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RECORD OF INTERVIEW

Number:
Y21B

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(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: BEED, PHILIP JAMES

Place of interview: FAREHAM POLICE STATION

Date of interview: 24/07/2000

Time commenced: 1412 Time concluded:

Duration of interview: Tape reference nos. (◆)

Interviewing Officer(s): DS Code A DC Code A
Code A

Other persons present: Mr GRAHAM - Solicitor

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	DS Code A	This is a continuation of our interview with Philip BEED, the time is now 12 minutes past 2 o'clock in the afternoon, we've had a lunch break and we've not communicated about this at all have we since you went to lunch.

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BEED No.

DS Code A Right, and the same people are present and the same things apply, still under caution as is interview and once again you're free to leave at any time or to seek the advice of Mr GRAHAM. Philip on the tape before lunch we gave you the opportunity just to read through all of the history of Mrs RICHARDS, without interruption from us and you appreciate that there's perhaps some questions that we want to ask and what we'll do now is, with your permission is perhaps just to just re-cap on that but both myself and Lee will ask a couple of questions, as and when we see relevant.

BEED Right.

DS Code A And pertinent to it. If I can perhaps start the clock at a point on the morning of the 11th when you first had word that Mrs RICHARDS is about to arrive at the hospital, can you take me through that, and feel free to make reference to the notes again.

1.25 BEED Right, well we would have known erm prior to that that she was coming, we usually know of an admission at least a day in advance, so we would have had a room allocated and the bed prepared, everything in place and then the time that the patient arrives is really dependent on when the ambulance is available, so we really

expect them any time from 9.30 in the morning till, should be before midday, sometimes a little bit after, so she would have just arrived at some point around midday, I can't remember now what time she actually arrived on the ward.

DS Code A Okay, and she's accompanied with paperwork.

BEED Yes.

DS Code A And I understand in the case of Mrs RICHARDS on that day it was a letter from Doctor REID.

BEED Yeah, the letter from Doctor REID would have come separately from our elderly services office, so we would have had that in advance of Mrs RICHARDS coming, so we would have been able to read through that ahead.

DS Code A Is it on the notes.

BEED The letter from Doctor REID.

DS Code A Yeah.

BEED It should be there. That looks to be the first half of it. Yeah, that's that letter there.

DS Code A Okay, so it shows, what does that tell you about the patient you're receiving.

3.00 BEED It gives, it tells us, erm, about her, this is from when he visit, Doctor REID visited Mrs RICHARDS in Haslar on the 5th August, so that was 6 days before, about her history, that she's had a fall, is confused that he felt the medication had knocked her off, he'd actually

stopped the triazadom, erm, deteriorated mobility, erm, the actual incident that brought her into Haslar which was a fractured neck of femur, that she's incontinent, that's she's on Haloperidol to help with her confusion, he's said that she's clearly confused and unable to give a coherent history, erm, he found her pleasant and co-operative, moving her leg freely and lifting it, lifting the right leg from the bed and that he says he, we should give her the opportunity to try and re-mobilise and that he recommends transfer to the War Memorial and that the daughters are unhappy with care at Glen Heathers nursing home and that want to arrange for her future care to be in a different nursing home.

DS Code A Okay, so that letter arrives with you, on your ward before Mrs RICHARDS.

4.30 BEED Yeah.

DS Code A So you're , so what's your expectation.

BEED We have an overall picture from, from, from that sort of picture I would expect someone confused and with limited mobility and I would prepare, because it's from an orthopaedic ward I would prepare a single room so that we can screen and isolate MRSA bacteria, if she's carrying it, an air mattress, I would make sure it was under a hoist so we can hoist her in and out

of bed and onto a toilet if we need to, erm, and make sure, erm, and I'd know that she's, and, and, somewhere where we can keep a reasonable eye on her, it's difficult to keep an eye on all of our patients all the time but the rooms closest to the office and the nursing stations are the ones that we can most easily observe on the most frequent basis, er, in fact the room that we got ready for this lady was room 3, which is immediately adjacent to the ward office and the nursing station.

