



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ROTI : Contemporaneous Notes

Person interviewed : **Jennifer Mary BREWER**

Place of interview : **Park Gate Police Station**

Date of interview : **30 June 2000**

Police exhibit no. : Number of pages : Signature of interviewing officer producing exhibit :

Time commenced : **1438** Time concluded : **1510**

Duration of interview : **32 mins** Tape reference numbers ♦ :

Interviewing Officers : **DC 1484 COLVIN DC 92 McNALLY**

Other persons present : **Mr GRAHAM - Solicitor**

Tape Counter Times ♦	Person Speaking	Text
DC COLVIN		<p>This is a re-commencement of the interview of Jennifer BREWER, I'll remind you that you are still under caution, okay, and I'll just go over that again, you do not have to say anything but it may harm your defence if you do not mention when questioned something which you later rely on in court, anything you do say may be given in evidence. I'll also remind you that you are free to leave at any time and Mr GRAHAM is here and should you want further advice at any time then just say so and we'll stop the interview for you to have that advice. Can I just ask you to confirm that I have not asked you any questions regarding the reason you're here with, in relation to Mr RICHARDS or the</p>

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Continuation Sheet No : 1

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	BREWER	hospital or anything to do with that during the break that we've had.
(1.13	DC COLVIN	I can confirm that. Right, we were going over the notes, the health care notes and just to re-cap so far, we've covered the entries relevant to you which was the fall on the 13 th and then the subsequent x-rays on the 14 th then the re-admission to date and from what you can see and what obviously I can see that that is the only entry relevant to you.
	BREWER	There is one more entry, on the medicine chart where I have signed that I gave her haloperidol on the 13 th .
	DC COLVIN	On the 13 th , right, and that's on the, as you look at it the far right.
	BREWER	Which I asked Doctor BARTON to write up because Mrs RICHARDS was so distressed and we'd tried everything to calm her down and that was the last result.
	DC COLVIN	I wonder if you could go through these for me, appreciating that you know that is the only one you've actually administered but just to give me an explanation of what these sort of things, what these drugs do, what they're role is sort of thing.

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RECORD OF INTERVIEW

Continuation Sheet No : 2

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
2.22	£	This Oramorph, that is a liquid form of Diamorphine, it's a very small dose that the patient can take by mouth for pain relief. These are the ingredients of a syringe driver, okay, that is Diamorphine, yes, for pain, Hyoscine to dry up the secretions, Midazolam to, it's an antispasmodic.
	DC COLVIN	Is that sort of a muscle sort of..
	BREWER	It's a muscle relaxant.
	DC COLVIN	Okay.
	BREWER	It keeps them relaxed.
	DC COLVIN	And the..
	BREWER	This is Lactalose, which is given to people for their bowels, okay, this is the Haloperidol which I, it's appropriate to give somebody that's got Alzheimers disease.
	DC COLVIN	Right, and from what you've described earlier it quietens them down.
	BREWER	Yes, and it stops aggressive behaviour.
3.44	DC COLVIN	Now as I understand it a syringe driver was started on the 18 th and the contents of it was the Diamorphine, the Haloperidol.
	BREWER	Yes.

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Continuation Sheet No : 3

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	DC COLVIN	The Midazolam and the Hyoscine.
	BREWER	Oh right, yes.
	DC COLVIN	Am I right in saying that.
	BREWER	Yes, yes.
	DC COLVIN	In relation to the level that was given to Mrs RICHARDS of these drugs have you got any comment to make on the level that she was prescribed and actually administered.
	BREWER	It's actually quite a small amount.
	DC COLVIN	Okay.
	BREWER	It's a very small amount, it's, it's it's, the Diamorphine is virtually a starting amount that we normally give to people but that would indicate really that maybe she wouldn't need anymore than that because she was so frail.
4.49	DC McNALLY	When you say frail, I mean, are you able to, on those sort of (inaudible) can we find out how heavy she was, are you able to estimate her weight.
	BREWER	She was, frailty, I wouldn't..
	DC McNALLY	Put down to weight.
	BREWER	I wouldn't put frailty down to weight, I'd put it down to ability to

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RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
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move and, know what I mean.

