

RECORD OF INTERVIEW

SDN:	□ ROTI: ⊠	Contemporaneous Notes	
Person int	erviewed: Fiona Lorraine V		
Place of ir	nterview : Park Gate Police	Police exhibit no.: Number of pages: Signature of interviewing officer producing exhibit:	
Date of in	terview: 20 June 2000		
Time com	menced: 10.39 Time	concluded: 11.07	
Ouration of	of interview: 28 minutes	Tape reference numbers ◆: 44/00/029177	
Interviewi	ng Officers : DC 1484 CO	LVIN, DC 92 Paul MCNALLY	
Other pers	sons present: Mr GRAHAM	[- Saulet & Co Solicitors, Portsmouth	
Tape Counter Times	Person Speaking	Text	
0.11	DC COLVIN	This interview is being tape recorded, I am DC	fourteen eighty
		four COLVIN, the other police officer present is.	
	DC McNALLY	DC ninety two Paul McNALLY.	
	DC COLVIN	I'm interviewing Fiona WALKER. Please can y	ou give your full
		name and date of birth?	
	WALKER	My name is Fiona Lorraine WALKER, date of b	irth thirty eleven
		fifty.	
	DC COLVIN	Okay and also present is	
	SOLICITOR	Mr GRAHAM from Saulet and Co Solicitors, P	ortsmouth, Legal
		Advisor.	

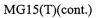
Signature(s):

DC 1484 COLVIN

DC COLVIN

♦ Not relevant for contemporaneous notes

This interview is being tape recorded and being conducted at Park





RECORD OF INTERVIEW

Continuation Sheet No: 1

Record of interview of: Fiona Lorraine WALKER

Tape

Times •

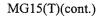
Counter P

Person Speaking

Text

Gate Police Station. The time is ten thirty nine (10.39) and the date is Tuesday the 20th of June, 2000. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes and I must remind you that at any time throughout the interview you're entitled to legal advice, okay, so that means the interview can be delayed at any time should you want to discuss anything, all you need to do is just make it clear and we'll obviously leave the room and let you do that. Right the reason we're here is Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the twenty first of August nineteen ninety eight at Gosport War The investigation centers around an Memorial Hospital. allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the seventeenth and the twenty first of August whilst admitted to that hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs RICHARDS during that time and who in some cases may have provided her with direct nursing care or treament in order that an account can be

Signature(s):





RECORD OF INTERVIEW

Continuation Sheet No: 2

Record of interview of: Fiona Lorraine WALKER

Tape

Times •

Counter Po

Person Speaking

Text

obtained in particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews from staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. You solicitor has been provided with relevant material prior to this interview commencing and I'll emphasis again that you're not under arrest and you're free to leave at any time, your right to free legal advice in private extends throughout the period you're at the police station, okay. The next part is the caution, 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, okay. That's the caution, do you understand that?

2.51

WALKER

Yes.

DC COLVIN

And what I've said?

WALKER

Yes.

Signature(s):

DC 1484 COLVIN

• Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 3

Record of interview of: Fiona	a Lorraine	WALKER
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Tape
Counter
Times *

Person Speaking

Text

DC COLVIN

So far, okay. What I will emphasise is that myself and DC McNALLY are obviously complete layman when it comes to the medical profession, no decision will be taken by or at least without a consultation of people who have the due knowledge and experience make those sort of judgements and recommendations so it's not a case of a police officer sitting somewhere and saying that's clearly wrong when they're not really in a position to do so without seeking that advice. Okay that's why we're here. What I'd like to do is just go over some background really, to start off with your professional qualifications and experience and what your role is at the hospital, if you could sort of just run through that for me.

3.51 WALKER

I am a registered general nurse, and also a midwife althought I haven't actually practiced as a midwife. I've been at Gosport War Memorial for eighteen years come next month erm as night sister in charge of the hospital erm I have responsibility for the safety of the building at night, for the staff, and for the patients.

DC COLVIN

Right.