DS Code A — Right, so your expectation was for a lady who was stable enough to be transferred and therefore you could make plans about.

BEED — Yeah.

DS Code A — And were any plans made on that occasion.

5.43 BEED — Well we were still need to wait and see the actual person theirself to see exactly what we could do, and it usually takes the patients 2 to 3 days minimum to sort of settle into the ward so you can't really make any firm progress on rehabilitation until the patient's had a chance to settle into the ward.

DS Code A — So it wouldn't be upmost on your list of priorities to, to think of a plan for the future, immediately.

BEED — No, no, not until we've actually met the patient and had a few days to assess them and see how

they are.

DS Code A — Okay, Mrs RICHARDS arrives at the hospital, erm, what happens next.

BEED — The ambulance crew would take her to room and pop her into either bed or chair depending on how she is, I know she was in a chair that afternoon so I think we probably put her straight into a chair rather than a bed, er, we would..

6.34 DS Code A — Would that have been out of choice.

BEED — We would choose whichever, if the patient came laying flat on a stretcher we would probably put them into the bed, if they came onto the ward in a wheelchair we would probably put them into a chair, unless they were indicating to us, so, if, if, we want, unless they indicated to us I would rather be in a chair or I would rather be in bed.

DS Code A — I don't know the answer to this question, is there anywhere in the notes that indicate how she was transferred.

BEED — Erm, no there wouldn't, wouldn't be, expect, and I can, I can't remember whether I was there when she actually arrived on the ward or not, so I don't know, er, if she was transferred immediately into a chair it's likely that she actually came to us in a wheelchair but I can't, I don't know cos I can't recall and I'm not sure whether I was there or not at that time.

DS Code A — Okay, what's your first contact with Mrs RICHARDS.

7.26 BEED — I would have seen her sometime after she'd arrived on the ward, I can't remember how soon but it would have been sometime between 12.15 and 3.30, I would have gone to, and sometime fairly soon after she'd got there to see how she was and to assess her and see whether she had any immediate needs that she needed taking care of.

NB. 10mg Oramorph pain relief given soon after admission

DS Code A — Is there a Doctor available for admissions, I think you said earlier on..

BEED — Yes, we called Doctor BARTON, so we, once we settle the patient into the room one of the first things we would do is call Doctor BARTON actually let her know that Mrs RICHARDS has arrived on the ward.

DS Code A — And what's your expectation of Doctor BARTON.

BEED — Usually would come in within half an hour, erm, if she was actually doing something then it could be later than that she would usually tell us that, erm, and I would, I would, if there was any problem with the delay I would let her know, on this occasion I know she was in fairly promptly and she would come in, see Mrs RICHARDS, write the notes up and write the medication charts up.

DS Code A — and you can tell that from the notes can you, that the Doctor arrived when.

BEED — Erm, I can't tell what time she arrived, erm, because, except for, erm, I, I gave a dose of analgesia at 14.14, er, so Doctor BARTON must have been and gone by 2.15, because I couldn't have given that without the chart being written up.

Why?

9.03 DS Code A — Okay, so relying on your notes there and message, tell me about Gladys RICHARDS, when you did see her.

BEED — Very anxious, very confused, and appeared to be in pain from the hip that she'd had operated on, erm, difficult to tell exactly, what, what was going on because she was so confused but I, I felt that she was in pain and certainly very difficult to communicate with.

DS Code A — Can you distinguish between pain and dementia.

BEED — It's, it's, sometimes very difficult, erm, one of the things that would tell us is if that, erm, the shouting got worse when we went to transfer the patient, and we would have had to do that at some point in the afternoon to pop her on a commode, if she wanted to spend a penny and, erm, daughter was actually saying that when she's agitated she want to use the toilet, so that would be one indication, erm, sometimes it's

very difficult to distinguish.

DS Code A — Did you have much experience of, of, erm, patients who have dementia.

