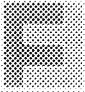

Field Fisher Waterhouse

GENERAL MEDICAL COUNCIL

-and-

Code A

Code A

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Field Fisher Waterhouse

GENERAL MEDICAL COUNCIL

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Code A

Code A

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GENERAL MEDICAL COUNCIL

Code A

Index to Code A Files

File 1

1. Medical Report prepared by Professor Code A dated 12 December 2001.

2. Medical Report prepared by Professor Code A dated 10 July 2001.

3. Statement of Code A

File 2

4. Witness Statements given to Hampshire Constabulary.

   (a) Code A dated 21 November 2002 at 11:21.

   (b) Code A dated 21 November 2002 at 12:13.

   (c) Code A dated 27 April 1999.

   (d) Code A dated 17 November 1999 at 11:45.

   (e) Code A dated 17 November 1999 at 12:46.

   (f) Code A dated 6 March 2000.

   (g) Code A dated 6 March 2000.

   (h) Code A dated 24 July 2000 at 11:00.

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(n) Code A dated 19 June 2000 at 11:17.

(o) Code A dated 19 June 2000 at 12:07.

(p) Code A dated 25 July 2000 at 11:10.

(q) Code A dated 25 July 2000 at 11:59.

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(s) Code A dated 20 June 2000 at 14:14.

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(aa) Code A dated 19 June 2000 at 14:40.

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(cc) Code A dated 5 July 2000 at 11:00.

(dd) Code A dated 27 September 2000 at 14:14.

(ee) Code A dated 27 September 2000 at 15:19.

(ff) Code A dated 24 July 2005.

(gg) Code A dated 10 August 2005.

(hh) Code A dated 11 August 2004.

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(ss) Code A dated 27 January 2000.

(tt) Code A dated 26 May 2000.

(uu) Code A dated 25 February 2000.

(vv) Code A dated 31 January 2000.

(ww) Code A dated 11 August 2004.

RESTRICTED

DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y21C

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: FAREHAM POLICE STATION

Date of interview: 24/07/2000

Time commenced: 1458 Time concluded: 1541

Duration of interview: Tape reference nos. Code A

Interviewing Officer(s): Code A

Other persons present: Code A Solicitor Saulet & Co

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times	Person speaking	Text
0.09	Code A	This is a continuation of our interview with Code A Code A and the time by my watch is 1458 hours. Same persons present. I'm glad to announce that we've found the missing duty roster. And the question was Code A on the 12th of August.
	Code A	Yeah.

RESTRICTED

Code A | Can you go through your duties and Code A notes.
I was on duty from seven thirty till one o'clock on Wednesday the 12th, Code A would have been reviewed along with all the other patients that morning and at that point um Code A Code A actually written up, because we needed to give the analgesia through the night she's actually written it up on a er a regular er four hourly basis with 2.5 mils through the day and 5 mils at night. Although and it, but that's written up PRN so we don't give it unless we need to and in fact....

Code A | Sorry what does PRN stand for.
Means as and when required, um, in fact we've never, we've, all we've done, other than the dose at six fifteen in the morning on the 12th we've not actually needed to give any more out during that day so although it's been written up regularly, er PRN, we haven't given it. Um....

Code A | This is Oramorph?
Yeah the Oramorph.
So it's safe to say that that the Oramorph has had the desired effect and her condition perhaps has stabilised and she isn't presenting in pain.

Code A | No.
On the 12th.
Yeah.
Right.
Yeah. Um I can't remember any other specific

aspects of um Code A care um during that day, um and I probably wouldn't have been greatly involved because my um biggest priority on that particular day was making sure the ward was staffed adequately the next day because I knew it was going to be a very busy shift, um, so that, that would have been the major priority for me as Code A of the ward.

2.28 Code A

Ah ha, and indeed she's, she's stabilising.....

Yeah.

So she's.......

Yeah.

.......so she's not a problem.

No.

Okay. Do, is there anything else in the notes for the rest of the twelth that, that perhaps with hindsight alerts you to something being amiss. (fire bell starts ringing). I hope that's a test.

Code A

No nothing in particular, everything was very fairly straight forward on that day.

Code A

Okay and then the 13th I understand that she has a fall.

Code A

Yeah.

And do you know much about the circumstances of that.

Code A

I, I do but, but from coming on duty the following day when um staff involved sort of filled me in the background................

Code A

Right.

Code A

..........of everything that happened.

Because you weren't on duty on that certain day.

I wasn't on duty on that day.

Okay, by making reference to the drugs......

Yeah, yeah.

.....that were used on that day, what can you tell me about, you're off on the 13th....

Yeah.

......what drug regime.

Um, was given er her normal regular drugs and at ten to nine in the evening er of the 13th er she was given some more Oramorph, that was after the hip had been dislocated so she didn't have any more Oramorph or other pain killers up until the point in which it was discovered that she had a dislocated hip.

Code A

What time would she have had that fall, do you......

4.06 Code A

The fall took place about one thirty um the nurse who examined her at that time didn't find anything abnormal um and a dislocated hip is fairly obvious so um going on the information I had the hip wasn't dislocated immediately after the fall, um, but once Code A was helped into bed after she'd had her supper which was some time around eight, um, seven thirty, eight o'clock, that evening, um the hip was out of position and was obviously dislocated at that time.

Code A

So, do you suggest that the dislocation could have

occurred at some other time rather than the fall.

Code A Um, it's obviously occurred sometime during the afternoon. Um, it may have been, I mean the fall may have weakened the, the joint or whatever and then the act of transferring, hoisting her out of the chair back into bed or some other action may have actually made the dislocation happen.

Code A I think it would be quite unfair of me to go on about that because...........

Code A Yeah.

.......you weren't there, you weren't on duty and can't therefore be.........

Code A No.

.......responsible for that. In your experience is it unusual for someone not to be given pain relief over that period.

Code A Um not really because we would give pain relief if someone was in pain and if someone wasn't in pain we wouldn't give it, um, so it really depends and, and people's responses and, and pain does vary from time to time depending on what's happening, what we're doing in the way of transferring them and how they are overall, so um, but she needed analgesia and then once she said that she didn't need it doesn't, doesn't surprise, it's not an unusual pattern.

Code A Okay. No I except that. What's your next contact with Code A

5.49 Code A Er that was on the morning of the 14th when I was

on duty from seven thirty until four fifteen um and then I came on duty to find, um to be, um given all the background to the, about the fall the previous day and the fact that it was suspected that she had a dislocation, um so I went and examined the patient with Code A who was there about that, about that time um and then arranged for x-ray and talked to Code A Code A the daughter and discussed what we were going to do um to see if there was a dislocation and what we would then do if um we did find the dislocation which we were fairly certain at that time had occurred.

Code A

What does it look like a dislocation.

Um.

Can you tell.

Usually the leg um rotates inwards and you can see that the hip doesn't look correct, so if you look at one side and look at the other you can see a very obvious difference and deformity.

Code A

Right, so it's a fairly visual diagnosis but with experience you can say well (inaudible).

Yeah, yeah.

When did you know there was a dislocation.

We knew for certain once the x-ray had been taken place because then we could see it on x-ray.

Right, and that was done, during the day.

That was done sometime around mid morning.

7.07 Okay, what drug regime was she on in the

morning.

Code A — Um still the same, um, um in fact she'd been given some analgesia at ten to eight the previous night which she hadn't, she hadn't needed any that morning. As I say we gave her some um gave her some Oramorph at eleven fifty and that's after the dislocation had been um discovered, er or x-rayed and, and confirmed.

Code A — What do the notes reflect that she's in pain then or...

Code A — Um well, reason we gave um Oramorph at that point in time is because we knew that a dislocation does cause some degree of pain. We were going to transfer her to Haslar which would involve transfer um to an ambulance and in and out of the ambulance and would cause pain and also that she would need pain relief and sedation for the hip to be relocated so we were starting the sedation process there so if they want, if they were in a position to put the hip back in fairly quickly when she got to Haslar then she would actually already have had analges, some analgesia to cover that process.

Code A — Right and you did say that earlier, and what dose was, was that the same dose or had we increased the dose.

Code A — Um, we gave, no we gave 10 milligrams which is the same dose as she's been having throughout.

Code A — Okay and then she's off to.......

	Code A	Transferred to Haslar er with one of my health care support workers escorting her and staying with her.
	Code A	Was there much of a problem with the family at this time.
	Code A	Um, Code A was obviously anxious and upset but probably no more or no less than I would expect of someone whose Code A has come to us and then has suffered a dislocation of a recently operated on hip (inaudible) except that someone in that situation is going to have a degree of anger and upset at the situation.
	Code A	Okay. So she's off to Haslar and then you've no contact with her at all for 2, 3 days.
	Code A	I, I saw Code A later on that afternoon when she came back to collect um some wash gear for Code A, because we did think Code A might come back the same day or might stay a while at Haslar, um so Code A had come back and collected some wash gear um and spoke to me at that time.
9.28	Code A	Okay, so the next contact we have with Mrs Code A is on the 17th.
	Code A	On the, yeah.
		Now, this is where the letter from Mr Code A comes in isn't it. The, and we've disclosed that to you the other day. The Code A Code A
	Code A	I've got it..

Code A Yeah.

(inaudible).

No there would have been two because there would have been initial transfer letter and then another one from......

Code A Tenth August.

Of Code A and there was a statement of Code A which was put along with it.

Code A (inaudible).

Can I ask you to have a look at Mr Code A statement.

Code A Yeah.

If I summarise it.

Yeah.

10.16 Just quickly.

Yeah.

It says that she came to us, she got fixed up , stabilised and then was able to go back.

Code A Yeah.

And she was ready for further rehabilitation. Just take a couple minutes to have a read of that.

Code A Have you got that accompanying letter.

Which one.

From Code A ....That's the one.

Yeah.

It is in there is it.

Yeah it's in here. Yeah.

Yeah.......(inaudible).

11.53 Can I refer you to the letter.

Code A | Yeah.

And I guess that accompanies Code A it's dated the 17th.....

Code A

12.03 Yeah.

......so I guess it came back with her.

Yeah. Yeah.

If you have a quick read through that.

Yeah.

Right and what's particularly pertinent perhaps is the very last sentence which was she can however mobilise, fully weight bearing. What, what do you infer by that.

Code A

Um that she, that she can um stand, we know or already knew she would need assistance with standing, so she would need nurses to help her but she can take her full weight on, that, on the effected leg.

Code A

Right okay so her readmission to Haslar has been an unqualified success then.

Well, that, that says that she can transfer um from a, from a medical point of view so if we wish to stand her and take weight on that leg then she can, it doesn't necessarily say that she's going to be able to do that and you would need to assess that with the patient initially and they um, but it would indicate that they felt she was able to transfer and stand.

13.23 Code A

So at worse there's a significant improvement in her overall, well certainly in the leg.

Code A

The hip is back in place yeah, yeah.

The dementia is something with which I've got no idea but....

Code A

Yeah, yeah but that's not going to change that's going um be the same throughout.

So although not fully fit she's perhaps improved significantly in the couple of days she's been away.

Code A

Yeah.

Right were you on duty on the morning of the 17th.

I was on duty from twelve fifteen on the 17th.

Right and what can you tell me about the events of the 17th.

Er that I would have arrived a little bit before then, before twelve fifteen and Code A had either just arrived or arrived a little while after I got there um but the nurses actually who had been on duty that morning er would have received her and taken care of putting her into a room which had already been made ready for her. Um that she was in pain and discomfort, very obvious pain and discomfort when she arrived um that actually settled down when she was seen by the doctor but then re, made itself apparent again not long after Code A had gone um in distress and discomfort and Code A arrived and could see her in discomfort and they were getting very anxious and uptight, as well, and wanted something done.

14.54 Code A

Now there are some issues around that transfer which I'm not really fully au fait with, and I don't, something to do with the stretcher, a sheet.....

Code A

Yeah.

......what is a street. Can you just explain to the, to the uninitiated......

Yeah.

.......exactly what went on.

Usual, usually if some one comes on a stretcher they'll be on what we call a canvas, which is a er, which literally is a length of canvas with holes up either side and you can slide poles into those holes and it then becomes a stretcher which you can lift from the stretcher, one person either end.........

Code A

Yeah.

15.26

......over onto the bed so the patient comes up nice and easily, and over um Code A came to us on a sheet instead of a canvas and I'm given to understand that they couldn't find a canvas and that they'd phoned to say sorry she's not on a canvas um and therefore the ambulance crew when they arrived picked her up on the sheet which doesn't give the same level of support because they're just sort of grabbing the sheet which is going to sag and be uncomfortable and transfer you in that way.

Code A

So it's a sheet before it has the poles inside......