DC COLVIN

Yeah I'm with you, it doesn't necessarily, she doesn't necessarily need to be like a rake for frailty.

BREWER

She wasn't mega thin at all.

DC McNALLY

I'm sorry, I know I'm going off at a tangent here but I've never thought to be (inaudible), the amount of drugs prescribed to somebody, would it have a, would it reflect on their build and weight.

BREWER

Yes.

DC McNALLY

It would.

BREWER

Yes. When somebody has an anaesthetic it's all done by weight, body weight.

DC McNALLY

And does that go for like pain relief and the sort of drugs we're talking about now.

5.45

BREWER

Right, now pain relief might be slightly different, what happens is Doctor BARTON rights up a span of dosage that's appropriate to that patient, so she's written here 40 to 200 milligrams and we can actually, if the pain, that's the threshold that we can work within, we're not to go over that till she's reviewed it, yes, so we would

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RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		start off at a very small dose, the smallest dose and if it would hold the pain or the patient, make the patient comfortable we can increase it within that range.
	DC COLVIN	So yeah that gives you, if you were, and this is not a question obviously based on Mrs RICHARDS but generally, if you felt well, for example with Diamorphine it's obviously not dealing with the pain now, you know the pain has increased.
	BREWER	Yes.
	DC COLVIN	And Doctor BARTON has signed up, as in the case, 40 to 200.
	BREWER	Yes
	DC COLVIN	Did, do you then have to go back to Doctor BARTON and say you know I think we ought to go up.
	BREWER	No.
	DC COLVIN	You can.
	BREWER	It's done by 2 nurses, it must be done by 2 nurses.
	DC COLVIN	But that's a decision 2 nurses can..
7.01	BREWER	And they must agree.
	DC COLVIN	Two qualified nurses can make that decision.
	BREWER	Yes.

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	DC McNALLY	But basically Doctor BARTON has given you the license to increase it to a maximum..
	BREWER	But only within the parameters that she has given us and that would be specifically prescribed for that particular patient.
7.30	DC COLVIN	Now there's a nursing care, sort of the nursing care plan as well. Can you describe when this should be completed, generally.
	BREWER	Sorry.
	DC COLVIN	When these sort of, I mean we've got 3 here, nutrition, observation and personal hygiene.
	BREWER	Yeah, in the morning, in the morning we take the (inaudible) and then we, if there's not a nurse on for that particular team, every team has a trained nurse right, there's 3 teams, right, so we see to the patients who we've been allocated, sometimes it may not be our team but mostly it's our team and we do their daily care, and that can be from 7.30 in the morning or 8 o'clock in the morning till lunch time where we washed or bathed, dressed, give them their breakfast, commoded, give them their medication all sorts of things, that is the main time for their daily activities, the daily

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RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		living for their care, their hygiene and things like that, yes. After we have done that we would fill in what was appropriate that we have done that day, yes, and these are really problem pages, so Mrs RICHARDS had a problem with her nutrition so that would be monitored and that would be the reason, the problem, the desired outcome and the action that we would take.
9.16	DC McNALLY	Obviously, so I mean if there was a patient who was eating 3 meals a day not a problem that sheet..
	BREWER	Wouldn't be in there.
	DC McNALLY	Might not be inside the folder.
	BREWER	No, no. But if there's a problem with her nutrition then that page would be there and there was definitely a problem with her nutrition, because she was immobile her bowel function was disrupted and because she was dement, you know confused we would monitor her bowel actions, there doesn't seem to be one here for her continence but I feel there should have been, because she couldn't carry out her own personal hygiene she had one for her personal hygiene, yes, that would be washing and dressing.
	DC COLVIN	So basically you can set these forms for anything.