BEED — Yeah, I have, I, all my previous posts I've look after patients with dementia so I've seen lots of patients with dementia and it presenting in all sorts of different ways.

DS Code A — Does it present itself in difficult grades, different severities.

BEED — Yes, yeah, you can have patients who've got mild dementia, erm, or dementia that's sort of worse at some time than others and are rational in between and patients who have dementia and are just quietly confused with it and you can have patients who are very noisy and very agitated and Mrs RICHARDS would come at the severe end of the scale.

Given medication for PAIN.

DS Code A — Right, is there any doubt that that could be confused with pain.

BEED — It's difficult to differentiate but I, I, the sort of actions that I was seeing from Mrs RICHARDS and the difficulty with transferring her and so on indicated to me that as well dementia and confusion that she had pain.

11.06 DS Code A — Right, okay, does Doctor REID's letter give you any indication, he goes on about some drugs there, was it, how, Haloperidol and Trasadom, what do they do.

BEED Erm, Haloperidol is, is, erm, sedates people and helps the confusion, Trasadom does much the same things, it's a anti-depressant and, and helps with confusion.

DS Code A But they're (inaudible), the Trasadom anyway.

BEED Yeah, stopped the Trasadom, the family said that that, that they felt that had over sedated her, so, so he's actually discontinued that, and that had been discontinued before she came to us.

DS Code A And that regime, I mean what he says and what he can see, she'd been much brighter mentally.

BEED Yeah.

DS Code A So perhaps there was an element of accuracy in their diagnosis, the family's.

BEED Erm, certainly if you reduce the sedation then, then the patient is going to be more responsive, one of the, one of the difficulties there is that you may increase the risk of falling along with that, so that might have been one of elements in, in the initial prescription of Trasadom, to perhaps try and reduce the risk of falls.

12.24 DS Code A Okay, but initially you see Mrs RICHARDS sometime between 12 and 2.15 then.

BEED Yeah, yep.

DS Code A That would be most likely.

BEED Yeah.

DS Code A And she presents herself to you and you're concerned that she's in pain.

	BEED	Yeah.
	DS Code A	And you're happy that the pain outweighs the..
	BEED	Confusion.
	DS Code A	The confusion and dementia.
	BEED	Yeah.
12.47	DS Code A	So what do you do next.
	BEED	I gave some analgesia, I gave, erm, 4 at 2.15 and I gave Oramorph, I gave 10 milligrams in 5 mils, orally.
	DS Code A	Right, to the layman is that a big dose, is that a small dose.
	BEED	It's a fairly small dose.
	DS Code A	I mean there's obviously grades of analgesia, as I understand it it's sort of aspirin is perhaps at the bottom end of the scale to Diamorphine at the opposite end, how did you gauge the appropriate level.
	BEED	It's on the amount of pain the patient is in, so you've got a scale from, from minor discomfort up to very severe pain, intolerable pain, erm, and you'd go on that scale, so Oramorph would be for more severe pain.
	DS Code A	Right, so you considered at that time that she was in severe pain.
	BEED	Yep.
	DS Code A	Right, would Haslar have let her go in severe pain.
	Mr GRAHAM	I think that's a question you should be asking

		the hospital.
	BEED	Yeah, you'd have to ask Haslar that really.
	DS Code A	Right, in your experience, do Haslar send patients to Gosport in severe pain.
	BEED	Well, the actual transfer can cause discomfort and pain and upset patients, so that the transfer itself can be quite a difficult thing for patients, it can actually bring on pain, I have had patients transferred from Haslar who have been very poorly, erm, on numerous occasions so it wouldn't, it doesn't, it wouldn't surprise me to have a patient with me and find that they're in a lot of pain. I would expect them to be comfortable but in my experience that's not always the case.
15.00	DS Code A	Have you challenged Haslar about that...
	BEED	Yes.
	DS Code A	..in the past.
	BEED	We always, we, we, go back through that with our Consultant, erm, because it is the Consultants who deal with the transfers, so if there's aspects of the transfer we're not happy about, erm, I talk to my Consultant, I've also memo'd my manager on several occasions when I've had a transfer which I've been unhappy about on a particular aspect and that's it, and over 3 years I've probably, I mean, there's varying degrees of being unhappy,

there's things that, that you might leave, let ride and there's things that you need to challenge and I've probably sent about 5 or 6 memos about different issues of transfers which I've not been happy about and need to be brought to Haslar's attention.