WALKER

I also cover minor injuries at night 'cause we have a minor

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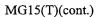
RECORD OF INTERVIEW

Continuation Sheet No: 4

Tape Counter Times ◆	Person Speaking	Text
		injuries department that's open twenty four hours so when a
		minor injury comes in I see to the patients er if there's any
		medical problems in any of the wards I deal with those. Any staff
		ask for advice and help with anything I see, I go to the ward and
		erm speak to the staff and as I say if there's any problems they
		come to me.
4.50	DC COLVIN	Okay, right thank you. So do you work permanent nights?
	WALKER	I work permanent nights, yes I work four nights a week.
	DC COLVIN	Okay and that is your responsibility? When you're at work you
		are responsible for the hospital?
	WALKER	For the hospital.
	DC COLVIN	Okay, alright so what sort ofcan you give me examples of
		scenarios that you would be made aware of by the various wards
		in relation to patients?
	WALKER	Well there's er a patient deteriorated suddenly er the patient
		became ill in the night erm a patient was poorly and er relatives
		were there and wanted advice, er I'm trying to think, just really
		anything to do with treatment of the patients.
	DC COLVIN	So if a particular patient took an unexpected or a quite quick sort

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RECORD OF INTERVIEW

Continuation Sheet No. 5

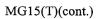
Tape Counter Times •	Person Speaking	Text
		of down turn in their health then you'd be made aware. What
		would be your responsibility then, if you're made aware of
		something like that?
78	WALKER	Erm well I'd probably decide that a doctor needed to be informed.
	DC COLVIN	Okay and what procedure whould you follow to do that?
	WALKER	Well depending on the ward er Sultan Ward where I actually base
		myself is a GP ward,
	DC COLVIN	Right
	WALKER	it's just above Daedalus ward, er each patient who comes ir
		comes under their own general practictioner and I would contac
	•	the emergency number for that doctor and 99% of the time i
		would be Health Call based at Cosham. On Daedulus and Dryad
		ward which are the elderly care wards, they come under the care
		of Doctor BARTON's practice er it would be a case of ringing the
		emergency number there and if they weren't on at night they
		usually transfer to Health Call at Cosham as well.
	DC COLVIN	Right, so it's a call out system?
	WALKER	Yeah, we don't actually have a doctor on the premises.
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DC COLVIN

Right, okay. In your role on nights, do you ever get involved in

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RECORD OF INTERVIEW

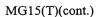
Continuation Sheet No: 6

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Record of	f interview of: Fiona Lo	rraine WALKER
Tape Counter Times *	Person Speaking	Text
		discussions on or assessing the treatment that has been prescribed
		to a particular patient?
7.12	WALKER	Well if someone's not happy about it, yes I would be notified
Y		hopefully.
	DC COLVIN	Right, okay and again the procedure would be to contact a
		doctor?
	WALKER	Yeah.
	DC COLVIN	Okay, right obviously as I say this relates to Gladys RICHARDS
		and the time we're sort of looking at is between the seventeenth
		and twenty first of August. Are you able to remember what you
		were doing?
.	WALKER	Really cannot remember.
	DC COLVIN	Okay, but you were on duty during August?
	WALKER	I believe I was, I haven't, I mean I was sort of off duty briefly for
		that week
	DC COLVIN	Right.
	WALKER	so I can't remember but I normally work the Sunday night to
		Thursday morning.
	DC COLVIN	Okay.

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 7

Record of interview of: Fiona Lorraine WALKER

Tape Text Counter Person Speaking Times * So whatever the days were during that, that period of time was WALKER during these days then yes I'd be on duty. DC COLVIN I think the seventeenth was a Monday, wasn't it? Yeah. DC McNALLY DC COLVIN Friday the twenty first. (inaudible) WALKER DC COLVIN Did you have any contact with Mrs RICHARDS? Not directly, no. WALKER Not directly. Did you have... DC COLVIN WALKER Not even indirectly. ...Okay, well that was the next thing, did you have any contact DC COLVIN with any members of staff from Daedalus in relation to Mrs RICHARDS? WALKER Not that I can remember. DC COLVIN Okay. WALKER I've been racking my brains since I... DC COLVIN ...Yeah. ...heard about this coming up. WALKER

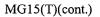
Yeah, okay.