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RECORD OF INTERVIEW

Continuation Sheet No : 8

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	BREWER	Yeah.
	DC COLVIN	Depending on the patient.
	BREWER	Yes.
(10.25	DC COLVIN	So it's not a set.
	BREWER	No, it's different for every patient.
	DC COLVIN	Right.
	BREWER	But you only put in the care plan what they've got as a problem, what they are not able to do that you would think they ought to be doing.
	DC COLVIN	Right, so.
	BREWER	You know monitor.
	DC COLVIN	There's a couple of things that I just want to go back on.
10.53	DC McNALLY	Can I continue on the care plan side of things, there's, we've been made aware that certain patients may have a separate page, that each individual's would be made for nutrition and hygiene etc but a patient who is considered to be suitable for mobility would have a separate page for that as well.
	BREWER	Yes.
	DC McNALLY	So I take it the absence of a page in respect of Gladys's

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Continuation Sheet No : 9

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	BREWER	RICHARDS would indicate that a decision was made that she wasn't suitable, at that time, for.
	DC McNALLY	Mobility.
	DC COLVIN	For mobility purposes, ie contact with any what you call.
	DC McNALLY	Physio.
	BREWER	Physiotherapy wasn't considered.
	DC McNALLY	Right, I'm not, I cannot say whether she was referred, what happens is when a patient is admitted they are referred to Occupational Therapy and Physiotherapy to be assessed for what is deemed the correct way.
11.55	BREWER	What so anybody coming in would have been assessed.
	DC McNALLY	Yes.
	BREWER	They would.
	DC McNALLY	Yeah, they don't always come and see them immediately it depends, in Mrs RICHARDS case I would presume that due to her, due to her mental state that we would have allowed a few days for her to settle into the ward before we tried to do that and because there was a problem with communication with her.
	BREWER	Sorry, so a physio would come at some point during her stay.
	DC COLVIN	

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RECORD OF INTERVIEW

Continuation Sheet No : 10

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	BREWER	Yes.
	DC COLVIN	And make an assessment.
	BREWER	Yes, they're actually in the hospital and they come every day to the ward.
	DC McNALLY	Are they notified by like yourself or Doctor BARTON.
	BREWER	Yes, well we fill out a referral to them and it's signed by Doctor BARTON.
	DC COLVIN	Fine, okay. Syringe driver, I didn't cover the training, what training do you get.
	BREWER	We all have to go on a drug course and it's done on a regular basis, quite often.
13.10	DC COLVIN	And would that include things on new models.
	BREWER	Oh yes.
	DC COLVIN	Like a syringe driver.
	BREWER	Yes, yes, you'd have to be aware of any new equipment.
	DC COLVIN	And do you get a sort of certificate for that.
	BREWER	Yes.
	DC COLVIN	Or is it recorded somewhere.
	BREWER	You get a certificate.

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Continuation Sheet No : 11

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	DC COLVIN	And that's kept by the relevant member of staff.
	BREWER	Yeah.
	DC COLVIN	You've got yours somewhere.
	BREWER	Yeah.
13.35	DC COLVIN	Just going back to the drugs, you may not be able to comment on this, now in relation to the syringe driver and your handbook, the 4 drugs we had on there and your knowledge of Mrs RICHARDS condition really prior to the 17 th , the time before that, are you able to comment on what her health, would you be able to comment on what her health was like at the time these drugs were being prescribed.
	BREWER	I think she was in pain and very distressed, she had a haemotoma.
	DC COLVIN	Right.
	BREWER	She was obviously agitated so that all these drugs would be appropriate to give her and they're not large doses either.
	DC COLVIN	No. Would this be something that would, would be similar to a palliative care type of treatment.
	BREWER	Actually these drugs can be used on somebody to keep them comfortable, if they're very compos mentis, do you understand

