

# DRAFT

## STATEMENT OF WITNESS

### STATEMENT OF MAUREEN HAGAN

DATED THIS

DAY OF

2008

I, MAUREEN HAGAN, declare that this statement is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence at the Inquiry, I will be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

1. The Inquiry has disclosed a number of documents to me. Where I make specific reference to a document in my statement I have given the number of the relevant page.
2. On 27 April 1997 I was an "E" Grade Staff Nurse allocated to the Accident and Emergency Department (A&E) at Craigavon Area Hospital (CAH). I started my shift at 2030 on 26 April 1997 and I finished at 0745 on 27 April 1997. A&E was busy most nights and I have no recollection that this shift was any more or less busy than usual.
3. Mr Robert Hamill arrived in the Resuscitation Room in A&E at 0205. This time is recorded on the triage form contained at page 38972. Mr Hamill was brought directly to the Resuscitation Room. Usually patients go first to the triage room, manned by a triage nurse, but those who are in need of urgent care bypass this room and are brought directly to the Resuscitation Room.
4. Mr Hamill was brought into A&E by ambulance. I recall that the crew was made up of two males, one of whom I recognised but whose name I did not know. I note that it is recorded on the casualty card contained at page 38973 that Mr Hamill was "Brought by ambulance"

## DRAFT

5. I am unaware whether or not there was anyone else in the ambulance with Mr Hamill. He was the only patient in the Resuscitation Room at this time and remained the only patient in there until he left A&E. I do not have access to the notes relating to other patients and so I cannot comment further on them.
6. I am unsure as to when Mr Hamill's family arrived. The Resuscitation Room's entrance does not allow visibility from the corridor. Further, I was concentrating on the patient's welfare and not on the movement of family and friends. While Mr Hamill was in the Resuscitation Room a crowd of people gathered in the corridor outside the doors leading to it. I understand that this crowd included some family members.
7. No police officers came into the Resuscitation Room during Mr Hamill's treatment. I did not see or speak to any police officers at any time regarding Mr Hamill.
8. I recall two doctors being present in the Resuscitation Room: Dr Lau and Mr Charles Fee. Both of these doctors were present when Mr Hamill was brought in and therefore he would have been attended to by a doctor immediately.
9. Mr Fee was the lead Consultant in A&E at that time. I have been told that when Mr Fee was interviewed by the Inquiry he said he was not involved in the treatment of Mr Hamill at any stage. I understand that he signed a witness statement to this effect. Apparently I am the only witness who has suggested that Mr Fee was involved in the care of Mr Hamill. I dispute the assertion that Mr Fee was not involved and I maintain my position. I can recall clearly that Mr Fee was the Consultant on call that particular night. As far as I can remember, Mr Fee was in the casualty unit to treat another patient's shoulder. I know that Mr Fee was involved in Mr Hamill's care because I remember him being in the Resuscitation Room. Further, I recognise his handwriting on Mr Hamill's casualty card contained at page 38973. I believe that he wrote at the bottom of the section labelled "History": "*O/A pupils size 3 reacting – pulse 100 – BP 160/103*". I had worked

## DRAFT

with Mr Fee for approximately 2 years before this incident and I know his handwriting.