Signature(s):

DC 1484 COLVIN

DC COLVIN

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RECORD OF INTERVIEW

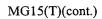
Continuation Sheet No: 8

Record of interview of: Fiona Lorra

Tape Counter Times	Person Speaking	Text
8.37	DC McNALLY	If anybody had mentioned anything to you, any concerns or
		anything, would that be documented anywhere on the patients
		notes or anything?
	WALKER	Not necessarily, no.
	DC McNALLY	No.
	WALKER	If it was a concern I felt needed something to be done about, yeah
		then yes it would have been.
	DC McNALLY	Yeah, yeah so if there was any incident brought to your attention
		for anything about a particular patient which somebody was
		concerned about, then more often than not it would be
		documented?
	WALKER	Yeah it should be.
	DC McNALLY	It shoule be, yeah on the patients care notes?
	WALKER	Yeah
	DC COLVIN	And if that was the case would that be down to yourself to
		document that or down to the
	WALKER	Not necessarily, usually the nurse in charge of the ward would
		do that.
	DC COLVIN	would do that and would just log that you'd been there and

Signature(s):

[◆] Not relevant for contemporaneous notes





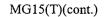
RECORD OF INTERVIEW

Continuation Sheet No: 9

Record of	f interview of: Fiona Lo	rraine WALKER
Tape Counter Times •	Person Speaking	Text
		what decisions
9.20	WALKER	Yeah
	DC COLVIN	yeah, okay. Okay so as far as you can remember, I appreciate
		it's two years ago
	WALKER	I know
	DC COLVIN	you don't recall having any sort of contact at all with Mrs
		RICHARDS directly or indirectly?
	WALKER	As I say I've been tryall I can remember I don't know if it was
		at the time or a week or so later that there was problems with the
		relatives but I personally wasn't medically involved
	DC COLVIN	Okay.
	WALKER	I think the two sisters were squabbling together or something.
	DC COLVIN	Right, where did you hear that from?
	WALKER	From the nursing staff.
	DC COLVIN	So it's something that was just going round?
	WALKER	Yeah, it was just something that was going round yeah.
	DC COLVIN	Okay.
	WALKER	But as I say it's part of my duties, I go to each ward during the
		night at some point.

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

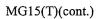
Continuation Sheet No: 10

Record of interview of: Fiona Lorraine WALKE	Record	of interv	iew of:	Fiona	Lorraine	WALKE
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Tape Counter Times	Person Speaking	Text
	DC COLVIN	Yeah, okay. We're obviously looking at the use of the syringe
		driver just trying to get explainations about what it's uses are and
		benefits and everything, perhaps you could explain the system for
		the syringe driver, what it is and what you know what it's benefits
		are?
10.40	WALKER	Erm the syringe driver is made by Greyspin er it's er used to
	•	control symptoms in patients, er it's administered via a syringe in
		a pump and the drugs are given in the syringe and the particular
		syringe driver that we use, it administers the drugs over a twenty
		four hour period.
	DC COLVIN	Okay and what are the benefits of using that as opposed to oral
•		drugs or syringe?
	WALKER	Well usually the syringe driver is started where the patients can't
		take anything orally.
	DC COLVIN	Right.
	WALKER	For whatever reason, they're either unable to swallow erm or
		they've got er vomiting, nausea in which case if you give
		something orally they'll just bring it back up again, also the
		patients very thin, you can't keep injecting them with drugs