Yeah.

......and then it's a canvas.

Code A | No.

No. No it's......

I still haven't got......

If it's, if it's a, when someone's on a canvas it's actually a very thick canvas material......

Code A | Right.

......length of the patient, um and it just curls back on itself either end.

16.14 Code A | Yeah.

And then you can slip a pole up there and it's very, and then when you lift it it's very firm and rigid and it makes a temporary stretcher.

Code A | Yeah.

But she was just on a ordinary bed sheet underneath her and that was just rolled up and lifted and that wouldn't have provided the same sort of support because it would have sagged in the middle and sagged (inaudible).

Code A | Is that an improved way to transfer a patient.

Um, I would always try, if I'm transferring a patient on a bed I would transfer them on a canvas, um if a patient arrived, now I wasn't actually involved when the patient arrived and the transfer on the bed but if they arrived and they weren't on the canvas then I would have to decide do I now put a patient, a canvas under the patient's bed mind they've already been moved and that's going to involve quite a disruption to get that under them um or do I transfer them as they are and I would

much rather, I, really patients should always be transferred on a canvas.

17.14 Code A It just seems ridiculous that for someone who's had this hip operation is going to be.......

Code A Yeah.

......lifted up.

I think the other difficulty is the ambulance crews are always, always under pressure to get on and do the next job because they've got a backlog and I gather from talking to people that they were in rather a rush and weren't going to wait while we found a canvas but I don't know that anyone specifically stood there and said you must wait um while we get a canvas to do this.

Code A If that was the case, you must wait, are they duty bound to remain.

Code A It really depends who's involved, um, if it's one of my more junior staff they may not be enough sort of, you know, may be more difficult I mean they're not there, there a set, a team in their own right and if it was me as the Code A I would have made it, if I'd wanted him to do that I would have made it very clear to them that I wanted to do that but it, I wasn't there so I......

Code A Yeah sure.

.........but if they're transferring the patient it is their responsibility really up until the point when the patient is on the bed, as it is, if they, if they're, if I'm transferring a patient it's my responsibility

to look after that patient up until the moment that the ambulance crew take over so, it's absolutely, it's still their responsibility at that point in time.

Code A Okay thanks for that. Was Code A called out to readmit.

Code A Yeah, um (looking at some papers) I can't, what, what I can't remember, there was so many things going on at that point in time is exactly when Doctor arrived, when Doctor Code A arrived but I think Doctor Code A saw her soon after arrival er and clerked her in but she then became very unsettled and obviously in pain not soon after Doctor Code A had left.

Code A So initially, uncomfortable.

Yeah.

Was she given pain relief because of her transfer.

Um, I gave, I gave pain relief at one o'clock er which is when um Code A came and when she really started to demonstrate the signs of being in pain.

20.02 Code A So Doctor Code A had been before that.

Yeah, yeah.

Because......

Yeah.

Had she written another prescription at that point.

Um no as we still had the existing prescription so we used, that would have.....

Code A How long's a prescription valid for.

Um it needs to be um reviewed, reviewed

regularly um, I'm, what the time limit is I don't know but I mean that would be well within it. If someone's written up for Oramorph that would be, be and remains on the ward or goes off a few days and comes back, be valid for a good number of weeks but needs to be reviewed during that period.

Code A

Ah ha. Okay she's in pain but she's able to take Oramorph.

Yeah.

So her swallow reflex is still there.

Yeah.

And up and running.

Yeah. She was refusing to eat lunch at that point in time um but she was swallowing.

Code A

Right is that significant do you think.

May have been because she was in pain and unsettled or it may have been just her general dementia and overall condition so you know it was just one of the things that we noted at that point in time that some food was prepared for her but she refused to eat it.

Code A

Okay. Right. How did she progress throughout the rest of the, the 17th.

Code A

Arranged an x-ray because the family was worried that the hip was dislocated although it didn't appear to be um and that took place.....

Code A

Didn't one of your nurses, have I read somewhere that the, the leg looked like it was a figure four.

The, yeah, one of the, Staff Nurse Code A

actually went in with Code A and actually repositioned the leg because she thought it wasn't in er a very comfortable position but it wasn't in a position that looked like it was dislocated, um, so she made Code A in a comfortable and appropriate position um and with Code A um, and generally examined her to check, because if she'd spotted an obvious dislocation at that time again we would have um, it's definitely x-rayed, it definitely needs x-raying.

22.14 Code A

Yeah.

But it looked in an odd position but not in a dislocated position.

Right.

Er. So really (inaudible) that afternoon was to give analgesia to try and make Code A comfortable and to get her x-rayed to try and find out if it had dislocated again, um, or if it hadn't to find out if it was anything else we could do anything particular about.

Code A

Okay. So what's the drug regime for the rest of the 17th.

Um we carried on, we actually um, because we thought there was a sensitivity to the Oramorph we were giving a slightly lower dose so we were giving 5 milligrams, we gave that at one o'clock, we gave it attain at ten to seven, er sorry, gave it again, I can't read my own writing, looks, I think it was about quarter past three and then but that

Code A

Code A

Code A

wasn't, that obviously wasn't enough, so I gave a higher, a second dose of 5 milligrams at quarter to five and then we went back to giving the 10 milligram dose at eight thirty and then she had some in the early hours of the morning.

Are the family happy at this point that she's in pain as opposed to dementia.

Yeah, yeah, I had specific discussions with the Code A and Code A in particular was very concerned about how much pain um Code A was in and that we need to get that pain under control so I was working very much in conjunction with the family to um try and provide um what, the sort of care that they wanted for Code A

So at this particular moment in time on the 17th you're all singing off the same hymn sheet.

Yeah, yeah....

Everyone's quite happy with what's happening.

Yeah, um and that, that's one of the reasons I gave the second dose and I, I distinctly remember looking very carefully at how much can I give and when and what, and looking at the option of the syringe driver at that time should I need to proceed to it and saying to um Code A Code A that I wanted Code A to be comfortable before I went off duty that evening.

Was there a consideration to the use of a syringe driver then.

It would have been one of the options could we

Code A

not control the pain with the Oramorph.

Right, how, how high, or how far along that ladder were you prepared to go on Oramorph.

Because you're giving, because you're giving quite high doses and it's wearing off um the difficulty is you, you can't just give Oramorph and then say it hasn't worked you need to give it time to build up and I needed to give a second dose so. I think had I, had I gone for that um second dose which topped the Oramorph up to 10 milligrams at quarter to five, had she not been comfortable by the time I went off at eight thirty I would have, at that point been looking whether the use of a syringe driver was the next appropriate step because obviously if I'd gone to the full amount of Oramorph and that hadn't kept Mrs Code A comfortable then the next logical step was whether a syringe driver would allow me to give um a more dose and a slightly stronger dose of pain killer.

25.28 Code A

Right and what's your objective behind that.

In going to a syringe driver.

Yeah.

To keep Code A pain free.

Purely pain free and that.....

Yeah, yeah. Yeah.

Okay thanks for that. And then what happens next.

Um, she was cared for over night. I came, um, I was on duty again the following morning, the 18th

Code A

when she's reviewed by er Doctor Code A

Had anything significant happened over night.

Um she had another dose at, of Oramorph, I gave a dose at eight thirty, she needed another dose at twelve thirty which is, so she's only going 4 hours and another dose at four thirty, so she's going only the 4 hours between doses of Oramorph, um, so that's, we're giving the maximum amount we can, um, if I find the night (inaudible) records that might tell us how she was over night..............haven't got a specific record but I would have got handover from the night staff and obviously they would have told me that um they needed to give the Oramorph um every 4 hours and um that she hadn't been comfort, completely comfortable on that.

27.12

Code A

The reasons for those being omitted from, from the record sheet is that an oversight or is........

An over, yeah.

Yeah, and nothing, nothing else.

No.

Just straight up oversight. What other drugs had she taken....

Um.

.........at the same time.

That's on the um on the 18th, she actually hadn't, we've left off the Lactulose um, but she's had, she's having, no she did have Lactulose on the 17th and she had Haloperidol.

Code A

Right, what did the Haloperidol do for her.

Haloperidol is to help with her confusion and agitation.

Right. I think you told me that once.

Is that in an oral form at that time.

Yes. Yeah.

Okay so up until the 17th.....

Yep.

......what's her condition, is she getting better, is she getting worse.

28.35 Code A

She's, she's really overall she's worse, her fluid and her diet intake is poor um she's, we're not really controlling the pain even with the regular dose of Oramorph um and she's quite agitated and uncomfortable and it's making it difficult for us to, to nurse her and look after her overall care.

Code A

So generally the scenario is one of, it's becoming increasingly difficult.

Yeah.

Right, Doctor Code A comes in.

Yeah.

Then what happens.

Um, we'd have er reviewed her with myself, we'd have gone and seen the patient and looked at how she was um looked at the x-ray that was done the previous day and then um discussed Mrs Code A care and what Doctor Code A felt was this lady's overall condition was deteriorating er quite significantly, that we weren't controlling

the pain and the only way we would control the pain was by a syringe driver er and that she felt the lady's overall condition indicated that she was in, in such poor health that she was actually dying um and that we ought to keep her pain free and make sure we were meeting all her nursing needs but that, that we, that rehabilitation at this point wasn't going to be something that we were going to achieve and that we were likely to be looking at a patient that was going to die fairly shortly.

Code A

Right and that's a decision that, that's not taken lightly.

No.

I would assume.

No.

And in conjunction with the family.

I, the family weren't present at that point in time, so what I would then have done is discuss things with the family when they arrived um and try to do that in a sensitive and tactful way um, because you start building up a relationship with a family sometimes it can be just done er by nursing staff, sometimes you'd have to arrange for them to come back and see the doctor if you didn't think that their questions had been answered or you'd um answered all their concerns or they till had worries or whatever. Um but I met with them um sometime around mid morning when they came and discussed Code A's overall condition and

um the fact that we needed to use a syringe driver to control her pain um and that we didn't' think her, or we thought her prognosis was very poor and that she was actually going to die, sometimes.......

Code A

So it was cards on the table.

Yeah, oh yes, yeah.

Right, what was their reaction to that, can you recall.

Upset, as, as you would expect, the, I, I knew from previous discussions with them that they had worries about use of um strong analgesias. I believe Code A actually had experience of, of someone close actually um being in a hospice and having strong analgesia, or so I did in that sort of discussion which you try and make sense, tactful, allow them time to voice their fears and anxieties and to answer any questions they had. Um but overall my impressions was that they understood the situation and they agreed with, the, the kind of care which we were um wanted to proceed with.

Code A

Did they say at any stage, no we don't agree with this.

No, no, um if they had then I would have taken, I would, I wouldn't have proceeded and I would have taken advice from elsewhere, I would have go to a Nurse Manager or um a consultant to get their advice. So although I knew that was the care

that Code A needed I wouldn't have gone ahead with that sort, that care um if they were in direct opposition.

31.59 Code A

And what would have been the alternative to the syringe driver.

Er carry on giving Oramorph, um could have given higher doses of Oramorph, so that would have been one alternative.

Because she is still capable of taking it.

Yeah. Yeah. Um the problem with that is it wasn't keeping her pain free for um the interval between the doses so it wasn't giving her adequate, it was giving her some level of pain control but it wasn't adequate pain control.

But, was there still some way to go before you reached the maximum dose of Oramorph.

Um we could have increased the dose, I think the, it's it's, it's more a matter of the interval inbetwen that, that Oramorph then wears off, um makes it difficult.

Do people become immune to it, not immune to it but.......

The effects of it do lessen over time yes.

Do they.

Yeah, yeah.

(inaudible) with junkies you know they start off and they take more......

Yeah, yeah. Yeah. They, they, um the effect isn't heightened they get used to it.

RESTRICTED

Code A

So it's likely that she becomes less resistant to, have I got that right.

Yeah. She...

I don't think I have, it has less of an effect.

Has a less effect yeah, yeah.

And for a lesser period of time.

Yeah, yeah.

Right.

And the other thing we find when we're trying to control patient's pain it's easier with pain if you can stay on top of it all the time, so if you, if you allow someone to become in pain it's then harder to control, get that pain back under control when if you don't allow someone to get in pain in the first place.

Code A

Okay.

So if you give a continuous dose that, that never lets that pain come through or if it does come through it just keeps it at a controlled level um then it's much, you don't actually need so much of the medication to keep it under control.

Code A

Right, where's this pain coming from.

It's obviously from the hip, there's no doubt she was getting pain from the hip but she also gave the impression of someone who was in general discomfort and agitation because anything you tried to do with her was causing her to get upset and distressed. And again that's something that's quite common with people who are very poorly

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and dying that, that they have specific pain somewhere but they've also got very generalised pain and discomfort.

