meant that I incurred the wrath of their friends.

21. After submitting my first report I decided to submit a further report the following month giving a fuller account of my experience of A&E. This report, dated 27 November 2007, is attached as my Exhibit HD3 [ ]. At this point the floodgates opened and a lot of other people came forward to complain about the poor practice and bullying culture in A&E. However, the climate of fear still existed and so many people did so anonymously. They agreed with everything I was saying but could see what was happening to me and often backed down. The way that I was treated put many people off raising their heads above the parapet. A number of junior doctors said to me that it was about time that someone spoke out. I responded by suggesting that they speak out too; however I understood and respected the fact that they were worried about their jobs. At one point a band of doctors, who had been bullied by the Sisters into rushing their diagnoses, wrote a joint statement. However, they were later persuaded to retract this when a superior told them that it would not look good on their record, being junior doctors, and that their rotation in A&E was due to end soon anyway.

22. I understand that this superior was a consultant known as Dr When I asked about this, he told me that, although he agreed with everything I said, he did not want to get involved. He said that patients and relatives complaining was different to us complaining. It was much harder for us to do so without recrimination.

23. Another clinician, Dr Shaun Nakash, knew what was going on and was very supportive of me. He was angry that his patients were not receiving basic care or the correct drugs, and could see that the nursing team were too short staffed. I know that he raised these issues internally but then nothing ever
happened. At this time we had no clinical lead either so, therefore there was no-one the doctors could raise concerns with.

24. Chris Turner started six months before I left, so he started at the time Sisters _______ and _______ were under suspension. He was a great source of support to me and did raise concerns internally but kept being told that something would be done. I think he was being fobbed off as well.

25. During the suspension of the Sisters I was invited to two interviews; one was with Steve Fisher, who was conducting an internal investigation, at which someone from Human Resources took a note. The second was with an external body. The interviewer's name was Julie Wright and the interview took place on 4 January 2008. I do not know Ms Wright's job title or the body she represented. Someone from Human Resources was again in attendance to make a note. Ms Wright made the point that many of the witnesses who had made statements had done so anonymously so couldn't be followed up. They were therefore not worth the paper they were written on as the witness couldn't be questioned. I told her that I was concerned people were able to trace who had said what, from watching who was being called into interviews. All the staff knew this was indeed the case and so were being very careful in their responses to the investigation team. I suggested all staff in the department should be interviewed, rather than a selected few, as I felt this was the only way of ensuring true confidentiality for all the staff concerned. I was told that this would not happen as it was deemed to be too costly and time consuming.

26. My position in the department was made so uncomfortable that I sought professional advice from the Royal College of Nursing ("RCN"). I spoke to Adrian Legan, the RCN's local representative, as I had dealt with him before in relation to a pay issue which he had helped me with. Initially he seemed lovely and was horrified about what had been happening in A&E. I was encouraged by his response, however was disappointed when I didn't hear back from him for some time.

27. When I did hear from him, Mr Legan told me that Sisters _______ and _______ had received a slap on the wrist and that they would shortly be returning to work in A&E. He told me that team building would be scheduled in an attempt to build relationships within the department and said that everything would be fine.
knew differently however, as the Sisters were not the sort of people to cross. Even though they were no longer in the department I was being warned by other people of threats and being told to watch my back. My husband, mother or father was picking me up from work after late shifts on a regular basis, as I was afraid to leave the Hospital unaccompanied. When I told Mr Legan this he seemed to play everything down; it was a very odd conversation in fact. He assured me that the Sisters knew that what they had done was wrong and wanted to leave it at that. This left me feeling very exposed and vulnerable.

28. A week or so later I found out that Mr Legan was representing at least one of the Sisters and accompanying her to meetings at the Trust. This really upset me as I felt that he shouldn’t have represented us both, or, at the very least, he should have told me that he was doing so. I didn’t feel that he could advise me properly if he was advising them too. I therefore didn’t see any point in pursuing matters with the RCN. In hindsight, I now think that as I was paying approximately £16 a month for this service I should have pursued it further, but at the time it felt almost like a conspiracy. I felt completely on my own.

29. I was informed that the Sisters were returning by Nicky Bartlett who was by then the manager of A&E. This happened very informally in the staff room, whilst I was surrounded by a number of people. In fact, the only reason she told me at all was because I was preparing the rota and she needed me to rota them back on. I was told to ensure that they started on the same day and worked on the same shift.