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

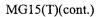
Continuation Sheet No: 11

Record of interview of:	Fiona Lorraine WALKER
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Record of interview of: Fiona Lorraine WALKER				
Tape Counter Times ◆	Person Speaking	Text		
		'cause obviously their muscles aren't er are depleted so you can't		
		give them a injection properly		
11.46	DC COLVIN	Right.		
	WALKER	whereas with the syring driver the tubings attached to the		
		syringe and there's a small needle at the end, very fine needle		
•		which is just placed under the skin and secured in place.		
	DC COLVIN	Okay and so it, the drugs as I understand it sort of are pumped out		
		at regular intervals		
	WALKER	Yeah there's a battery, there's a battery inside the syringe		
		driver.		
	DC COLVIN	Okay. What training is given to staff do you know to use it?		
	WALKER	Well all staff that work the syringe drivers have training sessions		
		on syringe drivers, there's also regular updates.		
	DC COLVIN	Right. Those updates take the form of?		
	WALKER	Small sessions about an hour a session.		
	DC COLVIN	Right, okay.		
	WALKER	And it's usually given by other staff themselves, or erm palliative		
		care staff from (inaudible).		
	DC COLVIN	Mmm, okay.		

Signature(s):

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RECORD OF INTERVIEW

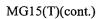
Continuation Sheet No: 12

Record of interview of:	Fiona 1	Lorraine	WALKER
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Tape Counter Times •	Person Speaking	Text
12.35	DC McNALLY	On that issue, are the training that they get are they
		certificated in any way or are theydo they get a rubber stamp on
		their CV because they've got this syringe driver trained or
•	WALKER	We usually get a certificate when they complete these courses.
	DC McNALLY	And are the courses held locally or do they have to go anywhere?
	WALKER	Sometimes they're held locally, sometimes they have to go either
		to QA.
	DC McNALLY	I take it it's not a major course or anything, it can't
	WALKER	No it's not, no.
	DC McNALLY	it can't be aso they do, they can put that sort of thing on a CV,
		I am syringe driver trained so to speak?
,	WALKER	Well officially, yes they could.
	DC McNALLY	Yeah.
	DC COLVIN	Okay. Moving onto palliative care then, you've just mentioned
		that, what's your sort of definition of what that means and?
	WALKER	Well erm what's palliative care, keeping patients comfortable,
		pain free, er symptom free really if you like, erm until the end
		comes.
	DC COLVIN	Okay. So am I right in saying that it's for people who appear to

Signature(s):

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RECORD OF INTERVIEW

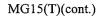
Continuation Sheet No: 13

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Record o	Record of interview of: Fiona Lorraine WALKER					
Tape Counter Times *	Person Speaking	Text				
		be dying?				
13.53	WALKER	Mmm.				
	DC COLVIN	In pain or distress				
•	WALKER	Yeah, yeah				
	DC COLVIN	and that's a means of insuring that that pain				
	WALKER	Yes that's very kindly, yes				
	DC COLVIN	sorry the death is pain free as much as possible, okay.				
	DC McNALLY	Who's decision will it be to put a patient on the palliative care				
		course of treatment?				
	WALKER	Well it would be the doctors.				
	DC McNALLY	The doctors that you show (inaudible)				
Z	WALKER	Sometimes with discussion with the staff.				
	DC McNALLY	Yeah, so in your capacity as a, like the main person at the hospital				
		during the course of the night you coudn't make that sort of				
		decision?				
	WALKER	No.				
	DC McNALLY	No so it's got to be				
	WALKER	Unless there was drugs written up				
	DC McNALLY	Yeah				

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 14

Tape Counter Times *	Person Speaking	Text
	WALKER	but that would be written up on the doctors instructions.
	DC McNALLY	Yeah, right.
14.43	WALKER	I mean obviously I couldn't put a patient on that course of
		treatment myself it would have to be done by a doctor.
	DC McNALLY	But is it, is itam I right in saying though that in some cases the
		doctor can prescribe drugs that don't have to be administered at
		that time but should the nursing staff feel that well things are
		deteriorating, we better put her on this drug, on that drug then the
		doctor doesn't have to be consulted at all because she's already
		made that decision prior to that?
	WALKER	Yeah, yeah.
ı ;	DC McNALLY	Right,
	WALKER	But usually there would be a discussion that you would ensure
		that there had been a discussion with the relatives.
	DC McNALLY	Yeah.
	WALKER	Beforehand.
	DC McNALLY	Yeah.
	WALKER	Usually they are made aware of that anyway.