Code A Yeah okay I'm, I'm with you there. Right, so we, a team decision is referred to.

Yeah.

And that team, who's in that team.

Um, that's um Doctor Code A reviewing the patient, myself as one of the nurses looking after the patient and Staff Nurse Code A who's the named nurse er of Mrs Code A and was on duty um at morning, um, who, so together we reached that decision and, and the family of course, er so we make that decision and then um at.......

Code A That's fairly comprehensive in the, the interested parties.

Code A Yeah, yeah, yeah.

And there's no dissent there from anyone.

No.

Okay. Who, who fixes up the syringe driver.

That was myself and Staff Nurse Code A um and we started that at eleven forty-five.

Code A And what was the contents of that.

35.38 Um that was Diamorphine, 40 milligrams, Haloperidol, 5 milligrams, and Midazolam, 20 milligrams.

Code A Right, how does 40 milligrams of Diamorphine compare to the idiot with 10 milligrams of........

Code A — It, it's calculated on the basis of um the amount of um Oramorph that's been needed in the previous 24 hours so what Doctor Code A would have done would have been total up the amount, the total amount of Oramorph we'd given really since um one o'clock the previous day um and then there's a, you can look in the, the formulary book BNF or we've got a booklet produced by the local Hospice which then gives you a conversation for how much Diamorphine to give over 24 hours bearing in mind whether the Oramorph had actually kept someone comfortable or not, so if that Oramorph had kept Mrs Code A completely comfortable we would have gone for a lower dose but she wasn't, she was still getting periods of discomfort so we wanted to go slightly higher to make sure that she was pain free.

Code A — Right just to make absolutely sure.

Yeah.

36.54 — Okay, and the other drugs, Midazolam that's a new one.

Code A — Yeah, the Midazolam's um a, a hypnotic and that basically deals with agitation and relaxes um patient, keeps them calm, um and the Haloperidol she's already on and that's, that has a similar effect and that's kept because it's actually something Mrs Code A is on already um and Doctor Code A felt that if that was omitted from the driver we'd, it's something you can give

through a driver um and giving it through a driver would make sure that she didn't get withdrawal symptoms from the Haloperidol.

Code A — Cos that could have had a knock on detrimental effect.

Code A — Yeah.

Okay I understand that, and was there one other drug in there.

Code A — Um not at that point, we used, we started Hyoscine, but we didn't' start using Hyoscine um, may be we didn't use Hyoscine at all, yes we did, yeah, we didn't start using Hyoscine until the 19th of August which was the um the Wednesday.......

Code A — (inaudible) and that's, Hyoscine, correct if I'm wrong is for secretions.

Code A — Yeah, yeah.

38.05 (inaudible).

Yeah, yeah.

I've read somewhere there's a potential problem using Midazolam and Haloperidol in respiratory function. Are you aware of that.

Code A — Er well, all, all the drugs we are using with the driver can, are known to cause some degree of depression of respiration, so that's a known side effect um and something you'd watch for, when someone's poorly their respiration becomes depressed as they start to pass away anyway so that's one of the difficulties knowing whether the medication you're giving is causing depression of

respiration or whether it's the patient's overall condition.

Code A N Right.

So, but the key thing we're looking at is how comfortable is the patient and comfortable is their breathing.

Code A Okay if they do go into arrest or their respiratory function slows down to a stop, do you have any equipment to use to bring that back.

Code A We, the doses we're sort, we're using would depress respiration but I've never know it to actually to stop the respiration so in fact and you wouldn't um, so we wouldn't, shouldn't be using doses that actually cause that to happen and if you're, if you're giving Palliative care um you don't, and you help the patient, relatives come to terms with the fact that someone's dying you wouldn't want to put yourself in a position where you're suddenly having to take resusative measures because that would be very confusing and upsetting for the family.

Code A So it's a conscious decision that if, if, if it's a natural by-product of that, that they stop breathing then that's death and...

Code A

Yeah, yeah.

.........that's inevitable.

Mmm, yeah.

Right, Midazolam used subcutaneously, is it.

That's, that's very common, we usually use that

in, it's the Haloperidol is the one that we don't usually use but we usually use Midazolam because the relaxes, quite a lot of patients if they're in a lot of pain, they're also, and very well, there's a lot of fear and anxiety going on as well, so it just relaxes them and calms them down, takes away some of the, some of the fear that's associated with their condition.

40.27 Code A Right, that's not a product that's licensed for subcutaneous use. Were you aware of that.

Code A Um, I'm, um, the information we work on is produced by um the local hospice and they do say in that, that the doses that are used and the medication that are used are sometimes being used outside of their er normal dosage range and where they'd be used but it's established, well established practices in Palliative care.

Code A It's common practice......

So yeah. Yeah.

............so the although the fact that it isn't licensed..........

Code A That's it.

.........for the use is not a bar to using it.

No, no.

Because experience tells you.

Because it's being, it is being used in a lot of cancers in that way.

Code A Right, so you're, we've reached that point where we're on the syringe driver with the, the

combination of drugs, how long does that continue.

41.29 Code A

Given that we're recognising that Mrs Code A is in Palliative care we would expect that to continue up until the time she passes away um because if anything sensitivity to the pain killers is going to (inaudible) or, or the pain, level of pain may increase, so you may need to increase the pain killers. If you withdrew um the analgesia then the patient would again be in the level of pain they were before you started it um, so it's expected to continue but it's constantly under review to check the level that you're giving is appropriate to the patient's needs, so really every time you go into the patient and every time you go to change the driver, every 24 hours, um you'll be monitoring how the patient is whether they're comfortable or uncomfortable and how they are over all.

Code A

What, what steps are taken to insure that she remains hydrated.

Our, our practice um with hydration is, is the patients are conscious and able to take food and fluids then we encourage them and help them, make sure they're not thirsty, um if patients become unconscious and we're delivering Palliative care um we base our work on studies that show that giving patients by alternative means actually doesn't do anything to effect the outcome,

um the fluids aren't likely to absorbed and they become uncomfortable so we don't usually hydrate patients when we're delivering Palliative care, um, unless there was a partic, a specific indication that it was the appropriate thing to do.

Right. When did we stop actively treating Code A and move on to Palliative care.

Um, that was on the morning of the 17th.

Right, then on the morning of the 17th ....

Sorry, that was on the morning of the 18th, Tuesday the 18th.

And at that point, did her death become a matter of time.

Yes.

Right were any steps taken in the ensuing 3 days by yourself, Doctor Code A or any of the nursing staff to ensure her level of pain hadn't decreased to enable her to come off of that drug regime.

We would have monitored that when we, every time we looked after her so when you, when you go to wash someone, check there clean and so on that's when you start getting pain if you're going to get any so you could see that if you were, um, cos you have to roll and turn people to get them clean and to change their bedclothes and their night clothes and so on, so if she was showing, showing no signs of pain whatsoever then that would say right you might need slightly less, far

Code A

Code A

more normal that someone shows some indication of being in pain when you start to move them and you have to judge is that a lot of pain that we're, you know we're, we're putting them through agony and we need to increase things or is it just the normal amount that you would associate with moving someone in which case level of pain killers you're giving is about right.

44.36 Code A Right, is it recorded anywhere in the notes that those checks were undertaken on Code A

It's, it's not specific but it's integral with um the nursing care plan so um on the 18th um for her night care but she's comfortable and Code A stayed. Um on the, on the hygiene that she's had, she's had bed bathes and she's had oral care. Um, on the 19th she's had a night change and wash, repositioned, apparently pain free during care.

Code A So if she's pain free during that period, is it not then a proper consideration to reduce.....

(the tape buzzer rings)

Code A I think we've got two minutes left, but don't, don't rush your answer because of that.

Right, okay. Right, okay. The difficulty was if you start then reducing the pain, reducing the analgesia and the pain breaks through um you're then right back to square one where you've not got the pain controlled um and you're having to go in with high doses again, so if the patient is, recognising that the patient's condition is deteriorating and

dying anyway, if they're pain free then you continue at the dose you're at.

Code A

But that doesn't give them the opportunity to recover.

Code A

But we're all, we're recognising that this lady, we didn't feel this lady was likely to recover anyway at this point in time.

Code A

Right, but she was never given the opportunity to recover was she.

46.36 Code A

(inaudible).

Had, had someone said hold on she's not in pain let's......

Code A

Yeah, right.

......reduce this to half the dose.

Yeah.

And see what happens.

Yeah.

Because if she was in pain from a broken hip.......

Yeah.

.........that may have well subsided over the 2 or 3 days. Is there a straight forward answer.

We, well, we, we didn't' expect that the pain would have resided, we would have expected if we'd reduced, reduced the analgesia that the pain would have came back at the same level.

Code A

Right and that decision is based on experience........

Yeah.

........in.....

Code A	Yeah.
	Between yourself and Doctor Code A
	Yeah, yeah.
	Right. With hindsight, was it not considered, was it not appropriate that.......
Code A	No wouldn't have............

Tape ends as Code A s talking, at 1541 hours.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number:
Y21D

Enter type:
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: Fareham Police Station

Date of interview: 24/07/2000

Time commenced: 1552 Time concluded: 1604

Duration of interview: 12 mins Tape reference nos. (◆)

Interviewing Officer(s): Code A Code A

Other persons present: Code A (Solicitor)

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	Code A	This is a continuation of our interview with Code A The same people still present, Code A The time by my watch is three fifty-two p.m. You can leave at any time if you want or speak to Mr. Code A get your legal advice. We got to the point at the end of the last tape

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where we were speaking about the drug regime over the last three/four days of Mrs Code A life and my question was that, having settled on a particular drug regime, why was no consideration given to, to reducing that dose, just to see?

Code A — At, I've just erm, come to, there's an entry in the contact record by Staff Nurse Code A at eight o'clock on the 18th, which was the, so that was 24, that's 36 hours after we had started that drug regime, er that she is sleeping in peace, that Mrs Code A is peacefully sleeping but she reacted to pain when she was moved and that pain appeared to be in both the legs. So that's 36 hours in and we, we actually know that Mrs Code A is in pain when we are moving her.

Code A — Is, is that right? If that was on the 18th, it only started..

Code A — That, we started at er eleven forty-five on the Monday so that was, and that was, this is eight o'clock on ..

Code A — No, on the Tuesday you started didn't you? She came to you on the 17th.

Code A — Sorry, started on a Tuesday, yeah, er sorry eight o'clock on the Tuesday night, yeah, that's right. So that, that's been assessed em..

Code A — So twelve hours into ..

Twelve, twelve hours in, yeah, yeah.

Are you aware at that time how that pain

manifested itself, how..

Code A As Staff Nurse Code A has said its er, it appears to be in both legs when Mrs Code A was moved, but she's, she's obviously comfortable when she is not being moved.

Code A

Right. She is not given any other hydration?

No.

So, is it safe to assume that is an inevitability?

Yeah.

At one point she's going to die?

Yeah, yeah.

On the drug doses, right, is that a particularly high...

No, that, that's er the bottom end of the scale really, erm, we, we sometimes up patient, patients on lower doses but we, we could, on the prescription here we could have gone up to two hundred milligrammes of diamorphine and eight hun...and eighty milligrammes of er midazalam. I've known patients go up to even higher doses than that, so five hundred milligrammes of diamorphine would not be er, an uncommon dose to give to someone who was in that much pain.

Code A

Right. Was there any other evidence of, of other illness?

Code A

Er, it was, it was more a general overview of the patient's condition, a combination of er, the severe pain, the, the er reluctance to eat and

drink, the appearing frail, er and difficulty moving, so it wasn't one specific thing but (inaudible) the overall picture that she presented of being a very poorly lady.

Code A | Right. What did she die of?

Er, Code A had er, er, stated she died of Bronchopneumonia and certainly on the, on the 19th she was getting a very rattley chest er, which is caused when you have got actual secretions in your chest and we had started er Hyocine at that point.

Code A | Right. Did, did Code A agree with that?

Er, in the statements that I have seen then they haven't but of course if Mrs Code A had developed a chest infection then the, the drugs which we are using to control her pain, keep her comfortable, would have masked a lot of the symptoms of a chest infection. So...

Code A | Can I just ask a question? So, I mean the decision is made on the 18th, bearing in mind her condition and that pain, that, that she is dying?

Code A | Yeah.

So, the decision to go down the road of palliative care is taken then?

Code A | Yeah, yeah.

So, but she is dying then

Yeah.

But she is not dying of..

A chest infection at that point.

Code A

at that stage?

At that point, no.

Code A

But later on, which is, I mean is that caused by the drugs she's on? The, the chest infection?