10. Dr [REDACTED] was a female Senior House Officer (SHO) who I think may have been of Malaysian origin. I have been told that the Inquiry has found no record of a female named Dr [REDACTED] attending to Mr Hamill. It has been suggested to me that I am perhaps mistaken and I am actually referring to Dr Boon Low, a male SHO. My recollection remains that the doctor present in the Resuscitation Room was a female of Malaysian origin. I cannot remember Dr Boon Low being involved in the care of Mr Hamill, only Mr Fee, Dr Lau and Dr Gormley, the anaesthetist who was called to A&E to attend to Mr Hamill. However, given that 10 years have elapsed since the incident, I accept that I may be mistaken as to whether or not Dr Boon Low was present.
11. I have been told that the Inquiry has established that Maureen Millar was involved in Mr Hamill's care and she was the Staff Nurse in charge of A&E that night. I dispute that this was the case. I believe I was the only nurse directly involved in Mr Hamill's care when he was in A&E and in X-ray and I remained the nurse in charge of his care until he was taken to the Intensive Care Unit (ICU) at CAH.
12. I believe that the staff nurse in charge of A&E that night was Sister Pamela Cromwell, not Maureen Millar. I accept that Mrs Millar was on duty in the hospital that night. She may have been working in the "central area" of the department. When Mr Hamill was in the Resuscitation Room a blood sample was taken and the results of the blood test would have been telephoned back from the laboratory to A&E. Mr Hamill's blood test result is recorded on the document contained at page **38673** and it is recorded at the top of this form that the message was received by Mrs Millar. There were various telephones in the department and Mrs Millar may have taken the call in the central area and noted the blood result on the form. However, this does not necessarily mean that Mrs Millar was directly involved in Mr Hamill's care. Mr Hamill may actually have been in X-ray at 0400 when Mrs

## DRAFT

Millar took this message from the laboratory. Therefore, even though I accept that Mrs Millar may have been involved with Mr Hamill's care in the general sense, on the basis of my recollection I do not accept that she was directly involved in Mr Hamill's nursing care.

13. I will now explain in more detail the contents of certain pages of Mr Hamill's notes. The documents to which I will refer are: the triage form (at page **38972**), the casualty card (at page **38973** and at page **38677**), the nursing care plan (at pages **38665** to **38666**), two intake/output charts (one at page **38667** and another at page **38675**), the head injury chart (at page **38678**), and the inpatient follow-up and out-patient notes (at pages **38669** to **38670**).
14. I am told that the notes contained at pages **38665** to **38680** were provided to the Inquiry by the Royal Victoria Hospital (RVH). I do not personally know which notes were transferred with Mr Hamill to RVH because he went to the Intensive Care Unit (ICU) at CAH after leaving my care and before being transferred. I believe that the original copies of notes would have been kept by CAH. The only notes that were given to the ICU from A&E were: a photocopy of the triage form; the casualty card; a duplicate of the nursing care plan; the original of the head injury chart; and the original of the intake/output chart at page **38667**.

### Triage Form

15. The triage form contained at page **38972** was completed by me and I can confirm that it is my signature at the bottom. This form is completed for each patient attending A&E, usually by the nurse who has first contact with the patient. As Mr Hamill bypassed the triage room and was taken straight to the Resuscitation Room, I filled the form in there.
16. The "Time seen at triage" is recorded in the top right hand corner as 0205. This is consistent with the time 0206 recorded at the top of the casualty card at **38973**. I have been asked if I can explain why Mr Fannin, the Consultant Neurosurgeon at

## DRAFT

RVH, stated in his final comment letter that Mr Hamill had been admitted by ambulance to CAH at 0245. I have not seen Mr Fannin's letter. However, I stand by my entry on the triage form, which is backed up by the casualty card.

17. I have been asked why Mr Hamill was categorised on the triage form as "urgent" rather than "critical". I made this categorisation based on my experience in A&E, having regard to the Manchester Triage Guidelines. Also, Mr Fee and Dr Lau were present in the Resuscitation Room at the time.
18. Under "nursing interventions" I have written "*R/C Chaplain informed*".
19. The ambulance crew gave me brief details of how Mr Hamill's injuries occurred which I recorded in the top right hand corner of the triage form as follows: "*?Involved in fracas in Portadown ?hit on head by bottle*". It is normal to obtain information as to how an injury occurred from the ambulance crew.
20. I have also written in the top right hand corner of the form: "*unconscious, breathing noisily, wound to back of head*". I obtained this information from my own observations of the patient. The doctor present was responsible for examining the patient and I did not personally examine the back of Mr Hamill's head. I cannot recall if blood was visible on the back of the head and I cannot recall if or how the wound was treated.
21. I also noted the blood pressure reading on the triage form as "*160/103*". The blood pressure is also recorded on the casualty card (at page **38973**). As I have said, I recognise this handwriting to be that of Mr Fee.
22. I have also written "*anaesthetist called*" on the triage form. I would probably have made the call to the anaesthetist Mr Gormley, but I am not sure if I did so or not. If I did, it would have either been on the instruction of Mr Fee or on the basis of my own decision due the patient being unconscious and "breathing noisily".