DS Code A Did either of Gladys's subsequent admissions provoke you to, to write.

BEED The fact that she was in pain, because of the fact that she'd had the hip operated on and she was very confused, that didn't actually, I, I, felt that amount of pain was appropriate to the sort of surgery she's had and her general condition. On the second transfer she was in a lot of pain when she came back and there was an issue about how she was transferred and the fact that she was on a sheet rather than a canvas, the other issues that were involved in dealing with Mrs RICHARDS and her family actually really foreshadowed worrying about whether Mrs RICHARDS should have been on a canvas when she came to us, so that wasn't something that I actually took up with Haslar at that point in time.

No pain prior to interpretation of anxiety by MR Beed.

DS Code A Okay, so quickly winding the clock back, I don't mean, I don't mean to jump from one thing to the next, Doctor BARTON sees Mrs RICHARDS prior to 2.15.

	BEED	Yep.
	DS Code A	Because she needs to do the prescription.
	BEED	Yeah.
16.49	DS Code A	Have I understood that correctly.
	BEED	Yeah, yeah.
	DS Code A	So was it a shared decision to give Oramorph or was it your decision.
	BEED	She wasn't actually in pain at that point in time when she was seen by Doctor BARTON but she was written up for analgesia if she should become in pain and she did subsequently to Doctor BARTON leaving.
	DS Code A	So she wasn't in..
	BEED	Immediately on arrival at the ward she wasn't in pain, it was a little while later after she'd sort of settle in that she was in pain.
	DS Code A	Is that unusual.
	BEED	No, not really, quite often see patients presenting differently when they're examined by a Doctor than they do half an hour, hour or so later, erm, for a variety of reasons.
	BEED	So Doctor BARTON sees Mrs RICHARDS, who isn't obviously in pain.
	BEED	At that point in time.
	DS Code A	That comes on at some point.
	BEED	Yeah.
	DS Code A	Probably over the next hour.
	BEED	Yeah.

DS Code A — Is that too fine a time.

BEED — No that's, that would probably be about right.

DS Code A — Would she have written up a prescription for someone who wasn't in pain.

BEED — She would, cos the history of erm, erm, recently having a, a hip repaired is something that could cause pain, we, we look after quite a few patients who've had broken hips repaired and it can be quite painful, even several days post-operatively, particularly if we try to mobilise and transfer them, say getting them from chair to bed and chair to toilet and so on, so it would be appropriate for them to have analgesia should they require it.

This was 11 days post-operatively and no analgesia previously required

DS Code A — Right, would Mrs RICHARDS have been subjected to much in the way of moving about.

BEED — We would need, because she didn't have catheter we would have needed to move her whenever she needed toilet and we have needed to move her to the bed and in and out the bed, so moving about but within the confines of the room at that point in time.

18.48 DS Code A — But she didn't go into a bed initially did she..

BEED — She was in a chair initially, yep.

DS Code A — So at some point it manifests itself that she's in pain.

BEED — Yeah.

DS Code A — And the prescription is already written up.

BEED Yeah.

DS Code A So you give, what you consider to be an appropriate measure relating to her condition at that particular time.

BEED Yep.

DS Code A Have I missed anything in that first bit.

DC Not really on the general admission, I mean we've covered the general admission here, do you know who was responsible for filling in the paperwork in terms of care plans.

BEED Yeah that was enrolled nurse Code A Code A Code A cos we're very, she came, she was on duty as well that afternoon, and I actually asked her to do the admission when she came on duty.

DC Code A So it was done a little later.

BEED Yeah, yeah.

DC Code A In the afternoon.

19.58 DS Code A Initially Doctor BARTON writes up her note on the 11th.

BEED Yep.