No, but, but when the, its er really to do with being, being very frail and very susceptible and her respiration not being so good and of course the, the drugs she's on do have an effect on respiration, depressed respiration but her overall condition would have affected the respiration as well.

Code A

Right. In terms of the 18th at the time, the, the consultation occurs and a decision is taken, what was she dying of then? Or what was you impression of what she was dying of then?

Code A

Just a combination of factors. There wasn't one specific factor.

Code A

Yeah.

Er that she was dying of.

Can you, can you just go over those?

Just that she was very frail, that she wasn't eating, she had been very reluctant to eat and drink, she was in pain which wasn't controllable er and that she wasn't able to mobilize or, or doing anything to meet her own needs.

Code A

Okay.

If I went into hospital, as fit and healthy as I hope to be, and were put immediately on a syringe-driver, with that combination of drugs,

would I die?

Code A — No. I don't think so. Er but you wouldn't, you wouldn't go on that if you were fit and healthy.

Code A — (Laughter) I know. But, if I were to put another ninety-one year old woman without any, I mean would that kill her?

Code A — No. Patients have been on this, these levels of sort of pain control and sedation er we've upped conditions and have gone on to recover so, no, not necessarily.

Code A — In your experience, that's, that's happened.

Yeah, yeah.

In terms of ..

In terms of recovery process for other patients, and this may be a hypothetical question, how do they come out of that? How was that accessed that they could, they can come out of that situation? If in particular they are sedated as a result of what they are on?

Code A — Um. You probably wouldn't be (inaudible). If someone was going to er recover you wouldn't see, er and given that levels of sedation um, so its a bit difficult to answer really.

Code A — Right. So really those four...

Are.....

.....taken together....

... are appropriate to palliative care, they wouldn't, I don't know that, that those, that combination would be appropriate to anyone in

	anything other than a palliative situation.
Code A	So someone who there, there's a consideration that they may well recover that would not be a combination?
Code A	No, you, you would, may use one or more of those drugs but probably not the entire combination.
DC COLVIN	But all taken together. So if you were to look at some notes, you've never seen the patient but you've seen they're on a driver and on those sort...
Code A	Yeah.
	.....of drugs, would your impression be well this is someone who, who may well be, be dying..
Code A	Yeah.
	..and try and assist in giving her a comfortable, painfree death?
Code A	Yeah, yeah.
	Okay.
	I was just going through Code A statement at the end of the day. She, she mentions a conversation about euthanasia - do you recall that?
Code A	Does...does she say what day that was on? Was that on the, Monday the 17th?
Code A	Yeah.
	Yeah, yeah she, I, I remember. Was that Mrs Code A or Mrs Code A?
Code A	Code A, so, Mrs Code A

Code A	Yeah, I remember Mrs Code A um, asking about euthanasia um and of course I advised her that that's not something what we would ever contemplate or consider. Its, its not er something we can do and not something we would do.
Code A	What's the difference between euthanasia and palliative care?
Code A	Palliative care is when we recognize that someone's dying um and the care we are providing is to make that death um a comfortable and dignified experience and meet someone's nursing needs. Um, euthanasia is, euthanasia as I understand it is actually actively um assisting someone in dying.
Code A	Yeah. One thing we haven't covered. I am drawing to a close now, is a suggestion of a massive haematoma. Do you recall this or..
Code A	Dr. Code A who was the G.P. who looked at the xray um said that he felt the cause of the pain was a massive haematoma. Um, as I understand it that's um, bruising as a result of the dislocation and the manipulation to put it back in. Um and, and that could be quite painful. I think Mrs Code A level of pain, to me seemed to be much more than just a haematoma, she, she was in a awful lot of uncontrollable pain, and distressed from the pain as well, but, but cos I expect anyone, and we have seen

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patients have dislocations put back it and they do have bruising and some discomfort but not on the level that Mrs Code A was experiencing yeah.

Code A Okay. Just somebody has written down a question here which I am not quite sure is appropriate is why was Mrs Code A not given fluids subcutaneously during the period 18th, 19th and 20th?

Well then.. it wasn't...

Code A That's, that's because we, we don't feel that's an appropriate course of action with palliative care and that it doesn't make anyone any, it doesn't change the outcome. Um, it makes them uncomfortable cos the fluids don't get absorbed properly, they, they collect under the skin and don't get absorbed and um, you're just, just adding another intervention which is making a patient uncomfortable um and isn't changing what's actually happening.

Code A Am I right in saying that, at that time, the hospital wasn't licensed to, or authorize to, provide fluids through a subcutaneous route?

Code A We, we, no we could give fluids subcutaneously. What we couldn't do is give fluids intravenously and um that's cos we haven't got a doctor on site who could re..re-establish an intravenous line.

Code A Right.

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Code A

Subcutaneously is, is an alternative route at giving fluids and that's, that's what we can ...

And you always been, as far as you are aware..

Always been able to give subcutaneous fluids and that doesn't need a doctor to set it up, the nursing staff can actually establish subcutaneous fluids, so we could have, if, if, if it had been appropriate to Mrs Code A care we could have established subcutaneous fluids er and run them.

Code A

Code A what I intend to do in a second is, is to, to kill the tape, run upstairs just to see if there is any other points that I may have missed that they feel need covering, but I am getting to the point now where I think we've had a fairly thorough going over of, of your actions throughout that period, is there anything that, that you wanna, we want to add to your account so far? Is there anything that you feel that either myself or Code A have missed or misunderstood. Just so you can leave here saying well I, I've told them everything that they wanted to know.

Code A

Yeah. The only thing really is, is that some of, is that I spent an awful lot of time with, with er Mrs Code A and Mrs Code A talking to them and answering all sorts of questions and I, I just find it strange that they're now asking questions which they had lots of opportunity to ask at the time and didn't, and I, I find that, that

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puzzling.

Code A

I think, I think that's explained if, if explanation is the right word, with the fact that they perhaps found it difficult to deal with what they termed as the early stages of the loss, dealing with the loss of Code A and perhaps with the benefit of hindsight, that they felt that some things weren't addressed properly and perhaps there was a case. With hindsight, would Code A have done anything differently at all?

Code A

There, there were things that happened with Mrs Code A when I wasn't on the ward, um, when she fell, which um it would have been better if Mrs Code A had been transferred earlier than she was for the dislocation to look at - I don't know whether that would have changed. I don't believe that would have actually changed anything but it would have um answered one of the big questions that the family had, er more than anything. In terms of Mrs Code A care when she returned to us, then um, we, we, we looked at Mrs Code A um and examined her thoroughly and made decisions appropriate to her and we discussed things with the, the family and tried to get, keep them involved um in what was happening and make sure that, that they were understanding the care we were giving and in agreement. So um I can't see that um, in terms of the overall care of Mrs Code A er

there was anything er that we'd have done differently now if we were in the same situation again.

Code A

One last thing for me, is, is a point that is raised by Mrs Code A in her statement where, and if I read the paragraph out it is on Page 13, she says I told Dr. Code A and the Code A that I'd been to Haslar that morning and explained what happened and told them that Haslar would be prepared to re-admit Code A I considered that this was essential so that the cause of Code A Code A's pain could be treated and sim..not simply the pain itself. Dr. Code A said that it was inappropriate for a ninety-one year old who had been through two operations to go back to Haslar where she would not survive further surgery.

(inaudible) ... contact this has been at some point on the 17th..

Was it ever a consideration to return?

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Yeah, that was after Mrs Code A been x-rayed and Dr. Code A had come back in, um Dr. Code A had looked at the xray and Dr. Code A had then come back in so DR. Code A looked at results of the xray on Mrs Code A um and discussed it with Mrs Code A, Code A um. I, I can't remember Mrs Code A um saying those particular words to Dr. Code A but know, I know it was, that was

in looking at Mrs Code A care we consider the options what do we, what do we do here um and Dr. Code A view was the...there was nothing specifically wrong that Haslar would be able to treat um and heal and thought that transfer would be more traumatic. That, that Mrs Code A might not even survive the transfer er, cos we know the transfer itself is quite traumatic, and that they wouldn't be able to do anything when she arrived there so the most appropriate thing to do was to keep Mrs Code A in our care er and she discussed that with Code A at that time.

Code A

So it would have been to the detriment of her health had she been transferred...

If we had transferred her back.

..cos, and there was nothing wrong with her to look at

(inaudible) cos, when she got there, if there was an obvious, if the hip dislocated again then yeah that would have been an obvious indication or if there was something else that, that Haslar could have er done that we couldn't have done, then it would have been appropriate to transfer.

Code A

Great. I am ever so grateful you are taking (inaudible)...no, there's someone with a finger up in the corner (laughter)

Code A

Just one there is more. Just a, just to go over.

back to the 11th and a very quick question on the care plans and the letter in relation to consideration being given to the immobilization. Now it's not docu...there is no care plan for the mobilization. Is there any particular reason for that?

Code A — Um, what we, we were working on mobilize...we didn't have a care plan but we were trans ..trying to transfer Mrs Code A where we could and, had things not gone in the direction they'd gone in, we would have got a physiotherapist involved in looking at transfers over the, the next few days, er but the fact that she fell and dislocated really overtook the plan to mobilize because obviously once she had re-dislocated we couldn't do anything but we would, at that point in time we were assessing well what sort of level of mobilization er was Mrs Code A actually capable of.

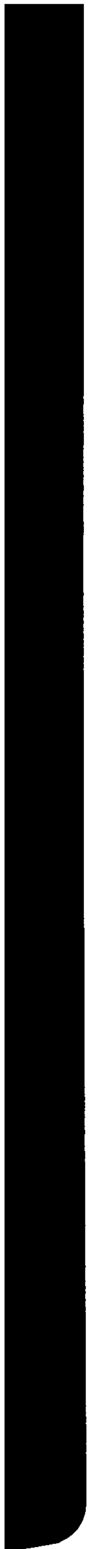
Code A — In terms of instructing the physio, who, who does that fall down to on the ward to, to do that.

Code A — Er, Code A of any particular shift, cos the physiotherapist comes on ev...we've got our own physiotherapist and we're saying we've got a patient here that we want you to, to look at please and, and see how they are

Code A — Great. Anything else that you would like to say at this point? Right, I will run upstairs to make sure there isn't any points but I am sure if we

have missed anything we'd better resolve those quickly, but thanks for taking the time and trouble to answer the questions so fully. All things being equal, the time is eight minutes past four.....

Code A	I am quite happy for you to leave those tapes in there while you run upstairs (inaudible)
Code A	That' very kind of you, you are all heart.
	(inaudible) etc.......



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Form MG11(T)

WITNESS STATEMENT

(CJ Act 1967, s.9; MC Act 1980, ss.5A(3) (a) and 5B; MC Rules 1981, r.70)

Statement of: Code A

Age if under 18: OVER 18 (if over 18 insert 'over 18') Occupation: STAFF NURSE

This statement (consisting of 8 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false or do not believe to be true.

Signed: Code A Date: 06/06/2000

I am employed by Portsmouth Health Care Trust at Gosport War Memorial as a Staff Nurse. I Code A worked as a Staff Nurse at the War Memorial since 1972.

I work mainly at Daedalus Ward on night duty for about the last three years, covering August 1998.

The ward is mainly occupied by elderly patients. The ward is visited daily by a General Practitioner responsible for the treatment of the patients. The GP will prescribe drugs and treatment which will be administered by the Staff Nurses on the ward.

In August 1998, the GP in question was Doctor Code A. A consultant would visit the ward once a week. This was Doctor Code A

Dr Code A is also on call for any emergency cases. On other occasions when Dr Code A was not on duty, a GP would be contacted via a Healthcall system based at Cosham.

The patient capacity at Daedalus is twenty four.

I work a permanent night duty at Daedalus Ward which would consist of 8.15pm (2015) to 7.45am (0745). I work mainly Friday and Saturday nights.

In relation to the inquiry regarding Code A Code A, I was at work on Thursday 20th August 1998 (20/08/1998) and Friday 21st August 1998 (21/08/1998).

On the ward with me on 20th August 1998 (20/08/1998) was Code A Senior Staff Nurse, Code A, Health Care Support Worker Code A Code A, Health Care Support Worker. These three were on night duty with me on Friday 21st August 1998 (21/08/98).

When I started work at 8.15pm (2015) on Thursday 20th August 1998, (20/08/1998) I was made aware that Code A was on the ward. I do not recall receiving any specific

Signed: Code A Signature Witnessed by:

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instructions regarding Mrs Code A care or treatment. I do not remember who gave me the handover. I was aware at this time that Mrs Code A was on a syringe driver. The practice of using a Syringe Driver subcutaneously at the hospital has been in use for about ten to twelve years.

The syringe driver is commonly used at the hospital in order to relieve a lot of pain or discomfort. The driver is able to provide a constant level of pain relief as opposed to oral pain killers which wear off after a period of time causing the patient discomfort prior to the next administration of pain killers.