## DRAFT

23. I have also written “nasal tube” on the triage form. I can only assume that the doctor introduced a nasal tube because of having difficulty in introducing a Gadel’s airway and an inability to open Mr Hamill’s the mouth sufficiently.

### Casualty card/slip

24. I believe that the casualty card at page **38973** was completed by Mr Fee, Dr [REDACTED] and me. I can confirm that it is my signature at the bottom of the page. I have been asked which doctor has signed this form under “Dr. Sig”. I do not recognise this signature but I know the doctor on duty in the Resuscitation Room when Mr Hamill was admitted was Dr [REDACTED]. I have been asked why the time recorded next to the signature is 0215. I can only assume that this was the time that the doctor, whom I believe to be Dr [REDACTED], completed their primary examination.
25. The casualty card is initially a 3-page document, comprising a top copy with two carbon copies underneath. We usually ask for a continuation sheet which is similar except that it just contains the person’s name and their A&E number. It is also a 3-page document with an original top copy plus two duplicate copies underneath. I believe that the continuation sheet is missing in this case. I say this because the casualty card itself is incomplete. For example, there is nothing in the “provisional diagnosis” box, the section regarding the administration of drugs to the patient is not filled out, and the form is not signed out at the bottom by a doctor. Further, as I have explained, I recognise Mr Fee’s writing on this form. The fact his signature is not on the document is further indication to me that there was a continuation sheet. Finally, the anaesthetist Mr Gormley has not indicated on this form that he was actually there to see the patient. The only notes from Mr Gormley appear to be those on the inpatient and outpatient follow-up notes at pages **38669** to **38670**. Normally this information would appear on the continuation sheet to the casualty slip. I note here that I do not know Dr Gormley but I know the notes are his because at top of page **38670** it says “*Gormley Anaesthetist*” and at the bottom of this page is the signature “*P Gormley*”.

## DRAFT

26. I note that the document contained at page **38677** is also a casualty card. These are officially the same, the one at page **38673** being the original and the one at page **38677** being a carbon copy. On the version at page **38673** I have written about half way down on the right hand side: “*U&E, FTP, ground and hold, chest, skull and cv spine*”, the latter meaning cervical spine. This information is not recorded on the version at **38677**. That may have been because the top copy is kept in A&E and the bottom carbon copy goes to the ward which receives the inpatient. It is possible that I just may have jotted these notes down on the top copy after the forms were separated.

### Nursing Care Plan

27. The two page document at pages **38665** to **38666** is the Nursing Care Plan (NCP). This gives a short synopsis of the care that the patient has received, so it can be handed over to whichever ward or department the patient is transferred to. It would normally be completed by the nurse in charge of looking after the patient, which in Mr Hamill’s case was me. If another nurse had been helping me she would have written part of the form if I had told her to. However, as I have explained, I believe I was the only nurse directly involved in the nursing care of Mr Hamill in A&E that night.
28. On the first page of the NCP at page **38665**, some of the writing on the page is mine but some of it is not. Firstly, the writing at the top of the form under date, time of arrival and mode of transport is not mine and I do not recognise whose writing it is.
29. Secondly, under “Appearance of skin” it says “*Bloody ++head + face*”. Again, that is not my writing and I do not recognise whose it is. It has been put to me that Maureen Millar has told the Inquiry that she wrote this entry. I cannot explain why Mrs Millar would have made this entry. I repeat that I do not believe Mrs Millar was directly involved in the care of Mr Hamill.