30. It was around this time that Sister Paula Gardner came to see me. Sister Gardner was a brilliant matron who was always in control of her department. On this occasion she came up to me, her face white, saying that she felt that she had let me down. She told me that she had just come out of a meeting chaired by Karen Morrey. Apparently, at the meeting, Sister Gardner had said that it was not appropriate to bring both Sisters and back at the same time, especially as the investigation into their behaviour had not at that point reached its conclusion. It was my understanding that she was told by Karen Morrey that the decision had already been made, and effectively told to sit down and shut up. Ms Morrey told the assembled group that, since the Sisters’ departure, the breach times had gone through the roof. When Sister Gardner pointed out that this surely confirmed the fact that breach times had
been falsified, Ms Morrey denied this and said that the real reason was that no-one could run the department like Sisters [__] and [__]. Sister Gardner told me that at that point she knew she had to go. She resigned shortly afterwards.

31. In early March 2008, a week or so after Sisters [__] and [__] started back at work, the Healthcare Commission ("HCC") announced its investigation into the Hospital. Although the investigation into the Sisters' behaviour in relation to bullying and falsifying breach times had not yet been concluded, this was quickly swept under the carpet and we were told to just get on with it. The clear message was that this was not to be mentioned to the HCC.

32. Breach times then continued to be massaged, albeit more discreetly. Sisters [__] and [__] were more clever in terms of how they went about doing this and did not broadcast that this was happening any more, for example they did not shout instructions to shave half an hour off the wait time across the ward. I felt that the department was back to square one and that nothing had been learned other than how to break the rules more subversively. I was sure that senior managers knew about this practice but allowed it to happen.

33. Shortly after Sisters [__] and [__] started back at work, Karen Morrey walked through A&E on her way home and asked who was on the weekend shift. When she heard that one of the Sisters was working on the Saturday and the other on the Sunday her response was "Good, my A team is on". Later the same evening a pizza arrived and it transpired that this had been ordered by Karen Morrey for Sister [__] who took great pleasure in boasting about this to the entire department.

34. From the time the Sisters started back, my time in the department was hell. There was no team building as had been promised, and the attitude of the Sisters had not changed. I knew I had to get out. I attended an interview for another job the following month, handed my notice in on 4 June 2008 and left the Hospital on 2 July 2008.

35. I have mentioned that in March 2008 the HCC began its investigation. I could see that people were being called to speak to the HCC, and understood that the interviewees were being selected. I noticed, however, that the people who
were being called were people who would not say anything against the Hospital because they were the ones guilty of the bad practice. I suspect that the Hospital put the names forward, although this may just be me being cynical.

36. I decided that I would like to speak to the HCC about the issues in A&E. I therefore took the opportunity, during a walk round by two to three HCC people, of speaking to one of them. I told her that I would like to speak to the HCC formally. At the time, I was gloved and gowned and did not have a chance to take down her name. However, I told her my name, which she wrote down, and said that I worked in A&E. I never heard from her. In fairness, I did leave the Hospital three months later, but my records, including my home address which was the same, could have been accessed by her via the HR department, if she had wanted to pursue it.

37. When the HCC didn't come back to me I did think about chasing them. However, I had just started a new job and became pregnant very shortly after commencing this. I had a very difficult pregnancy and had to be admitted to the Hospital for treatment during the course of it. These issues, combined with the fact that I still felt somewhat disillusioned about the whole healthcare establishment, even with the HCC for not getting back to me, meant that I decided to try and move on and forget the whole bad experience. In hindsight, of course I should have pursued it, if only for my own peace of mind.

38. It was only in March 2009, when the HCC report was published, that I saw what the investigation had uncovered. At this point I rang Heather Wood, the Investigating Officer, and told her my story. She was astounded that I had given statements to the Hospital and told me that she had specifically asked Karen Morrey and Martin Yeates for any evidence of complaints from staff, but had not received anything with my name on. Dr Wood said that my evidence would have been very helpful and was sorry that I had not been able to contribute to the report. Thankfully of course, it made no difference to the outcome, as we are now in the midst of a Public Inquiry.

39. I believe that if I had gone to the Strategic Health Authority, the PCT, Monitor or the Nursing and Midwifery Council ("NMC") they would all have told me to follow the internal process and exhaust all internal avenues first. At best they would have approached the Trust but no doubt the Trust would reassure them
that the issues were being dealt with. At the point that the internal investigation into the Sisters’ behaviour ceased, I could have pursued this with other avenues. However, the HCC commenced its investigation into the Hospital a fortnight later, so I trusted that it would address the shortcomings.

40. I cannot believe that Staffordshire University, who provides student nurses to the Hospital, did not know anything. I know that several student nurses spoke to personal tutors or the person responsible for allocating the placements at the University and wonder why this didn’t get taken further.

Lessons for the future

Training

41. During my time at the Hospital I received hardly any training. In fact the only training I recall receiving (specifically to the organisation of the A&E Department) was Major Incident role play training, which was a half day or one day course at the Post-Graduate Centre. The training related to extreme circumstances, not to the day to day running of the ward. Training in how best to allocate staff would have been useful, as an example, particularly as we were so short staffed. I did request this but I was told that this would not happen, but that equally there was no budget for any more staff.