In relation to the drugs administered by Syringe Driver, in August 1998, Dr Code A as the GP responsible for the ward, would have completed the prescriptions. This was backed up by a weekly ward visit by Dr Code A who would assess the treatment given to the patients.

The syringe drivers are used on all wards at the hospital to the best of my knowledge.

The care and treatment of Mrs Code A would have been part of my responsibilities overnight. Code A Code A was in overall charge of the ward and the hospital on the 20th August 1998 (20/08/1998) and 21st August 1998 (21/08/1998).

I was made aware, I believe by Code A, another Staff Nurse, that Mrs Code A had had a fall. I can not remember if Code A told me anymore about the incident.

I also remember that Mrs Code A had been in the ward previously before returning to Haslar and then returning to Daedalus Ward.

Code A Code A was present with her on Thursday 20th August 1998 (20/08/1998) to Friday 21st August 1998 (21/08/1998). I spoke to her and learnt that she had previously worked in a nursing capacity. The Code A had concerns over the transport of Mrs Code A from Haslar Hospital to the War Memorial. Code A also believed that Code A was far healthier mentally than what had been diagnosed.

I do not recall administering any drugs to Mrs Code A I would have checked her treatment card to ensure any drugs prescribed were to be administered however it would be unusual to administer drugs overnight.

I have been shown LH/1/C/24, a prescription record for Code A being part of health record LH/1/C. Having looked at this record I can state that I did not administer any drugs through the syringe driver or otherwise to Code A I have looked at the record

Signed: Code A Signature Witnessed by:
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Continuation of Statement of: Code A

Form MG11(T)(CONT)

and noted that the syringe driver was loaded at 11.15am (1115) on Thursday 20th August 1998 (20/08/1998). The driver should last for 24 hours meaning that the night duty would not normally be expected to reload the driver.

I have noted the drugs that were administered to Code A on the health record were as follows.

Diamorphine, Haloperidol, Hyoscine and Midazolam. My perception of their effects are as follows:

Diamorphine is for pain relief. Haloperidol quietens the patient down if they are agitated or jittery. Hyoscine stops fluid building up on the chest. Midazolam also quietens the patient down. Midazolam is not a strong drug.

Mrs Code A may have been taken off Oramorph and put on to Diamorphine via syringe driver as the Oramorph was not holding the pain. The syringe driver would ensure the pain relief was constant.

I do not recall giving Mrs Code A any fluids either by mouth or subcutaneously. Mrs Code A would not have been given fluids by mouth due to the fact that Mrs Code A was not conscious. She therefore would have choked if anyone had tried to force fluids or food into her mouth.

Mrs Code A was not given fluids subcutaneously. I recall that there was nothing to alarm me over Mrs Code A condition. I did not receive any instruction to administer or not to administer any fluids to Mrs Code A

I was not concerned about the drugs Mrs Code A was being administered. I could not comment on what effect the drugs were having on Mrs Code A as I had not seen her prior to the drugs being administered. I did not speak to a Doctor regarding her drugs dosage nor did I alter the card of drugs given to Mrs Code A I checked regularly on Mrs Code A and she appeared comfortable. I can not recall the make of syringe driver used. The training received for the driver was on the ward with an instruction booklet in the treatment room. Without having looked at Mrs Code A case notes I believe Mrs Code A died at about 4am (0400) on Code A There was no attempt to resuscitate. In Mrs Code A case, I was able to pronounce death as her death was expected.

At that time both Mrs Code A Code A were present. I recorded

Signed: Code A Signature Witnessed by:
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death pronounced on the case notes and the nursing notes.

Mrs Code A Code A then prepared her for the mortuary. They laid a rose on her and put a crucifix around her. Part of the preparation included ensuring Mrs Code A was clean however the staff carried this out later on.

The procedure from this point is that later in the morning Dr Code A would attend and certify the cause of death. If Mrs Code A was to be cremated then two doctors signatures would be required on the cause of death. I would add that the other reason why a patient may not be able to take Oramorph is if they are unable to swallow. In this case the patient may be transferred to a syringe driver.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y19

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 19/06/2000

Time commenced: 1117 Time concluded: 1201

Duration of interview: 44 MINS Tape reference nos. (◆) 44/00/029041

Interviewing Officer(s): Code A Code A

Other persons present: Code A - Saulet & Co Solicitors, Portsmouth.

Police Exhibit No: LMC/SRG/4 Number of Pages: 34

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	Code A	This interview is being tape recorded, I am Code A Code A the other Police Officer present is.... Code A
0.21	Code A	The time is 11.17 on the 19th of June, this interview is being tape recorded at Park Gate

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Police Station. Also present is, if you could just introduce yourself, who I'm interviewing, just give your full name and date of birth...

Code A | Code A | Code A

Okay and...

Code A | Code A Saulet & Co Solicitors, Portsmouth, legal advisor.

Thank you. You are entitled to legal advice throughout the interview, okay, and you can delay the interview at any time should you want to, okay. Basically the reason you're here is we've undertaken an investigation into the circumstances of the death of Mrs Code A Code A on the Code A at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of August whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs Code A during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I must 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 of 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 and just to further explain that, it's not going to be a decision solely made by Police Officers who have no experience of how a medical profession works and how a ward like that would work, you know it would be made by someone who is considered an expert in that field, okay. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you're free to leave at any time okay, your right to free legal advice in private extends throughout the period that you're at the police station as I've said before, if at any time you want to stop the interview to speak to Mr Code A then you only have to say and we'll do so. The next bit I'm going to say is the caution, you do not have to say anything but it may harm your defence if you don't mention when questioned something which you later rely on in court, anything you do say may be given in evidence, okay. Do you understand that, you do?

Code A — Yes

Okay.

3.14 — All sounds a bit heavy but I think it's got to be pointed out that me and Code A have been appointed to interview all the nurses and as Code A said we don't understand what all this, the medical side of things what is right and what is wrong and we're not here to judge or point fingers or anything like that, we're just here to establish what individuals did, what their roles were, who they took their responsibilities from and then we hand all that over to somebody else and they look at it and decide whether there's anything to answer at all, okay. So we're basically a tool to gather the facts about Code A stay at the hospital and that's all we're here for.

Code A — Okay, right obviously you made a statement to us on the 1st of June...

Code A — ...Was it then, the 1st of June

Code A — ...at home and I think what we'll do first is perhaps go through the statement...

Code A — ...Okay

Code A — ...just to cover the points there. It says you are basically employed as a Staff Nurse at the Gosport War Memorial since, well since 1972 you've been at that hospital, is that correct?

Code A — It is.

4.27 — Okay, now what I'll do is, I'll just ask, you've obviously read this statement...

Code A ...Yeah.

...today. Is there anything there you want to clear up, anything that's, that I've put down that you've subsequently looked at and thought well he's not got that quite right, he's not explained that.

Code A Well most of it's alright it's just the, that business about Code A, she wasn't actually based on the ward, she was visiting at various times during the night...

Code A ...Right

...she doesn't actually stay on the ward...

...Right, okay.

...she's got other things to do...

She's the Senior...

...I mean she's based on Dryad not, not Daedalus.

Code A ..Right, okay.

But if I need her I can get her.

Right, so that's the 20th of August, that would be the Thursday going into the Friday of the 21st that night shift?

5.19 Code A Yeah.

So she was in overall charge of the hospital overnight?

Code A Yeah.

Okay, so she would have, would she have popped in from time to time just to make sure everything was okay?

Code A — Yes, she would come, she would come over, ERM well if I called her and while she went to her break I would have been in charge of the hospital.

Code A — Okay. Can you just explain that again and I appreciate you've told us this already but this is purely for the tape because this is a new, just a new way of us gathering information in relation to Daedalus ward and the hospital, what that wards main responsibilities are and what sort of patients they'll get in.

Code A — Mmm, well it is elderly care, all we have are eight beds that are allocated for stroke patients that are for rehabilitation if we can manage it and the others are all for long stay, ones that are not expected to recover to any great degree and possibly might go on to a nursing home or rest home when we've got them as good as we can with physio and ...

6.38 Code A — ...Right, okay. So I mean this word keeps sort of cropping up like palliative care, can you describe for me what that, what that means or what your...?

Code A — ...Palliative care

...yeah, what your interpretation of it IS?

The object is to keep the patient as pain free and as comfortable as possible and trying to avoid that they should injure themselves in any way.

Code A — Right, okay and that would be the treatment for

that, I know would differ from patient to patient...

Code A ...It would

...but would that be mainly drugs being prescribed in order to...would there be other ways of ensuring that, that they didn't injure themselves?

Code A Well most people that we have are to some degree or another erm demented and er well our drugs are helped to control that but everybody doesn't have them it depends, by finding out what they want to do and when they want to do it, as far as possible letting them do their own thing but you've got to understand if they believe that they can stand and walk and we know they can't, then you'd be constantly trying to stop them doing that...

8.12 Code A ...Yeah

...because eventually they are going to fall and erm that causes them some distress and that's what we're trying to avoid.

Code A Yeah, okay. You've already stated that you obviously are a Staff nurse, have you got any specific qualifications in treating elderly and patients such as that on the ward or is that part of your...?

Code A ...Qualifications as such, no well only in as much that I've been doing it for what thirty seven (37) years.

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Code A — Yeah, treating the elderly for that amount of time?

Yeah.

Okay, right now going over to the Daedalus ward, basically who manages the patients in terms of treatment and plans for treatment. Who would oversee that and actually make decisions based on...?

Code A — ..When, Doctor Code A is the Code A in charge and on a daily basis except at weekends when she's off duty Doctor Code A visits the ward every morning, we check if the nursing staff have any concerns about anyone and she would deal with what comes up then, on a daily basis.

9.36 Code A — Yeah.

And she's been doing that a long time as well. How long has she been down on the wards?

Oh I don't know but erm (inaudible) about 10 years or something like that because she was, before we were at Gosport War Memorial we were down at (inaudible) which is in the avenue and she was doing the same job then.

Code A — Oh right, okay. So she would come in every morning on a week day?

Code A — Yeah before surgery she would come in round about eight (8.00) o'clock.

Code A — And she would be responsible for all patients on that ward including ...

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	Code A	...All patients that were Doctor Code A and we didn't have very often anyone that belonged to anyone else.
	Code A	No, okay and that would include the stroke patients so that would be the whole ward...?
10.27	Code A	...Yeah, yeah ...depending on numbers or whatever? Yeah. Okay and would she actually visit every patient daily or would it be more of speaking to the staff?
	Code A	No, she would have gone into the office and speak to whoever was in charge at the time and depending what she, what messages were passed on, she would go and see the patients they wanted her to.
	Code A	Right so if there was a specific problem with a patient she would visit but if there was no change to a patient, there was no concerns then she wouldn't necessarily do so?
	Code A	It would take her a long time. Yeah, okay. In terms of your role on the ward as a Staff nurse now there have been times when you sort of in charge of the ward, is that right? What circumstances would that, would suggest, sorry what circumstances would occur for you to be in overall charge of the ward?
11.31	Code A	Well I'm in charge of the ward on nights. Yeah.

Code A — The e, because there isn't I mean apart from the person that's in charge of the hospital there isn't anyone senior to me on duty and er I have a responsibility to the ward while I'm there.

Code A — So, on nights or out of hours you'd have a senior staff nurse overseeing the whole...

Code A — ...The whole hospital

...hospital and then each specific ward has its own?

Code A — Yeah has its own trained staff.

Yeah, okay. So if there was anything that occurred which was unusual overnight or a particular problem with a patient or, where would you refer it to?

Code A — I would tell who was in charge of the hospital erm and then I would phone a Doctor.

Yeah.

Health call after ten (10) o'clock at night.

Yeah, which is sort of like a call out?

Yeah

System I understand, okay. We're obviously going over the treatment process and the, Doctor Code A would make decisions obviously on what treatment to provide, would you or any other nurses have any input into that in terms of well you know I....would make suggestions or if you didn't agree with it you would bring it to the doctors attention?

13.02 Code A — We are entitled to erm query anything we're,

	we're not happy with.
Code A	Right.
	Erm and quite often I think Doctor Code A would erm consult with whoever was telling them about a problem as to which drug would be most suitable given the fact that the nurse knows the person personally rather than just as I mean, Doctor Code A couldn't possibly know everybody as well as the nursing staff did.
Code A	Yeah.
	So you know and also if that particular drug doesn't seem to be as effective as it might be, you could ask her to change it to a different one because different people react differently to what you would think were the same drug, it's not you know...
Code A	...Yeah.
	...it's a chemical thing I'm sure.
14.04	Yeah it would vary on person to person so, for example when Doctor Code A would come on her rounds the next day if there was a problem...
Code A	...Or if you felt that it needed doing but you could always ring her up and she would come in then...
Code A	...Right
	...and she would change it on the treatment card if necessary.