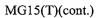
Signature(s):

DC 1484 COLVIN

DC McNALLY

Yeah.

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RECORD OF INTERVIEW

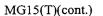
Continuation Sheet No: 15

Record of interview of: Fior	1a Lorraine WALKER
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Tape Counter Times *	Person Speaking	Text
15.30	DC COLVIN	What I'd like to do is if you're able to, is show you the
		prescription register, or the prescription log here for Mrs
		RICHARDS and I just sort of would like you to have a look at
, ,		that for me. Now as we understand there was four drugs on the
		driver?
	WALKER	Yeah.
	DC COLVIN	Which as I say I appreciate that you had no input in this but it's
		purely from your professional role if you could just help us with,
		the four drugs we understand are diamorphine, haloperidol
	WALKER	Yeah.
	DC COLVIN	midazolam, and hyoscine I'll be able to say that I reckon by the
p ⁱⁿ k		end of the week.
	WALKER	Yeah very good.
	DC McNALLY	That's the one I have problems with it.
	DC COLVIN	I wonder if you could just go through each one, and just talk
		through what they're set to achieve and what there effects are?
•	WALKER	Yeah, well the thing is she was already started on oromorph
	DC COLVIN	Right.
	WALKER	orally, she'd been having that so judging by how much of a

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 16

Record of interview of: Fiona Lorraine WALKER

Tape Counter

Person Speaking

Text

Times ◆

dosage she had in twenty four hours relates to the starting dose of the diamorphine in the syringe driver so she was started on forty milligrams, and if needed that would have been increased if necessary but I see it hasn't, it was kept at forty milligrams.

17.02

DC COLVIN

Okay.

WALKER

So that's the diamorphine. Haloperidol....

DC McNALLY

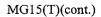
...Am I right in saying that the diamorphine is a pain relief?

WALKER

Yes, yeah. Er it's the best analgesic you know to relieve the pain relief in them stages. Haloperidol, that's a drug which is an antienetic and it also has a sedative effect as well, I don't really quite know whether they go together. Hyoscine is a drug that dries up secretions, sometimes when the patients coming to the end they normally get very bubbly and it can be quite noisy and it can be quite distressing, I hasten to add not for the patient for the relatives to listen to because I don't believe the patients are aware at this time erm and hyoscine is given and that's quite an accepted dosage. Midazolam erm that's another sedative drug, it's very good for terminal restlessness and I believe it has a small antienetic effect as well.

Signature(s):

Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 17

Record of interview	of.	Fione I	Carraina	XX 7 A 1	IVED
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Tape Counter Times	Person Speaking	Text
18.18	DC McNALLY	What does that mean the anti-enetic?
	WALKER	Anti-sickness.
	DC McNALLY	Oh right.
	WALKER	Yeah so they're quite nor, it's quite normal for these drugs to be
,		used in a syringe driver altogether.
	DC COLVIN	Okay. Are you able to comment on the amounts prescribed?
	WALKER	Well as I say the forty milligrams diamorphine er the amount that,
		the forty milligrams because the oromorph had been given more
		or less regularly, thirteenth, yeah they would have counted how
	. •	much oromorph she would have had in the twenty four hours and
		depending how much there's a chart that we refer to and that
		gives the starting dose for the diamorphine.
	DC COLVIN	Right
	WALKER	So that forty milligrams is fine, haloperidol five milligrams that's
		typical dose, that's fine, hyoscine four hundred micrograms and
		that's fine as well and midazolam yeah.
	DC McNALLY	Am i right in saying that the quantity of diamorphine is that a
		strong amount, to kill strong pain or is it like a small amount just
		to

Signature(s):