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Continuation Sheet No : 12

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		what I'm saying to you, we've actually used them for somebody that had a stroke and had quite a deal of pain from his limbs and the one that dries up the secretions wouldn't necessarily be used all the time, it depends, you can, you can use what's appropriate, you don't have to use all the drugs, these were actually written up for Mrs RICHARDS, somebody else might just have one with Diamorphine and Midazolam in.
	DC COLVIN	So it would vary.
	BREWER	Yeah.
15.34	DC COLVIN	And I appreciate that really the 2 nd time she came in you're dealings with her were minimal at best.
	BREWER	Yes, yes.
	DC COLVIN	But this is not, this doesn't mean just because they're there that this is someone who is going to die.
	BREWER	No.
	DC COLVIN	Depending on the patient.
	BREWER	Yes.
	DC COLVIN	And your knowledge of that patient.
	BREWER	Yes, these are given purely to keep the patient comfortable.

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RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	DC McNALLY	Pain free.
	BREWER	Pain free, for no other reason and they're very small doses.
	DC COLVIN	Just one more thing I want to cover, obviously I believe you got hold of your, it's called a statement but clearly it's not, it's a question and answer thing from the independent investigation made a couple of years ago and a written statement as well.
	BREWER	I wrote a statement and I answered questions.
16.40	DC COLVIN	I don't think from, well if you could just have a look at that, have you ever seen that before.
	BREWER	I haven't seen this before.
	DC COLVIN	You haven't.
	BREWER	I know I was interviewed and I got told off by my RCM representative because she, because she wasn't there.
	DC COLVIN	Yeah I mean, because obviously we've obtained these thinking that someone has actually seen them yeah and clearly there's an error there, do you want to have a quick look through, if you're happy to, and see if there's anything you've got an issue with, we can always stop and.
	DC McNALLY	We could shut the tape couldn't we for a couple of minutes while

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Continuation Sheet No : 14

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		she has a read through that.
	DC COLVIN	Yeah.
17.21	DC McNALLY	For the benefit of the tape Mrs BREWER is having a look at her question and answer form which was written by a member of the Health Authority on the prior investigation a couple of years ago regarding this matter and I'm going to turn the tape recorder off for a short while and the time is 1455.
17.48	DC COLVIN	This is a resumption of the 2 nd interview of Jennifer BREWER, the time is 1502. Right you've had a chance to read what is described as a witness statement but clearly isn't, it's a question and answer thing, have you ever seen this before today, this Q and A.
	BREWER	No.
	DC COLVIN	Is there anything on there that you've got an issue with in the way it's worded or what's, you know the way the question has been asked or whatever.
	DC McNALLY	Is that a true reflection of.
	BREWER	It's a fairly true reflection of the interview that I had yes.
	DC COLVIN	Is there anything that you want to clarify from that.
	BREWER	Just the paragraph, question 19, do you have anything else to say,

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RECORD OF INTERVIEW

Continuation Sheet No : 15

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		it says I was completing the consultants round and I would not have blamed the dementia as a cause for Mrs RICHARDS distress, I think this doesn't say that I didn't think Mrs RICHARDS had dementia, it just says that I would have looked at other avenues for her distress, I think that's like wanting to go to the toilet and being in pain.
	DC McNALLY	So you investigated to see the source of her distress. You wouldn't have shouted out loud you would have gone there, oh is she in pain, is it her hip, it could be..
	DC COLVIN	You didn't just take it on face value that because she's got dementia..
	BREWER	Nope, I actually point to my statement that I made, when I came on a late duty on the 13 th when Mrs RICHARDS was making a lot of noise where I asked 2 support workers to check Mrs RICHARDS to check whether she needed to go to the toilet, to check whether she was in pain or to check whether she was hungry or thirsty.
19.43	DC McNALLY	So I think what you're saying is that if a patient, not necessarily Mrs RICHARDS, were to cry out you would investigate it,