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Code A — Okay, right. Has there ever been times in your career particular at Gosport where a treatment program is one that you don't approve of or you think this isn't right and you've suggested something and you know that's not been taken on, if that was the case is there a process where you would be able to speak to somebody else and say look I'm not happy with this or are you aware of any procedure in the hospital that you could do that?

Code A — Erm, there are supposed to be procedures in place but how effective they are.

Code A — Okay and what are those procedures? What would you be expected to do?

Code A — Well initially you would have to see the clinical manager of the ward which would be Code A Code A

15.20 Code A — Right, okay, so you'd make representations to him and then what would he do, are you aware what he would do?

Code A — Well presumably he would have to investigate it himself.

Code A — Okay. Have you ever had any cause to do that, to speak to the Code A?

Code A — Not on Daedalus.

Code A — Not on Daedalus. At the hospital? All I'm after is, all I'm trying to ask is, I'm just trying to get the systems sorted out and the policies at the hospital.

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	Code A	No.
		I mean did it involve anybody who is involved in this case?
	Code A	No.
		No, okay and were you satisfied with the outcome of your representation? Did you receive a satisfactory result or an answer about it?
	Code A	It was a long time ago, no.
		No, okay. How long ago was it?
		Twelve (12), thirteen (13) years.
16.43		Okay and in terms of the patient what happened there?
	Code A	I think what we're trying to get at here is the fact that if for you to tell us that if you were unhappy about something, and you thought that maybe the treatment that this person was getting, I don't think its the right sort of treatment...
	Code A	...You'd think now that it would be a test.
		...then you would go and complain, yeah, you would go and make representations they've made this decision, I don't agree with it, I need somebody else to address it and look?
	Code A	Yeah.
		Yeah.
		Now it would be addressed and it erm would be erm dealt with properly.
	Code A	Okay but that time twelve (12), thirteen (13)

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years ago it was a different issue and you weren't obviously happy about it?

Code A No.

Okay, okay. Obviously what we're talking about is Code A and although she came in twice into the hospital, the dates we're sort of concentrating on are between the 17th of August and the 21st. Now in relation to your statement you were on nights, on certain days weren't you over that period of time, can you remember what you were working?

18.24 Code A No, well I worked Thursday, Friday, Saturday.

Okay. I think on your statement you say you started on Thursday, that would be the 20th, what hours do you do on nights?

Code A It's eight fifteen (8.15) to seven forty five (7.45).

Okay. Perhaps you could just go over...

Code A ...You get an hour and a half off in the middle.

...perhaps you could just go over your duties on nights, you know a normal night duty you know what you're expected to do? I know probably each night is different but...

Code A Basically er well a hand over takes around about quarter of an hour to half an hour depending how much information you've got to pass on and then erm because it's coming up for bedtime, some patients will already be in bed and some will be waiting to go. Basically we

go round, help people into bed, make sure they're comfortable, get their teeth out ecetera.

Code A Yeah.

19.30 And erm about something like half past nine (9.30) I would break off from that and leave the health care (inaudible) to do it and I've got ten (10.00) o'clock drug round to do. I come round give everyone their ten (10.00) o'clock drugs and then by the time I've finished going round doing that they've usually finished the rest of the patients, putting them to bed and then its lights out, tidy up and have a cup of tea because we need it by then.

Code A Yeah.

Erm then I would, we would call it the silent hours, its a case of checking on the patients roughly half hourly but because there's three of us it doesn't always go that long sometimes its twenty minutes erm of course if theres a noise you have to investigate that erm anybody rings the bell we have to go and do that erm and that goes through until should be six (6.00) o'clock in the morning and then its go round wake everybody up, lets see what nursing care they need, sit them up erm give them a cup of tea, there are some six (6.00) o'clock drugs though not very many because er only the ones that are really essential get given at six because they're too sometimes difficult to rouse enough to take

medicine so a lot of them are given at eight (8) rather than six (6). Erm so we go round and sort everyone out and then half past seven (7.30) is handover time for the day staff.

21.41 Code A Okay, just talk me through the hand over then, what sort of things would be discussed at that hand over?

Code A Erm which one?

Well both, go for both.

In the evening I would be told erm what sort of day the persons had had, if their medication had been changed erm what sort of investigations were in progress and erm if there were any particular concerns that I need to take notice of erm and what, when its like a Friday night for instance and that's my first night on for five nights, I would be given a sort of rough summary having been off a week since I saw them last.

Code A Right.

Erm in the morning erm it depends who was on duty, if the person, people who are on duty were on duty the night before I just need to tell them any of the occurrences overnight.

23.02 Code A Yeah.

But if there's some that have been days off or on leave or something I have to give them a more extended.

Code A Yeah, okay. Okay, right as I say we're talking

about Mrs Code A what's your recollection of Mrs Code A doing those period of time?

Code A — It's erm I can't honestly remember her, I can remember a figure in the bed but to say I can remember her face or anything specific about her I can't.

Code A — Okay, now as I understand it the only night you saw her was the Thrusday the 20th going into Friday the 21st.

Code A — First thing on the Code A she died just after, according to the notes, the statements and my notes on the nursing notes, I honestly thought she'd died early morning but I have signed it to say it was early eve..early in my Code A which would have been the Code A

Code A — Right, okay. So it's basically a figure in a bed that you recall?

Code A — Mmm.

Do you remember Code A there, do you remember?

Code A — I do remember I can't remember her name, the Code A that live, that lives locally, I do remember her being there all the time I had several conversations with her every time I went into check how Mrs Code A was and she would have a little chat.

24.56 Code A — Okay. In relation to your statement as I understand it you weren't involved in

Code A administrative, administering any drugs to..?

No the syringe driver was already in place.

Okay.

And I just made sure that it was working properly (inaudible) on duty.

Code A Okay, perhaps you could talk me through the syringe driver, how it operates and who's in charge of it and just a general sort of overview?

Code A How it operates?

Yeah.

Er it hasn't got a battery in it, it has a (sighs) adjust the rate that it goes through, pumps it in usually around about 60 to get a 24 hour period, uses a 10 mil syringe, can use a large one but you have to work out a different rate for it then...

26.01 Code A ...Right.

...and I've never used it with a 20 mil syringe because its a bit big for the actual driver itself, 10 mils sits in it just right and er the drugs are mixed in the syringe and erm the patient has a needle just subcutaneously just under the skin and er, long piece of tubing that's attached to the end of the syringe.

Code A Okay so its loaded at a particular time of the day?

Code A Yeah, well erm just whenever its decided that its necessary to use it, it could be night time, it could be any time just when erm its written up

on the chart that there's a possibility that might be necessary and its up to whoevers on duty at the time to make that decision or not as the case may be.

Code A

So what are the advantages of using a syringe driver over giving drugs by mouth?

It delivers a continous low dose of whatever drugs being used and avoids given injections every 4 or 6 hours erm which have a level of effectiveness and then it tails off so you get peaks and troughs with injections which you don't get with a syringe driver its just a steady, steady flow, its much more effective at controlling pain, discomfort.

27.57 Code A

How common is the use of the driver on the ward?

Its erm, its used quite consistently these days, not everyone has it.

Okay, no. What would, I know you've mentioned the pain side of it but what would be the reasons for putting someone on syringe driver, we've obviously covered the pain aspect is there any other reasons why someone would be?

Code A

Some people get extremely agitated (inaudible) can't really always know why and they would be turning themselves round in bed, potentially injuring themselves so you produce something like midazolam that's what's used you know to

quiet them down a bit, save them from hurting themselves.

Code A Okay.

Also you can use erm hyoscine was used here as well, that dries up the secretions on the chest so they don't get that horrible, noisy, bubbly sound.

Code A Right.

Without it we'd have to use a sucker which is horrible to use, patients don't like it and er but you're left with having to do that otherwise the patient would drown in their own secretions.

29.29 Code A Right is that because they're laying down all the time when its building up, when the fluid builds up?

Code A Yes it does. They don't cough when they're under sedation so they can't clear it themselves so it just pulls them eventually.

Code A Eventually, yeah.

You've got to do something about it so hyoscine sorts that.

Code A Okay, perhaps we'll have a look at the drugs. What I've got here is the file for Code A Code A which you may have seen parts of it before. This part is the, basically the prescribed drugs for Code A just show you that. Now I believe, if you're aware she was on four drugs, like which were on the syringe driver.

Code A

Code A

(inaudible) this one and these, no, not that one, diamorphine where's the diamorp...that one. That's it, it would be diamorphine.

Haloperidol. Haloperidol has quite similar to midazolam but the problem is as I said 10 mil syringe you've got to put the diamorphine in which comes in a powder formula, a vial and you have to erm dilute it with something, midazolam, that comes in a 2 mil, it depends on how many of those you have to give, you're filling your syringe up all the time but haloperidol comes in 1 mil, so quite often you would because your syringe was getting too full up you would use haloperidol in place of something like midazolam because it would fit in the syringe, there's nothing sinister about using the two, it's just you know you've got 10 mil, you can't go above that.

31.45 Code A

Okay can you just talk us through the four drugs and just sort of describe what they're for and what the effects are?

Code A

Diamorphine erm is erm pain relief principally although it can be used when somebody is er sometimes they, people who are demented do scream and you're never sure whether it is pain or, or just an agitation of mind and diamorphine does help to address both things at once. (inaudible)

Code A

Yeah, sorry if we go onto the halo...

Code A

...Haloperidol as I said its used for extreme agitation usually, do you know what the only thing that I would say about haloperidol, it does have a build up over time.

32.45 Code A

Does have a...?

A build up over time, it stays in the system longer than midazolam so that you know if you're giving somebody haloperidol over several weeks it erm it does leave a slight residue each time so that if you would have to cut back on ...

Code A

...Monitor (inaudible)

...at some point, whereas midazolam doesn't, well as far as I'm aware do that and hyoscine like I say erm dries up the secretions.

Code A

Right, yeah, okay. So midazolam and haloperidol do sort of target...

Code A

(inaudible) yeah.

What is the reason for giving both, is it...?

Well as I've just explained sometimes you're coming, I must say it's unusual, usually we use either, or but erm though I couldn't tell you why the decision was made to use both at the same time but it could possibly be due to the capacity of the syringe.

Code A

Right to ensure that she gets...

...Yeah, yeah.

...the level she needs.

Because the higher, the higher the dose of

midazolam that's used, I can't remember what each vial of midazolam, what it's strength is but it's 2 mils so as you go on you're going to get to your 10 mils before you, you've giving her anything else so if you give, if you sort of use a combination. If you're using a syringe capacity...

Code A ...Yeah, yeah.

...got room for hyoscine comes in 1 mil ones, diamorphine as I say what we usually do is dilute the erm diamorphine with some midazolam to save space, other than that you would have to use sterile water which would increase the amount you're trying to get into one syringe.

Code A Are you able to comment on the doses and how much they are?

Code A (inaudible) still at 40.

Yeah.

Erm as far as I'm concerned that is a, a low dose given the fact that this woman was given over a 24 hour period.

Code A That's the diamorphine and ...

...Diamorphine and (inaudible), it's not very dramatic at all.

Code A Okay.

Er I was on duty and she didn't show any signs of pain at the time when I was on duty so I would have thought that's probably the best

level. Er (inaudible) hyoscine that is about average what most people have and 20 milligrams of midazolam is what I would expect, given that you've got haloperidol as well.

35.52 Code A

So there all fairly....

...Yeah, no there's nothing that I would say "Oh crumbs this is too much".

Okay, right so this is obviously the prescription record, now as I understand it on the statement you made, you had no input into loading the...

Code A

...No I didn't...

...Mrs Code A syringe driver and I, also you had no sort of input into discussing her treatment...

Code A

...No

...with Doctor Code A?

No, no.

Okay in relation to the hand overs, was there any, anything discussed specifically about Mrs Code A? Do you recall anything you know about her condition or anything to be aware of with her or anything of that nature?

36.43 Code A

I can't remember anything specific I mean obviously I would have been told that she was on the syringe driver and what was in it erm and I would have been told that Code A was present erm but from then on its really TLC.

Code A

Okay. When you came in I know you, you've

obviously seen some documents now that would refresh your memory but can you recall when you came in on the Thursday and obviously Mrs Code A is there, what was your understanding of the treatment she was on? What was your perception of it in relation to her health?

Code A What am I supposed to say.

Was there anything made to you to feel that she was dying?