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RECORD OF INTERVIEW

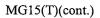
Continuation Sheet No: 18

Record of interview of: F	iona Lorraine	WALKER
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Tape Counter Times *	Person Speaking	Text
19.31	WALKER	It's a small amount actually for a syringe driver when she's been
		having oromorph previously
	DC McNALLY	Yeah.
	WALKER	if someone hadn't been having the oromorph previously they
		would have been on a smaller dose of diamorphine maybe twenty
	•	maybe thirty milligrams over twenty four hours.
	DC McNALLY	So onfor pain relief would it be correct in saying that Mrs
		RICHARDS wasn't in a great amount of pain so to speak, if they
		had to change, they haven't increased the dosage
	WALKER	I would have said she would be having moderate pain to help
		that
	DC McNALLY	Yeah but I mean there's no increase at all to
	WALKER	No there's been no increase in the diamorphine so obviously the
		pain was well controlled with the dosage she was getting
	DC McNALLY	That's right
	WALKER	if it hadn't have been it would have been commented on and
		would have been increased.
	DC McNALLY	And you say that the four medicines together
	WALKER	Yeah

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

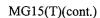
Continuation Sheet No: 19

Record of interview of: Fiona Lorraine WALKER	Record	of in	terview	of:	Fiona	Lorraine	WALKER
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Tape Counter Times *	Person Speaking	Text
20.20	DC McNALLY	and it's not unusual for someone
	WALKER	It's not unusual at all.
	DC McNALLY	involved in palliative care?
	WALKER	It's not unusual at all.
	DC McNALLY	Are you aware of any adverse side effects that the four drugs
		together or two of the drugs together or whatever may have on a
		patient?
	WALKER	No.
	DC McNALLY	No.
	WALKER	No, I would think she had a very peaceful end.
	DC McNALLY	Mmm, okay.
	DC COLVIN	I appreciate that you haven't seen or you didn't see Mrs
		RICHARDS but I wonder if you are able to comment on having
		looked at these four drugs on the syringe driver, is that something
		that's an example of palliative care, those four drugs together
	WALKER	Yes
	DC COLVIN	if you were to look at that, you would
	WALKER	Yes I don't see anything out of the ordinary about it at all.
	DC COLVIN	Okay. I mean are you able to say whether that's, looking at it

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 20

Record of interview of: Fiona Lorraine WALKER

Tape

Counter

Person Speaking

Text

Times ◆

someone who's not going to get better that's someone who is

dying and being given a peaceful...

21.24

WALKER

...Yes

DC COLVIN

...or pain free...

WALKER

...Yes

DC COLVIN

...path through? Okay, thank you.

DC McNALLY

Just another general question. Are you aware of any of those four

drugs which are not licenced for subcutaneous use?

WALKER

The oral licence was subcutaneous use.

DC McNALLY

As far as your aware?

WALKER

Yes.

DC COLVIN

Okay. When would these drugs be reviewed in terms of effects

they were having on patients?

WALKER

Daily.

DC COLVIN

It would be daily and who would....

WALKER

...Or as any problems arise.

DC COLVIN

Right.

WALKER

For example if a patient showed signs of still being in pain that

would be increased...

Signature(s):

DC 1484 COLVIN

• Not relevant for contemporaneous notes





RECORD OF INTERVIEW

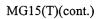
Continuation Sheet No: 21

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Record of	f interview of: Fiona Lo	rraine WALKER
Tape Counter Times •	Person Speaking	Text
	DC COLVIN	Okay.
22.21	DC McNALLY	And I'm right in saying though the doctor in relation to the
		diamorphine, the prescription is forty to two hundred
•	WALKER	Forty to two hundred, yeah.
	DC McNALLY	so if the nurse in charge that night felt that the dose needed to
		be increased she
	WALKER	Yeah
	DC McNALLY	could have done it with
	WALKER	Yeah
	DC MCNALLY	no problem at all
	WALKER	no problem
).	DC McNALLY	because it was authorised, but it wasn't?
	WALKER	No
	DC McNALLY	In this case.
	WALKER	It didn't need to be.
	DC McNALLY	No
	WALKER	In fact none of them had been increased, thy've all stayed the
		same.
	DC McNALLY	Yeah.