DS Code A Can you go, and refer to the notes for that.

BEED Yep.

DS Code A Now I understand that the reason for her transfer to Gosport is, how did you describe it earlier on, it's for gentle.

BEED Assessment and gentle rehabilitation.

DS Code A Gentle rehabilitation, if, can, would you mind

reading that note out and telling me what that means to you.

BEED Transfer to Daedalus ward, continuing care, the hemi-arthroplasty of her right hip on the 30th July, history, hysterectomy in 55, cataract operations, deaf, Alzheimer's, so from that, that she's, her hearing is poor and that she's confused, on examination impression frail, demented lady, not obviously in pain, please make comfortable, which is, she's not in pain at that time but if she is in pain or if her condition worsens then we should give analgesia, transfers with hoist, erm, we would have been looking at using a hoist to transfer initially and maybe try her out without the hoist and see how she got on, we have to be very aware of Health and Safety for the safety of patients, usually continent, needs help with activities of daily living, Bartel of 2 and 2, that's the index of what she can and can't do for herself.

DS Code A Who does that.

BEED That's done by nursing staff, at that point would have been taken from the transfer information, cos we would have re-assessed the Bartel later, erm, because when we assessed it later in the day we made it to be 3 rather than 2, but, but 3 is, anything below 4 is very highly dependent. That was assuming that she was continent of

urine in fact and it made her 3, if she wasn't then she would have been below that, erm, I'm happy for nursing staff to confirm death.

22.42 DS Code A To us as lay people that seems to be an awfully massive.

BEED Statement.

DS Code A Do you agree with that.

BEED It's to do with the fact that at the War Memorial, because we don't have on call Doctors, erm, that patients conditions can worsen and nursing staff can confirm that death has taken place and then a Doctor, a Doctor actually certificates death at a later stage and the way I always interpret that is that if a patients condition worsens and I feel that they need to see a Doctor or a patient's condition worsens and they die and I need a Doctor I will call one and my staff are instructed to do likewise. Sometimes, with someone who is very elderly and frail their condition deteriorates and they die but, but, in caring for the patient you don't necessarily need the support of a Doctor, because you can see what's going on, their being seen by a Doctor doesn't mean, and it's about their care throughout their stay not just at that point in time, erm, so had Mrs RICHARDS condition deteriorated significantly that afternoon or that evening, with it being so soon

after admission and not expected I would have called, erm, the Doctor in, but if erm the condition worsened over the period of a few days and we'd spoken to the on call Doctor each day saying not as well as yesterday do you want to see her and what do we want to do, erm, her condition had continued to worsen and then she died in the middle of the night, erm, and we'd seen that and we'd spoken to family and it was expected we wouldn't then call a Doctor out in the middle of the night to confirm something which we'd seen happening and was known to happen.

24.28 DS Code A The way it gets read by someone like me, this lady gets sent to you.

BEED Yep.

DS Code A To recover from a hip operation and then it says I'm happy for you to tell me she's dead.

BEED I can see that, it's, it means something different to us or to me as Clinical Manager then it does to, to a lay person.

DS Code A Would that be a regular entry on notes.

BEED It would depend how the patient is, if the patient is, is, erm, obviously fit and well then no but anyone with any degree of frailty it would be, but, erm, if, but otherwise it would be left and it would be entered in at a time when the patient became poorly, if that happened, I think one of

the reasons Doctor BARTON probably does it there and then, well you'd need to speak to Doctor BARTON really as to why but there is, if it's, if it's not put in it could be then that there's a time when it needs to be written in and it's overlooked, erm, so if the lady had worsened, say over the course of the week, erm, we could then end of calling a duty Doctor in on a, on a, over a week-end for something that actually doesn't need a Doctor in, erm, because we could have seen that situation arising so it's sort of written then but not actually, erm, necessarily relevant at that point in time, it's looking at the overall likely pattern of what may happen with the patient, their condition may worsen, it may stay the same or they may get better over a period in time and obviously if the patient is getting better then it becomes a totally irrelevant statement.