Code A I don't think anybody would have said to me erm she is dying they would probably have said that she's not very well and they would have told me when the syringe driver was first put out and erm it's just continuing care really.

Code A Yeah. I mean obviously do you recall seeing the drugs prescribed on the driver? Would that have indicated to you that she was, she wasn't much, obviously she wasn't well but there was a chance that she would perhaps recover to some extent?

38.52 Code A No I wouldn't have thought, I would have thought she would recover. I thought she would probably deteriorate slowly but I don't have a crystal ball I don't know...

Code A ...I appreciate that

... how long that sort of thing could go on for.

Yeah, okay.

Is it fair to say that the for use of a better word

cocktail of medicines that she was given, that that cocktail is for...they've prescribed that for somebody in her condition who they believe is going to die and it's just a way of making them comfortable and pain free...

Code A ...Yes

...is that what those cocktail of drugs are for?

Basically yes.

If you were like if you went onto a strange ward and you saw these drugs administered to a woman that you didn't know, would it be a fair assumption that there's nothing else we can do for this lady...

...Yeah.

39.42 Code A ...and she's on her way?

Yeah.

Yeah.

Okay, you didn't see Mrs Code A prior to these drugs being prescribed did you?

Code A No.

No, okay.

I just, I just missed her, the week before she came and went before I ...

Code A ...Right

...I was on duty and then she was back when I came on the next week so I didn't actually see her prior these (inaudible).

Code A Okay. Now on nights are you, you've obviously gone over your sort of basic stuff that

you do and obviously things that happen will come on top of that but are you involved in at any time in feeding patients or giving them water or drinks or....?

Code A ...Oh yeah, if there awake and they want a drink we give them a drink and also some people like we need to push fluids and we do that but in Mrs Code A case she wasn't conscious enough to drink without possibly choking and I don't want to be responsible for that.

40.56 Code A Was there any attempts made whilst you were on the ward to give her water either by mouth or by...?

Code A ...No, definitely not by subcutaneous.

Okay.

No, nobody, they, the health care support workers would only do that if I said that it was alright, 9 times out of 10 somebody in this condition it would have to be done by trained staff anyway.

Code A Right, being yourself or a staff nurse?

Mmm.

Right, okay. Was there any reason you can recall why she wasn't given a....

Code A ...I just said she wasn't conscious enough...

...no, I mean through a needle?

It's one of those erm mute points really isn't it. You, yeah you make a choice to keep somebody hydrated who you're also giving

		these particular drugs through a syringe driver and they do come to a stage where they don't absorb however hard and most of what drugs keep account at that point.
42.22	Code A	Right, okay. So just recapping that then, as we said these combination of drugs in her condition would lead you to think that she was passing on, dying and these drugs are helping her to do that pain free?
	Code A	Yes.
		Okay. Was it ever mentioned to you what she was actually dying of?
	Code A	No, I mean I was, I was told about what had happened with her fall ecetera but not in any great detail, no wasn't, I don't think I was told why this course of treatment was started earlier in the week not specifically.
	Code A	(inaudible) up to day three I think when the treatment was already...
	Code A	...Yes.
		...in progress so but nobody ever mentioned that she was dying of anything specific?
43.38	Code A	No, no.
		No.
		Well I think it's one of those unspoken things that we all, we all accept really you know just (inaudible).
	Code A	Mmm. When you say the unspoken thing is it's a case of there is nothing we can do for her?

Code A

Yeah.

Yeah.

That's ...

...And I take it that decision (buzzer sounds) that there is nothing we can do for her would be made by who?

Code A

Er well Doctor (inaudible) I presume.

Doctor...

Doctor Code A

Doctor Code A

Well she being the one that's there every day.

Yeah.

And er if she queried that she would have gone to Doctor Code A and spoken to her but I don't know.

Code A

Right.

Okay, we'll leave it there that buzzing noise means we're running out of tape.

Code A

Oh right okay then.

So we'll take a break. The time by my watch is 12.01. Turn the recorder off.

END OF TAPE

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number:
Y19A

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 19/06/2000

Time commenced: 1207 Time concluded: 1241

Duration of interview: 34 MINS Tape reference nos. (✇) 44/00/029044

Interviewing Officer(s): Code A Code A

Other persons present: Code A - Saulet & Co Solicitors, Portsmouth

Police Exhibit No: Code A Number of Pages: 28

Signature of interviewing officer producing exhibit

Tape counter times(✇)	Person speaking	Text
0.11	Code A	This is commencement the interview of Code A Code A and I'm Code A the time is 12.07. The first thing I'll do is remind you that you are still under caution, okay. You do not have to say anything but it may harm your defence if you don't mention when questioned

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something which you later rely on in court, anything you do say may be given in evidence, okay. We've obviously taken a short break, can you just confirm for the tape that I've not asked you any questions regarding this incident with Mrs Code A during the time the tape recorders been switched off?

1.01 Code A

No, (inaudible)

Thanks, right, okay just prior to the tapes finishing we were discussing obviously Mrs Code A We discussed the drugs that were loaded into the syringe driver and the fact that the driver was already loaded when you were on duty and you had no input, or you didn't load the drugs for Mrs Code A at any time, and your perception of Mrs Code A condition and the drugs that she was on as someone who was dying and it was a way of just making her death as pain free and as comfortable as possible, is that right? Is that sort of fair assessment?

Code A

Yes

Okay. We've discussed the, sort of being given drinks and food and that she wouldn't, you wouldn't feel happy about doing that.

Code A

No.

a. By mouth because she could probably choke and b. Because of the fact she was dying and the chances are you say she wouldn't be able to

absorb water.

Code A Volumes is greater than the syringe drivers small amounts of volume but the subcutaneous fluid is greater for absorption probably and you want her to absorb the drugs that you've given her, that are keeping her comfortable rather than fluid which is a small perhaps cosmetic thing.

2.46 Code A Right, okay so are you saying there that if you were to hydrate with a needle it would affect the, her capacity to absorb the drugs?

Code A Could do not necessarily...

...Not necessarily but could do in individual cases?

Code A Yeah.

Okay, right if we go to I'll just refer back to the record of Mrs Code A and particularly her care, showing you now her clinical notes. Have you had chance to read these clinical notes?

Code A

Well as far as one is able.

Right, what do you mean by that?

Interpreting the writing is sometimes...

...Right, okay.

...a bit difficult.

In your role at the hospital would you have ready access to these notes?

Yeah.

Whereabouts would these be kept, these clinical notes?

3.57 Kept in the office and on the trolley.

Code A — Right, okay. Can you just generally talk us through if you can?

Code A — I don't know if I want to be first. How far do you....

Code A — ...Yeah I mean

...I mean that just says transfer.

July the 14th, sorry I've gone too far back.

Re-admitted...

...This is the 17th.

...from Haslar erm the reduction of the what that says, I'm not sure, reduction obviously of the hip, dislocation and under IV sedation, remained unresponsive for some hours now appears peaceful. Erm continue on haloperidol which will keep her from throwing herself about and dislocating hip again.

Code A — Right.

Erm only to have oramorph if in severe pain, then that says see Code A again then the following day it said that she'd been comfortable, says here still in great pain, there appears to be a gap doesn't there erm.

Code A — Yeah from the 17th to the 18th.

5.56 — Mmm, but the nurses might fill that in does it not...

DC COLVIN — Maybe we'll come to those.

GIFFIN — I can't, I can't make that line out erm Doctor Code A erm suggests syringe driver, diamorphine, haloperidol and midazolam, it says

Code A

she received on the fifth day, please make comfortable.

And that's on the 18th isn't it?

Mmm, so that presumably is when the decision was made about...

...Mmm

...and er on the Code A she was much more peaceful now needs hyoscine for her something chest erm rattly I think that says.

Right that's the medicine to her chest ...

...I mean I didn't hear her, any particular chesty that I can report.

...no.

Something that I can remember, I mean that's me.

Okay. Can you just sort of go through that then and what that's all about?

It seems strange (inaudible) very often. Condition very poor that's my perception.

Yeah.

7.32

Er she was pronounced dead Code A by me. the relatives were present in brackets Code A Code A she was for cremation, which is a question I hate to have to ask at this time but I have to ask because they have to have 2 doctors signatures as against one if its for burial.

Right, okay.

Code A

I wish they'd take that, ask that when they're first admitted I really whether they're likely to

die or not it would save us having to ask that at that...

Code A

Answer at the time, cremation, yeah.

Question, yeah, okay. Can you remember Mrs Code A dying and you pronouncing death?

Code A

Yeah.

Okay. What was the circumstances for it, can you just describe what happened? Just the whole sort of what you recall about it.

Code A

Well, obviously I hadn't been there all day, I was there the previous night but checked on her frequently. Code A was there all the time and she was reluctant to leave the room so that we could do anything for Mrs Code A she seemed to be intent on watching everything erm she was very nice to know but she never complained to me about anything apart from telling me erm about this incident with the ambulance, she never complained about anything or anyone else. She was obviously not happy...

9.13 Code A

What's the incident in the ambulance?

Well there was some query about the method of transferring her in the ambulance which I didn't know anything about, hadn't been mentioned to me specifically but I obviously found out about it since and, but that's all she was saying. She was waiting on that, that first night for her other sister to come from away and she arrived I think

it was possibly that's confused me on time, erm she arrived in the early hours of the morning or whenever it was erm and then we'd get together. Mrs Code A did complain about Code A erm lack of help over the years...

Code A Right.

...I think she felt she'd been left to do it all on her own er then she was fine. She really was, didn't want us to disturb Mrs Code A for what we see as the routine things we have to do, check that they're clean and ecetera, or a mouth care which is something we do automatically but she didn't seem to want us to do anything like that she more or less, the implication was that if it was necessary she'd do it herself, she obviously was a nurse.

10.55 Code A I think you mention in your statement don't you that Mrs Code A wanted to prepare her herself?

Code A Yeah, with Code A and the, I don't know whether it was Code A or Code A or somebody who works at Haslar erm she arrived just after she'd died, I think they'd found her and they wanted to lay her out and prepare her for the mortuary and er so they did. Did all the usual things, put a nice pretty nightie on, put a crucifix round her neck and there was a particular white rose in the room which I believe had some significance for Mrs Code A

Code A ...Right.

Code A ...that they particularly wanted to go down to the mortuary with her and when they said they'd, they'd done their thing the body has to be wrapped up in a sheet to go, for transfer to the mortuary and to health care support workers was waiting to do that and when they rolled her over to put a sheet under, they found that her bottom needed washing which we thought Mrs Code A

12.15 Code A ...Had done.

...Mrs Code A would have noticed and if she didn't want to do that herself would have told us so we had to do that and then she was wrapped and Code A wanted to go down to the mortuary with her which they did, but they didn't actually go into the mortuary itself but just waited at the door, removed the crucifix before she went in.

Code A Okay, right can you just go over the procedure then, you've obviously gone in there and she's died, can you recall who brought that to your attention or was she just found or discovered?

Code A Well in the last hour or so I was in there frequently but given the fact that Code A was there I didn't stay in the room all the time, we do stay with them if there's no relatives there but erm I got... Code A called me in several times to check before the last time when, when she had died.

Code A — Right, okay so it was just a, at first she slipped away?

Code A — Yeah, basically stopped breathing.

13.41 Code A — Okay so what procedure, now you've obviously described the preparing for the mortuary and what would normally happen, in terms of notifying people and paperwork to fill out what are your responsibilities there?

Code A — Erm notifying people, well Doctor Code A I hold a certificate that says I can pronounce somebody is dead but this doesn't mean I'm saying why...

Code A — ...No it just (inaudible)

...it just means I can say whether somebody's alive or dead erm so I do this, write up my notes and I would inform whoever was in charge of the hospital erm because there was relatives present they would let the rest of the family know, normally I would have to ring and erm Doctor Code A would be informed when she visited the ward in the morning, she would go down to the mortuary if she wanted to see her and I would have to get somebody else, another doctor because of it being for cremation.

Code A — Yes, as I understand for cremation it's two doctors.

Code A — Two doctors.

Where you aware of the criteria required for the second doctor?

15.07 Code A No, I don't have anything to do with it basically it's only where the patients affairs of us and Doctor Code A will ask somebody else to...

Code A ...But you in this case you had to establish that she was being cremated so Doctor Code A was aware in order to comply with...?

Code A ...Yeah because erm if somebody's for cremation, well all the erm undertakers know anyway and they won't release the death certificate until they've got two because it's the law.

Code A Yeah, okay, alright so that's endorsed on her clinical notes, now there are some other notes aren't there?

Code A Nursing notes.

Which I just want to go through generally really, which I think relate to her sort of general hygeine?

Code A Yeah.

Right we have the contact records?

Yeah that's nursing.

And what is this actually used for, the contact record?