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

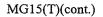
Continuation Sheet No: 22

Record	of interview	of.	Fiona	Lorraine	WALKER
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Tape Counter Times	Person Speaking	Text
22.49	DC COLVIN	Okay, so who would do that sort of review, daily review?
	WALKER	Well it's just part of your normal work.
	DC COLVIN	Right, okay. What I'm getting at is I know their GP wards aren't
• .		they or Daedalus is a GP?
	WALKER	Daedano, yeah, no Daedalus is an elderly care ward.
	DC COLVIN	Right
	WALKER	The clinical erm er medical side is covered by Doctor BARTON
		who is herself a GP that she, it's extra duties that she takes on.
	DC COLVIN	Yeah, okay. Would it be part of her duties to review daily?
	WALKER	Well she comes in daily anyway so I assume yes, I assume she
		would have.
	DC COLVIN	I appreciate that you're nights so you wouldn't actually be part of
		that review process?
	WALKER	No.
	DC COLVIN	Okay, if you had something come in overnight which felt, you
		felt was something the doctor ought to be aware of, where would
		that be recorded?
	WALKER	In the nursing notes.
	DC COLVIN	It would be in the nursing notes. Is that the contact record, if I

Signature(s):

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RECORD OF INTERVIEW

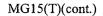
Continuation Sheet No: 23

Re	cord	of inte	erview	of:	Fiona	Lorraine	WAI	KER

Tape Counter Times •	Person Speaking	Text
		show you?
23.58	WALKER	Each ward is a different
	DC COLVIN	I know, there seems to be so many
	WALKER	paperwork.
	DC COLVIN	Something like this?
	WALKER	Yes, it would, I'll tell you where you put it, here.
	DC COLVIN	It would be a summary of general problems
	WALKER	Yeah
	DC COLVIN	and doctor whoever was reviewing would obviously pick that
		up in the morning?
	WALKER	Yes it would be mentioned to her.
	DC COLVIN	Okay. Again another general question in relation to hydrating
		patients, can you talk me through the reasons why someone
		wouldn't be able to take on food or water, some of the examples?
	WALKER	Er if they had kidney problems, if they're in renal failure
		obviously if you hydrate them, if you give fluids the kidneys
		aren't going to be able to cope with it
	DC COLVIN	Right.
	WALKER	so effectively you're drowning the patient by giving them the

Signature(s):

[◆] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 24

Record of interview of:	Fions I	Corraine	WAT	KFR

Tape Counter Person Speaking Text Times 4 fluids. DC COLVIN Okay. So that would apply obviously to orally and? 25.05 WALKER ...Yes any form of hydration. DC COLVIN ...yeah, okay. Have you ever, we've talked about who sort of provides, prescribes the drugs and the treatment, have you ever had concerns over treatment provided or medication provided to a particular patient? WALKER Er not that I can think of, no. DC COLVIN Okay, if you did are you aware of any procedures, hospital procedures in place that you would be able to make your representations known? WALKER Well for example if I wasn't able to read a prescription properly I wouldn't give the drug until I had erm I had it checked out by a doctor in which case I would phone the doctor concerned. DC COLVIN Right, okay and in, on occasions when, which you have just said that there hasn't been but if there was a scenario where you had been, or a patient had been prescribed drugs... WALKER ...Yeah

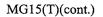
Signature(s):

DC 1484 COLVIN

DC COLVIN

...and you felt that wasn't appropriate for whatever reason and

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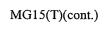
RECORD OF INTERVIEW