42. As a nurse it is necessary to register on an annual basis with the NMC. It doesn’t routinely happen but at any point the NMC can ask to see the Continuous Professional Development record of any nurse. A nurse might never be asked for it but there is always the possibility. This was always a huge source of worry to me as my Continuous Professional Development was not being kept as up to date as I would have liked. Because of this, I carried out reading outside of work and completed research tasks online, plus I kept reflective diaries of my own work. This type of development does count to a degree, but it is still necessary to have structured formal training, which was something that I was not getting from the Trust despite my best efforts. I did not even have mandatory statutory training in Basic Life Support, for example, or Fire Training which was compulsory. Whenever this was scheduled it would have to be cancelled, or my place on it would have to be cancelled, as I was needed on shift. This all goes back to the lack of staff in the department. We
were constantly running on a skeleton staff. If one or more people phoned in sick it was a nightmare. For a long time the Hospital did not allow bank staff in A&E, as it is necessary to know where everything is immediately. I felt that bank staff would be better than nothing but was told that they were too expensive.

Staff Meetings

43. In the hospital I work in now we have regular staff meetings which are held on a monthly basis. Even if one does not attend in person, it is possible to raise issues in advance and minutes are circulated after the meeting itself. I find these extremely useful and are a good forum for addressing issues. We never had regular staff meetings at the Hospital. The ones we did have were few and far between and often cancelled or scheduled at the last minute.

Whistleblowing

44. I was not aware of the whistleblowing policy at the Hospital and did not research this, as I had no premeditated thoughts about whistleblowing until my first report. The reason for not speaking out sooner was that I did not believe that the issues I was encountering were necessarily exclusive to this Hospital. There were various urban myths that the situation was the same in every hospital and that government cuts and targets were to blame. I was torn between wanting to make things better and the fear factor of speaking out against the culture.

45. I believe that staff should be encouraged to question bad practice and to be given an opportunity to raise issues. Whistleblowing policies should be made more accessible to staff and advertised to them. For me, this was not about getting people into trouble. I wanted to get help for the Hospital and help for patients. As nurses we are there to look after people and we were not doing that.

46. People were, and are, frightened about speaking out, partly because they are demoralised and think nothing is going to happen anyway and partly because they don’t want to suffer the recrimination. If people knew via training in how to report concerns that there was protection they may be more likely to do it.
Someone needs to be able to say that the things the staff are witnessing are not OK. Bullying is very subjective, but my view is that anything that makes one feel frightened or uncomfortable should be classed as such. In A&E there is quite a macabre sense of humour, which is a coping mechanism; I don’t want to see a stop to this, but at times it is difficult to know where the line is. That said, the things that were said about patients and relatives went far beyond what is normal; however people still just went along with it. I always think about whether I would want to be treated like that or whether I would want a member of my family to be treated like that.

Access to the Board

47. In terms of raising the issues with the Board of the Hospital, I did not have access to the Director of Nursing or to the Chief Executive, although I did think about asking Martin Yeates for an appointment once. I didn’t do it in the end because I thought he would say that I should raise it with my line manager. Occasionally Martin Yeates would conduct a walk through of the department, always planned in advance, however I didn’t have access to him.

48. I have seen Dr Nakash’s evidence to the current Inquiry which states that Martin Yeates was genuinely surprised by the staffing issues. This would suggest to me that the issues were not being fed through to him, something which in my opinion may have been possible in the circumstances. For instance, Karen Morrey would have been aware of many of the shortcomings but I know from personal experience that she did not always disclose information available to her. I believe that being able to speak to someone in authority about what was happening may have resulted in changes being made.

49. In principle the Incident Reporting system is a good idea, if it gets followed up. The Hospital seemed to have things in place so that from the outside looking in, everything was fine, whereas in practice it wasn’t working.

Appraisals

50. In my opinion appraisals should be mandatory. I never had one in the whole of my time at the Hospital. In other trusts this does happen and, in order to pass
the appraisal every year, a member of staff must show that he or she has completed the relevant mandatory training plus Continuous Professional Development training. Towards the end of my time at the Hospital I could see that senior management were attempting to introduce appraisals throughout the department. Unfortunately the people put in charge of carrying out these appraisals were Sisters _____ and ______ I was given a date for mine which kept being postponed and was never actually carried out. It seemed that the people who were liked by Sisters _____ and ______ were given appraisals and training and that, again, the sisters used this to demonstrate their power to the rest of us.

51. I feel that appraisals should be carried out for everyone and not just a select few, and should be monitored properly. It would also be useful to have 360 degree feedback where people above and below you have the opportunity to comment on your performance. A member of staff should also be able to say that he or she doesn't want a certain person to carry out their appraisal, without fear of recrimination for doing this. The monitoring must be monitored.