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RECORD OF INTERVIEW

Continuation Sheet No : 16

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		irrelevant if you knew she had dementia or not, you'd still go and investigate and make sure that it wasn't dementia.
	BREWER	It just comes naturally, it's part of something you do.
	DC COLVIN	An investigative process.
	BREWER	Yes.
	DC COLVIN	Is there anything that you'd like to add.
	BREWER	I think that Mrs RICHARDS got the best care that we could have given her, I feel that she fell on the floor or was on the floor because she wasn't safe in the chair and I feel that some of our work was disrupted by the daughter's view of her mother's condition.
	DC COLVIN	Right, okay, and that was obviously at odds with the medical opinion.
20.56	BREWER	Yes, I felt that she wanted to, I didn't mind her giving us advice about her mother, I would welcome it, but I felt that she was really dictating how we looked after her mother, erm, and I felt that we should have been the ones allowed to make the assessment and then erm consult her on any problems that she might have had. Another thing that comes up that I would like to

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Continuation Sheet No : 17

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
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say is that I feel that Mrs LACK had plenty of opportunities to actually say that she wasn't happy with procedures that we were taking, I mention the night of the 13th when I asked her if she had any problem with her mother staying in the department, I also mention the day, although I wasn't the nurse who was in charge, I mention the day when Mrs RICHARDS went on the syringe driver and they had plenty of opportunity to actually say that they did not want her to go on the syringe driver and if they wanted her transferred they had opportunity to actually insist that she was transferred to Haslar. I would also like to say that if they were so, if they really felt that there was a case unlawful killing that they should have insisted that Mrs RICHARDS be referred to the coroner when she died.

DC McNALLY

Because for the benefit of the tape she was cremated wasn't she.

BREWER

Yes.

DC McNALLY

On that point, it's a general point, if a family wish a certain course of action to take, surely the doctor must, has got to reach a point when she says I'm sorry I appreciate what you would like and what your feelings are but I'm responsibility for the best care for

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Continuation Sheet No : 18

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		your patient. Would she override whatever the family wanted, like we don't want her to have this course of treatment, you know, would she bow to what that actually want or would she override their, what they want with her professional decisions.
23.31	BREWER	Well there have been occasions when relatives have actually said they do not want their relative to have that treatment.
	DC McNALLY	I know that there is on some cases there's like a religious issue.
	BREWER	Yes.
	DC McNALLY	And things like that, but apart from those issue, a general patient who comes in where a relative is unhappy but obviously Doctor BARTON had the welfare of the patient as the highest priority, would she say I'm sorry but you know I'm the doctor I'm taking charge of this.
	BREWER	She wouldn't actually make that decision on her own, she would get the consultant in and other people.
	DC McNALLY	So she would go above herself if necessary.
	BREWER	Yes she would, if there was a problem with the treatment.
	DC COLVIN	I mean, just going back to this issue of sitting on the chair, I mean obviously that's what was followed there was the daughter's

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Continuation Sheet No : 19

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
		wishes that she sit up.
	BREWER	Yes. This is my personal view, other nurses may have a different view, this was my view that she was safer in bed but it was difficult to look after her in the chair.
	DC COLVIN	Did you you'd voiced your concerns as best you could to whoever was.
24.43	BREWER	Yes, I did, I obviously, if she'd been my patient I might have been more..
	DC McNALLY	Involved.
	BREWER	Assertive about it but I wouldn't override what her nurses were doing so.
	DC McNALLY	Unless you thought there was something..
	BREWER	Unless it was really, really.
	DC COLVIN	Life or death.
	BREWER	Yeah, yeah.
	DC COLVIN	Okay, is there anything else you want to clarify.
	DC McNALLY	(laughs) that was the longest is there anything more to add.
	DC COLVIN	(laughs) is there anything you want to clarify, anything you said that you know you think we don't understand.

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HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 20

Record of interview of: **Jennifer Mary BREWER**

Tape Counter Times ♦	Person Speaking	Text
	BREWER	I don't think so.
	DC COLVIN	Or.
	BREWER	I don't think so, I think I've put over what I wanted to say and answered what you wanted to know.
	DC COLVIN	Okay, anything you'd like to ask.
	Mr GRAHAM	No thank you.
	DC COLVIN	Okay the time by my watch is 1510 and I'm turning the recorder off.

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