26.08 DS Code A Yeah, it does. Does anyone have access to those notes, can..

BEED Not the, the medical notes, relatives can see, on request, erm, and what would, if they do request to see them, erm, it usually gets done through the elderly services office and they usually get to see them with a Doctor present to explain and help them with anything that they don't understand so that, that the meanings of things

		can actually be made sense of for them.
26.44	DS Code A	It's still a fairly significant thing to write in someone's notes.
	BEED	Yeah, yeah.
	DS Code A	..within 2 hours of them arriving for rehabilitation, is it, is it not.
	BEED	It is, erm, but I would see it in the context of that patients overall care and the likelihood of what may or may not happen, erm, patients come to us some of them get better and some of them don't, given their overall condition.
	DS Code A	What sort of percentage get better and what don't.
	BEED	With stroke patients, and this lady wasn't a stroke patient but stroke patients it's roughly a third, a third get better and go home, a third plateau and don't do anything and a third die. I can quote those figures fairly accurately, I think probably of the continuing care patients, erm, the likelihood of getting better is slightly less.
	DS Code A	Is it.
	BEED	Yeah, but they may, they may stabilise or they might die, I couldn't give you exact figures.
	DS Code A	Okay, right, so if, if we sort of move on a bit now then, we've got the Doctor's been, she's signed up that initial regime, she's prescribed Oramorph should it become necessary.
	BEED	Yep.

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DS Code A — Mrs RICHARDS is, becomes in pain.

BEED — Yep.

DS Code A — So you prescribe Oramorph at the rate of 2.5.

BEED — Erm, I gave 10 milligrams in 5 mils.

DS Code A — And you say that's a reasonable dose because of the level of pain that she was experiencing..

BEED — Yeah. yeah.

DS Code A — ..at that time.

BEED — Yep.

DS Code A — And that's the overall effect of dementia versus pain and, okay, do you know what effect that had on her.

BEED — Erm, well that kept her comfortable, erm, and throughout the rest of the afternoon she was comfortable and she certainly, at that point in time, wasn't over sedated.

DS Code A — Yep, can you tell me what level of sedation she was in, was she conscious, unconscious.

BEED — She was conscious, she was eating and drinking, she was communicating as much as she was able to do, I mean her communication was very poor but she was conscious and with us and just more settled and appeared to have been reasonably pain free.

DS Code A — Right, but demented never the less.

BEED — Oh yes, yeah.

DS Code A — So was there a change in the way that that manifested itself.

	BEED	Only in that she was more settled, noticeably less agitation.
29.16	DS Code A	Is that a side effect of Oramorph.
	BEED	Well she was on Haloperidol also, she had erm, she had Haloperidol also at 1800, so the Haloperidol and the, the Oramorph principally was to keep her pain free but it does actually relax and settle people down as well so it would have helped with her general agitation as well.
	DS Code A	So it's just two pronged.
	BEED	Yeah.
29.52	DS Code A	On the drug sheet there in front of you, has Doctor BARTON prescribed all of those drugs.
	BEED	Erm, yeah.
	DS Code A	Is that all of those drugs on the 11th, on admission.
	BEED	Erm, she's prescribed the Oramorph, she's prescribed drugs which we could give via a syringe driver on the 11th, the regular drugs, the lady was on Lactlose, Haloperidol, yeah, she's prescribed really up to there on the chart on the 11th.
	DS Code A	So when you say up to there that's the second set of drugs down on the middle page.
	BEED	Yeah, yeah, so the Lactlose, so Oramorph, Diamorphine, Hyoscine, Midazolam, Lactlose and Haloperidol have been prescribe on the 11th.