## DRAFT

30. The symbol “++ ” indicates there was quite a lot of blood. However, I have not recorded anywhere in my notes that Mr Hamill had any bleeding. I did not write it on the triage form (at page **38972**) or casualty card (at page **38973**) or on any part of the two-page NCP. I note that on the second page of the NCP (page **38666**) I have written “*Large graze (L) side of head*”. This does not denote heavy bleeding as indicated by “++ ”. My entry is consistent with the note “*no open injury*” written on the casualty card at page **38973**, which would have been written by the doctor who attended to Mr Hamill. If excessive blood had been present on his face I would have recorded this and I would have cleaned it and covered any wound with a dressing.
31. There are further examples of writing on the first page of the NCP at page **38665** which are not mine. Under “Lacerations”, “Yes” has been circled and next to this is written “*left side head*”, left being denoted by the letter “L” in a circle. Under “Blood Loss”, “Yes” has again been circled and “*from above*” has been written next to it. Finally, under “Time commenced”, “*Left arm 1L Hartman @ 0245*” has been written, left again being denoted by the letter “L” in a circle.
32. Turning to the second page of the NCP at page **38666**, I can confirm that it is my signature at the bottom of the page under “signature of trained staff”. However, the entries in the table at the top of this page are not mine. This table records the intravenous (IV) drugs administered to Mr Hamill. It has been put to me that Maureen Millar has confirmed to the Inquiry that she wrote those entries as well. Again, I cannot explain why she would have made these entries and I repeat that I do not believe Mrs Millar was directly involved in Mr Hamill’s nursing care in A&E that night.
33. It has been recorded in the table that 3 drugs were given intravenously to Mr Hamill at 3:40am by Dr Gormley: Scoline 100mg, IntraVal Sodium 400mg and Deprivan 80mg. If you compare these drugs they do not tally with the drugs listed in Dr Gormley’s notes at page **38670**. The drugs and doses recorded there are:

## DRAFT

Suxamethonium 100mg, Thiopentone 400g and Vecuronium 20mg. The dose of Deprivan noted at page 38666 is not recorded at 38670 or anywhere else in the notes, and the dose of Vecuronium noted by Dr Gormley at page 38670 is not on the table at page 38666. Further, Dr Gormley's notes do not record the time at which the Vecuronium was administered. I did not personally administer any medication.

34. Under "Clothing" on page 38666, I have written "*taken by father*". I wrote this to record the fact that Mr Hamill's clothes had been removed. The clothes were not given to police because the police were not present. At this stage, the clothes were a secondary issue to Mr Hamill's care.

### Glasgow Coma Scale (GCS)

35. I have noticed that the GCS levels recorded for Mr Hamill whilst he was at CAH are variable. The notes at page 38669, which I believe to be by Dr Gormley, state "GCS 3". However, the notes at page 38670, which are signed by Dr Gormley, state "GCS 5". The Head Injury Chart at page 38678 indicates that Mr Hamill remained at 3 on the GCS. I completed this chart while Mr Hamill was in A&E. I think the 0430 entry is mine but the 0500 and 0530 entries are not because at that time Mr Hamill would have been in the ICU.
36. In my estimation Mr Hamill did not do anything between arriving in A&E and being taken to the ICU that would warrant changing the GCS level. The GCS remained at 3 when I was doing my observations.

### Intake/Output Charts

37. Input/ouptake charts are used to record the amount of fluid the patient is receiving and excreting. I completed the chart at page 38667. It contains one entry which says is noted as being made at "245pm" but this should read am. The entry reads "1000ml Hartmanns", which was put in through an IV line, and it also says "catheterised", which means a urinary catheter was inserted. The document at page

**DRAFT**

**38675** is a different intake/outtake. This records that 1000ml of Hartmanns was given at 3pm on 27<sup>th</sup> April 2007. This would have been when Mr Hamill had been transferred to RVH.

**SIGNED:** .....

**MAUREEN HAGAN**

**DATED:** .....