Rules in Relation to Suspension

52. It seems that nurses who are suspended and under investigation from one Trust can work in another Trust during the course of the suspension. Sister _____ was suspended on full pay and was not allowed to enter the Hospital, but I believe at the same time was working as a bank nurse at another Trust. This should surely not be allowed. It should be the Trust's responsibility to alert the NMC to the fact that this nurse is under investigation, and that he or she cannot work anywhere else until the investigation is concluded. I understand that a person is innocent until proven guilty. However, Sister _____ may have been benefiting financially from her suspension, as she was on full pay plus she was receiving additional pay from various bank shifts. Of course, upon her return, she thought that this was hilarious and was boasting about it around the department. I couldn't believe it. If I had known about this at the time it was happening I would have phoned the NMC myself, as I feel very strongly that it is not right.
Targets

53. In principle, I agree with the government targets, and can see why they came into being. It is a good idea to have targets, but the system is being completely abused. Patients are still lying on trolleys for twelve hours, they are just doing it in a different room; a room which is not classed as A&E. Also, I know there needs to be a deterrent to prevent the Hospital from breaching, but having a fine as a deterrent means that the Hospital loses out financially, so has even less money for staff and also increases the fear factor for the staff. Managers are frightened of the people above them in Government and they put that fear factor onto the departmental managers which then trickles all the way down.

54. I don’t think it is right to get rid of the targets but if they are going to exist then there needs to be enough staff and equipment to be able to achieve them. This needs to be monitored. Four hours is an achievable target, in my opinion, as this gives enough time for the necessary treatment to be carried out in A&E, as long as there is somewhere to move the patient to afterwards. If all the treatment has been carried out then the nurse should not be penalised because the patient cannot be moved. I think common sense should be used and cases should be looked at on a case by case basis, before the hospital is penalised. It is very easy to blame the Government but other trusts seem to manage it.

55. I can see how lying about breaches started, with people shaving 10 minutes off for the sake of avoiding a breach which then creeps up to 20, 30 and 40 minutes. It becomes the case that the targets are more important than patient care. On a number of occasions I was told to move a patient out of A&E onto a ward because the breach time was close. Even if the patient was incontinent and the bed needed to be changed I was told not to do this and that this could be done on the ward. However, I always made a point of changing my patient on occasions such as this and I always ensured that they were as comfortable as possible prior to transfer. However, some other nurses did not do this and consequently the patient was left to lie in soiled sheets, as to move them and meet the target was more important. We would then receive irate calls from the nurses on the wards asking why the patient’s sheets had not been changed and some A&E nurses would say that the incontinence had occurred on the way to the ward. This was obviously a lie as often the urine and faeces had dried by that point.
56. The pressure to move patients was immense. This led to serious errors, for example, wrist bands not being put on patients, which resulted, on one occasion, of a patient dying as a result of an allergy to penicillin. This was not known about as he didn't have a wristband on.

57. Another example of an attempt to cheat the targets was the mini-CDU. This tiny room just off A&E was like a prison cell and was referred to as the "dumping ground". It had no windows and only a very small unisex toilet area. Patients should have been in there no longer than six hours as a maximum,*but often we would carry out bed baths and give them breakfast, something which should not happen in A&E. It was treated more like a ward. Patients who needed to be monitored were in there. However, this could not happen effectively unless a nurse was in the room with them, due to the portable equipment we used which was not linked to a nursing station. Patients yelling out could not be heard from down the other end of the ward. On one occasion a man complained to me about the length of time his elderly mother had been in the mini CDU and commented that he thought this had finished with the introduction of the A&E targets. I had to tell him that she was not officially classed as being in A&E, as she was in a sub-room - the mini-CDU - albeit a few feet from the main A&E ward. He thought this was unbelievable. I agreed and encouraged him to complain in writing.

Recruitment

58. A cultural shift is needed in that Hospital. New staff should be brought in and the existing staff need to learn what normal is. I am not sure even now that this is happening. I understand that after all the media attention there was an initial surge of staff recruitment and training for approximately six months, but that this has now stopped again. I know that a number of good staff have left the Trust, including Chris Turner for example. The question needs to be asked why good staff are not staying at the Hospital. I realise that it must be hard to recruit, as the Hospital has received bad press, but the ones that do start do not seem to stay very long.

59. What worries me greatly is that a lot of the poor staff are still there, many of whom are in senior positions. One of the Sisters I have mentioned has been
promoted and now holds the position of Clinical Site Manager. Knowing how she treated people I find this unbelievable. It is not the case that I had a personality clash with the sisters. They were bullies and everyone knew this. If they are still there, then what is in place to protect people from them?

60. I confirm that I am willing to attend the hearing and give oral evidence for this Inquiry if required to do so.

Statement of Truth

I believe the facts stated in this witness statement are true.

Signed ..............................................................

Helene Donnelly
Dated ..............................................................