	DS Code A	Did you take that as an indication that perhaps she, that perhaps Doctor BARTON would be amenable to the use of a syringe driver that early.
30.53	BEED	Again, the syringe driver is something which often gets written up if the patient looks overall to be very poorly that can be used if, erm, in the judgement of nursing staff patient's condition deteriorates and that's required to keep them comfortable.
	DS Code A	Right, so what it is, it's an authorisation to proceed to that if..
	BEED	If we think it's necessary.
	DS Code A	If in your judgement.
	BEED	Yeah.
31.12	DS Code A	So Doctor BARTON gives you on the 11th the flexibility to adopt that regime.
	BEED	Yeah, yeah, and again, I mean if, if, if, Mrs RICHARDS condition was to worsen in the middle of the night it would have meant we could have used that without the need to call out a Doctor, or if we didn't, or alternatively leave the lady in pain overnight and not being able to do anything until the following morning.
	DS Code A	You mentioned she was drinking and did you say eating or have I imagined that.
	BEED	She was eating and drinking but only with assistance and her daughter came in and

NB Three meals a day prior to the 11th. (day of admission)

actually erm fed her that evening, so, erm, she was needing help to eat and drink and it wasn't very big amounts.

DS Code A — Right, but her swallow reflex was fine.

BEED — Yep, yeah. The reason she wasn't eating was partly due to her confusion as much as anything.

She was deeply asleep for hours.

DS Code A — Because she'd never been there before had she.

BEED — No, no, it was a strange environment for her.

DS Code A — Okay, right, I don't think I've been that dis-jointed, we've got the 11th is, she's been seen by the Doctor, the drug regime has started, you're able to go down that syringe driver route if you feel it's appropriate but she has a swallow reflex, she can eat and drink and the family are in taking care of her. Is there anything else significant about the 11th of August, are there any things that you feel I should know about.

32.40 BEED — That was when I first met Mrs LACK, her daughter.

DS Code A — Tell me about that.

BEED — Just generally talked with her about how her mother was and she informed me about Glen Heathers nursing home and not being happy with that and that erm doesn't want her Mum to return there and she also said that Mum takes medicine that she takes it best off a spoon, so I've written there, she also talked to me about

the fact that she thought her Mum could communicate with her and that when she was agitated it was meant that she needed the toilet.

33.22 DS Code A Okay, was there any discussion about the dementia and pain angle then.

BEED In, within erm her saying about her Mum she felt that her agitation was due to Mum needing the toilet rather than erm, rather than general confusion so having put her on the toilet when she was confused I wasn't sure that I entirely agreed that the agitation meant she wanted the toilet cos I'm, I've a recollection of putting her on the toilet when she was agitated and not actually getting any result, so, I didn't quite seem to tally with what her daughter was telling me.

33.56 DS Code A Were her family aware that you'd gone onto Oramorph.

BEED NOT TRUE I did tell erm the daughter that I'd used Oramorph to pain, to keep comfortable..

DS Code A And what was her reaction to that.

BEED I, I really can't remember, in time.

DS Code A Were you aware that she'd taken Oramorph on previous occasions. NOT TRUE

BEED No, don't think so.

DS Code A Right, okay, has that .....

BEED I would have, I would have looked back through her Haslar notes but I can't, I can't

JOICE thought had had too much.

remember.

N Okay, but it's not an unusual drug.

No it's a fairly common.

Code A Was she sensitive to Oramorph.

Erm, well at that, Doctor, er, we actually continued using Oramorph to keep her pain free for a couple of days and actually one of my colleagues, staff nurse JOICE actually discontinued that, erm, on, erm, I think on the, on the 13th or 14th, erm, and Doctor BARTON at that time wrote that Mrs RICHARDS was quite sensitive to Oramorph.

Mother unvousable on 12th. I stayed till 10pm to ensure I gave her fluids. I asked

DS Code A Right, what does sensitive mean.

BEED It, it has a more sedating effect on some people than it does on others, so, erm, and of course it can build up in the system a little bit so staff nurse JOYCE actually thought that we'd actually probably given a little bit too much pain killer to Mrs RICHARDS and it wasn't appropriate, the appropriate thing to do was to stop it at that point in time.

What had been given to make her so deeply asleep/ unconcious.

- ORAMORPH continued to be given 12th 13th & 14th.