Continuation Sheet No: 25

Tape Counter Times •	Person Speaking	Text
		you went back to the doctor and discussed it and you know the
		answer you were given wasn't satisfactory to you
26.30	WALKER	Yeah
	DC COLVIN	are you aware of any procedure in place where you would go
		from there to trying redress the?
	WALKER	We have a risk event
	DC COLVIN	Right
	WALKER	that we could fill in.
	DC COLVIN	Oh, okay and where does that go through, what junction?
	WALKER	Er just each ward has a risk event form, it's if any accidents
		hapit covers anything really untoward er the patient has an
		accident it's filled in, if there's a medical error er or whatever a
		drug administration error er that form would be filled in, copies
	,	kept in the ward, a copy sent to the senior manager er a copy sent
		over to personnel.
	DC COLVIN	Mmm, okay and I take it any issues coming out from that would
		be dealt with by you know if there was
	WALKER	If there was, yeah, it would be dealt with.
	DC COLVIN	who would pick that up? Are you aware of

Signature(s):

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RECORD OF INTERVIEW

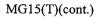
Continuation Sheet No: 26

Record	of inter	view of:	Fiona	Lorraine	WALKER
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Record of interview of: Fiona Lorraine WALKER			
Tape Counter Times *	Person Speaking	Text	
	WALKER	Well I would have thought the manager of the hospital would	
		pick that up.	
27.27	DC COLVIN	Right, okay. Okay so	
•	DC McNALLY	I can't think of anything else.	
	DC COLVIN	No, right I think we've covered everything we need to cover. Oh	
		just a couple of quick questions on general notes. As we	
		understand it because obviously we've been speaking other	
		people the contact notes or the yellow, the buff coloured one is	
		mainly for changes in, I'll show you here, it's called a contact	
		record, if I find the paperwork, this one here.	
	WALKER	Yeah.	
	DC COLVIN	As we understand it would tend to be for times when there's	
		changes in health?	
	WALKER	Well th, this is what they do on Daedalus ward	
	DC COLVIN	Right	
	WALKER	in the other wards they use this one.	
	DC COLVIN	Oh it changes doesn't it?	
	WALKER	Yeah, I'm afraid it's not.	
	DC COLVIN	So it's not a standard?	

Signature(s):

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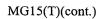


RECORD OF INTERVIEW

Continuation Sheet No : 27			
Tape Counter Times	f interview of: Fiona Lor Person Speaking	Text	
	WALKER	No.	
	DC COLVIN	Right.	
28.45	WALKER	The other wards use mainly this size, something of significant	
•		events.	
	DC COLVIN	So anything significant would go on there?	
	WALKER	Yeah	
	DC COLVIN	But obviously that wouldn't include things like giving her a cup	
		of tea or a patient a cup of tea.	
	WALKER	No, no, no, each patient has care plans at the end of their bed.	
	DC COLVIN	Right	
	WALKER	And any nursing procedures that are done every, actually	
s.		recorded in the care plans.	
	DC COLVIN	Okay, can you give us some examples of what would be on those	
		care plans? What sort of	
	WALKER	Er patients have been washed, if they'd been helped with erm	
		toileting er that sort of thing really	
	DC COLVIN	and all those sort of things should be included on the care plan?	
	WALKER	on the care plans.	
	DC COLVIN	Okay, alright I think that's about it.	

Signature(s):

[♦] Not relevant for contemporaneous notes





RECORD OF INTERVIEW

Continuation Sheet No: 28

Record of interview of: Fiona Lorraine WALKER				
Tape Counter Times *	Person Speaking	Text		
	DC McNALLY	Mmm, mmm.		
	DC COLVIN	Okay. Is there anything you would like to add that you feel we		
		ought to be aware of?		
A	WALKER	No I don't think so, I just think it's sad that it comes to this.		
	DC COLVIN	Okay, is there anything you'd like to clarify? Anything you've		
		said that you feel we haven't quite grasped or understood?		
	WALKER	No I don't think so.		
	DC COLVIN	Okay, right I'll hand you a notice explaining the tape recorder		
		procedure. The time by my watch is 11.07. I'm turning the		
	·	recorder off.		

END OF INTERVIEW

Signature(s):