DS Code A What to enable it to..

BEED To come out of her system and then review what we gave her in the way of pain control from there.

DS Code A Okay, so what drugs did she take over the next couple of days, we're on the 11th.

BEED Yeah she had a further dose of Oramorph at

remember.

DS Code A — Okay, but it's not an unusual drug.

BEED — No it's a fairly common.

DS Code A — Was she sensitive to Oramorph.

BEED — Erm, well at that, Doctor, er, we actually continued using Oramorph to keep her pain free for a couple of days and actually one of my colleagues, staff nurse JOICE actually discontinued that, erm, on, erm, I think on the, on the 13th or 14th, erm, and Doctor BARTON at that time wrote that Mrs RICHARDS was quite sensitive to Oramorph.

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DS Code A — What to enable it to..

BEED — To come out of her system and then review what we gave her in the way of pain control from there.

DS Code A — Okay, so what drugs did she take over the next couple of days, we're on the 11th.

BEED — Yeah she had a further dose of Oramorph at

1145 at night on the the 11th, a further dose at 0615 in the morning on the 12th, erm.

DS Code A Had she been reviewed by any member of staff, had her pain lessened.

36.16 BEED She'd, erm, what we'd have done was looked at her overall condition and, and erm, whether she was in pain and erm how the pain was, so whenever you go to give a dose of analgesia erm you look at the patient's pain and how well that's controlled and whether they, they need, so you always carry out a review before and when you're giving pain control.

DS Code A So what you said earlier was that the beauty of the syringe driver is the fact that you can ensure there's constant level.

BEED Yeah.

DS Code A But with Oramorph of course it's a quick fix.

BEED Yeah and then it would wear off.

DS Code A So is it recorded that on each and every occasion that the effects wore off that she needed more.

36.54 BEED It wouldn't necessarily be recorded specifically.

DS Code A Is that unusual.

BEED Erm, it wouldn't give, if I look, what I need to do is look at the night care record cos that might, erm, we haven't actually made a specific record of it but we can give, we can give the analgesia up to 4 hourly, erm, you usually do 1

		or 2 things with analgesia, either you give it regularly every 4 hours without fail so that the pain doesn't come back, erm, or if you're not sure then you give the analgesia when it's required, erm, and the fact that we gave it at 0215 and it wasn't given until 1145, erm, would make, to me would give the conclusion that the staff nurse who was on duty that night actually found Mrs RICHARDS to be in pain, the analgesia having worn off and then would have given some more to settle her and keep her comfortable over night.
38.10	DS Code A	Yep I understand that, I mean had she been in pain at 8 o'clock in the evening you'd have been quite entitled to give her more.
	BEED	I would have given her some more, yep.
	DS Code A	But the lady in charge of her care then thought it appropriate later on, that's fine, and again in the morning.
	BEED	and again in the morning, yeah.
38.28	DS Code A	What other drugs is she taking at this time.
	BEED	At this, on, at this time, erm, Lactlose, which is to keep her bowels regular and Haloperidol which is on 1 milligram twice a day.
	DS Code A	Okay, so that's not an unusual drug regime..
	BEED	No.
	DS Code A	..for this lady.
	BEED	No, no.

	DS Code A	Okay, is there anything else we need to know about the 11th August.
	BEED	I don't, I don't think so.
	DS Code A	Right, so the 12th, you on duty on the 12th were you.
	BEED	Have we got the duty rotas.
	DC Code A	Certainly.
39.12	DS Code A	I have them here.
	DC Code A	To hand.
	BEED	I know I was on duty, I can't remember what time I was on duty.
	DS Code A	Does it help referring to the notes at all.
	BEED	I think I was on duty from 0730 till 0100 but I.
	DS Code A	Whilst we're looking for that, this tape is rapidly coming to an end, if I hit the button to save anyone from further embarrassment we'll come back in a couple of minutes, is that okay.
	BEED	Yeah.
	DS Code A	Right by my watch the time is 1452 and I'll turn the tape recorder off.