Code A Oh sometimes it feels like your doing things in triplicate but this one is kept in the office, as against at the end of the bed, which is a care plan.

16.33 Code A Right.

This one is for, it isn't filled in everyday it's

	Code A	filled in for specific incidents that come up. So if anything is worth noting it should be recorded? Yeah, perhaps specifically... ...but its not like a.... ...out of the ordinary ...you don't do like a half hourly visit and say no change, no change, you know all the way down, you know every half hour or anything like that, it's only written in if there's something to say.
	Code A	No, no that's erm that's on the care plan which is probably just the recent care plans, these are kept at the end of the bed...
	Code A	Yeah. ..and for each erm thing you need to do like you have to have one for the bowels, one for hygeine, one for whatever you know (laughs) one for night, we have one for nights, if there's any spe...dressings or sort of you know things like that...
17.40	Code A	..Yeah. And they're supposed to be done every time anythings done to the patient. I have to say they don't always get filled in erm due to a time thing you know, you're rushing from one to another...
	Code A	...Yeah ...erm and you don't always stop and fill it in, we know we should but it's...it's a bit chaotic

you know you always try and go back and check that they have all been done before I leave the ward but sods law that I'll forget one.

Code A — There are occasions then that they're missed?

Yeah.

So the care plan relates to sort of a...

...General every day care.

...being washed and fed and...

...You know TLC bit (laughs).

Yeah basically and the contract record is in relation to a...

Code A — ...Specific incident.

...specific incident so I'll draw your attention to the final entry on the contract record, which is on the Code A

18.43 Code A — Mmm, that's me again.

That's you again and you've timed it at twenty one twenty (21.20)

Code A — Yeah

On the Code A that you pronounced death....

Code A — ...Yeah.

...of Mrs Code A Okay. Would you ordinarily be completing the care plan?

Code A — Erm, mmm, most of them we just do the night one but if there's...if asked they had to renew a dressing because it's come detached or something specifically needs doing I might do one of those but...and sometimes the urinary

one, if the blood is...if the erm if they've got a catheter and the catheter was blocked and I had to do a wash out and I'd have to record it.

Code A

Okay. So again on the final page of this nursing care plan, so should there be a separate one for nights, is there like a...?

Should be it's usually the last one, not always, usually. but it doesn't appear to be there, no.

Okay so this one here obviously the nineteenth (19th) is the last entry and obviously another Code A days but that would basically...this would basically cover things like being washed, being fed, teeth cleaned, dressings changed?

20.27

Mmm, er yeah er well, on specific sheets...

...Right.

Code A

...possibly what we would say was all nursing care which means that we've done all the things that were necessary.

Right, okay so you'd summarise it in a....

...Mmm

...right this one here is....that obviously relates to the eleventh (11th)?

Yeah when she first came in.

This evaluation, can you describe...explain what this refers to?

Well it just says no food taken so obviously she, but the twenty first (21st) she was on the driver wasn't she it was an issue, that she would, would or wouldn't have done somebody's just.

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DOCUMENT RECORD PRINT

Code A

Okay. Do you know whose signatures these are in relation to thriteenth (13th)?

Code A

I think, oh know I really can't be sure but I think it looks very much like it might be Code A Code A I don't know.

21.36

Okay what's the middle one there on the fourteenth (14th)?

Right, Code A she's a health care support.

And the final one on the Code A

That look's like the same one.

Yeah so possibly Code A?

Possibly.

Okay so in relation to the care plan, ideally they should be completed but there are occasions when they're not?

This particular night we had two.

Two...

Two deaths.

Two deaths, right, okay. Can you remember at the time how....the capacity of the ward? How many patients you had in the ward?

No.

Okay, what is the size of it? You've got eight...

...Twenty four (24).

22.22

Code A

...you've got twenty four (24) beds, okay.

There not all full up very often, we, we average around about eighteen (18) or nineteen (19).

Okay.

But I can't remember.

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Code A — Right so and on that night you had Code A Code A overseeing it, would she have been notified about the deaths?

Code A — Yeah.

Would that be soemthing just to make her aware?

Code A — Yeah, yeah she also erm held the key to the safe if there's any valuable to put away.

Code A — Right, okay...

...she records it in the book down in the office.

Would she ordinarily come down to the ward just to oversee everything?

Code A — Not normally, no erm only if I wanted her to, if I asked her to 'cause well she just happened to be there at the time, you know.

Code A — But the responsibility on that side of it would tend to fall to yourself?

Code A — Mmm.

23.24 — Okay, right. So just..I'll just sort of recap then and summarise what we've discussed so far so it was in the middle of the Code A Code A that Mrs Code A died, so you'd seen her a night and a half effectively.

Code A — Nine twenty (9.20).

Okay. You didn't have any discussions with Doctor Code A?

Code A — No.

Or Code A? Did you have any discussion with Code A regarding Mrs Code A?

Code A | No.
Or any problems?
No, I don't think so.
Okay.
I don't think that..it or depends on what duty he's on, I don't always see him every week.

Code A | Okay. Your first contact with Mrs Code A she was already on the syringe driver?
Yeah.
And had been for a couple of days previously?
Yeah.

24.21 Code A | Excuse me and your perception of the drugs she was on in her..her general level of health gave you the impression that she was dying and this was a path to take to assist her, not to assist her but to make it pain free as possible and as comfortable as possible. What you said you didn't recall Code A making any representations to you about...

Code A | ...Nothing specific, no.
...about the treatment she was receiving at that time?
No.

Code A | But you are aware which you've learnt since about the, a problem with the transfer from Haslar?

Code A | Yes. I knew it, I..it was something that was spoken about erm by Code A I can't, who the nursing staff had mentioned it.

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Code A — Okay. Now we've described your sort of role on the ward and basically you were responsible overnight, and I think it's fair to say that you had no concerns over what Mrs Code A was being prescribed?

25.40 Code A — No.

There was no concerns at all over the level of drugs or her reaction to them?

Code A — No.

Okay. I think you've mentioned this before in your statement, you're not able to comment on the actual effects of the drugs because you didn't see her...

Code A — ...No, I didn't see her before she had them.

...beforehand so you can't say, okay. We've described the drugs and what they're intended to do and the levels we're talking about you say that's sort of ...

Code A — ...Reasonable.

...perfectly reasonable amounts. No concerns over the level of drugs. We've discussed the scenario if you had a problem with the treatment, what procedure you'd follow in order to do that and we've obviously discussed the syringe driver operation. There's one thing, do you know the make of the syringe driver?

Golly, I've no idea.

Code A — Okay.

You wouldn't believe it would you (laughs).

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	Code A	What training do you receive in using it?
26.51		(laughs) I think we did this before.
		Yeah, yeah.
		Erm we're just instructed the first time we use it and then there's er a leaflet up on the wall in the erm treatment room that we can refer to if we've got any queries.
	Code A	Right, okay. If, is it, do you recall there being a change of model or a change of make on the ward?
	Code A	No.
		No, so it's...do you recall using the same one, for how long? How long had that been on the ward?
	Code A	It must be, well I mean I've only been on the ward, that ward for about three weeks but in the hospital overall it must be ten, twelve years, must be.
	Code A	Okay. Just another point, just going back to the previous notes about, there was a comment made on the twenty first (21st) about her chest, Mrs Code A chest, it didn't look very clear and a mention of hyoscine on here, from your recollection you stated that you had no concerns over...
28.07	Code A	...I don't recall her being chesty...
		No.
		...but then
		I think you'll find that she had hyoscine from

Code A — the seventeenth (17th) anyhow, although its...

...No she'd had that

...was it, where's the...have a look at the drug thing, I think Doctor Code A prescribed it if required and it was administered straightaway

Code A — Well no it was actually put...first put up on the nineteenth (19th).

Code A — On the nineteenth (19th) did it sorry.

Code A — Yeah, nineteenth (19th), twentieth (20th) and the twenty first (21st).

Code A — So by the time you actually came on duty she may have not had to...

...No.

...the rattle so to speak because she's already on the hyoscine.

On the nineteenth (19th) at eleven twenty (11.20) she would have had it all day...

...So that

...prior to me coming on duty at eight.

28.47 Code A

So you wouldn't have heard it anyhow?

No.

Okay.

Just...can I ask a question for a sec?

Yeah, yeah go on.

In relation to the medicines that she received the four medicines that we've already been through, are you aware of any possible adverse effects which may have affected Mrs Code A health because of the combination of drugs?

Code A — No.

Code A — There's nothing adv...like a and b don't really go so she shouldn't have them?

Code A — No, this is a combination we use regularly.

Yeah and also is there any equipment on the ward, like to assist people's breathing or used in emergencies to resuscitate people or anything like that?

Code A — We do have a trained resuscitation erm...

...Equipment on

...equipment on it and we do have oxygen on the ward.

29.48 Code A — But somebody in...sorry

Well, a lot of the patients and not for resuscitation.

Code A — Yeah.

It's not like the younger, you know so mostly on patients we wouldn't use it but we have got it on the ward and we can use it if necessary.

Code A — Yeah but somebody like in Mrs Code A situation may have, she's ninety one (91), she's poorly, hip replacement, deaf, can't see very well, can't look after herself that's the sort of patient that would be put under the no resus?

Code A — Yeah, they would be given a combination of the drugs as well.

Yeah.

Erm.

The combination of the drugs as well, I mean...

Code A ...It's a very strange exercise to erm, er and all shouting all (laughs) resuscitation because it just...

Code A There's no point.

...wouldn't be relevant. Unfortunately this is all overtime by us even if we know all the circumstances it's not...

30.59 Code A ...I'm sure it does.

...it's not easy. It's all life.

Okay, just looking through your statement on page three.

Code A Oh dear.

No it's just a point...

Not the right account.

...you mention Code A also believed that Code A was far healthier mentally than what had been diagnosed?

Code A Mmm

Can, obviously you only saw Mrs Code A when she was...

Code A Right, yeah.

...you know obviously sedated or whatever. What's drew your attent...

Code A What makes you say that?

...Yeah what makes you say that basically?

It, this must have been part of the handover that erm because obviously I was giving out a resume of what had happened in the week before and erm I, it's so long ago but I think I

remember being told that despite being asked to stay in her chair she wouldn't do that. Her belief in herself that she could get up and do whatever she thought she wanted to do outside the room which we get all the time and erm on this particularly occasion she did get up and she did fall which is very sad but Mrs, what Mrs..the way Mrs Code A was talking Code A was talking to them perfectly normally, well again it's a case of perception erm and for Mrs Code A it might well have been normal, what she'd gotten used to...

Code A ...Yeah.

...because she'd been with Code A on a continuous basis. They very often don't realise the degree to which the dementia is there whereas the people outside would query it quicker, does that help, is that okay?

Code A Yeah that's fine, yeah. Were you aware that she had senile dementia?

Yes.

And you're aware of her other ailments at the time? Would that have been part of the handover you received?

Code A Yeah.

Can you recall what they were?

No.

(laughing)

Fair enough.

Code A — For the most part we, erm bits that stick are the relevant bits at that, that time, things that are gone before I found, wanted to query something I could look it up.

Code A — Okay, right is there anything else you wish to add?

Code A — Can I go home, you can go home (laughing) (laughs)

Is there anything you want to clarify? Anything you've said that you feel we haven't understood or warrants further explaination?

Code A — I don't think so.

Okay. Hand you a notice explaining the tape recorder procedure which is just there. Time by my watch is twelve forty one (12.41) (coughs) excuse me, turning the recorder off.

END OF INTERVIEW

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y20

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: FAREHAM POLICE STATION

Date of interview: 25/07/2000

Time commenced: 1110 Time concluded: 1136

Duration of interview: 26 MINS Tape reference nos. (⊛)

Interviewing Officer(s): Code A Code A

Other persons present: Code A - Hempsons Solicitors

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(⊛)	Person speaking	Text
	Code A	this interview is being tape recorded, I am Detective Sergeant Code A the other police officer present is....
	Code A	Code A
	Code A	Right I'm interviewing Doctor Code A Doctor could you give me your full name please and date of birth?

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Code A

Code A

I am Doctor Code A date of birth Code A

Right, also present today is........

Code A of Hempsons Solicitors.

Today's date is Tuesday the 25th of July the year 2000, and the time by my watch is ten past eleven (11.10) in the morning. This interview is being conducted in an interview room at Fareham Police Station and at it's conclusion I'll give you a notice explaining what will happen to the tapes. I must remind you Doctor Code A that at any time during this interview you have the right to legal advice, if you want to talk to Mr Code A without us being present then please ask and we will leave the room. Your presence here is voluntary, you are not under arrest, you can leave at any time. Right, I also ought to say that you don't have to say anything but it may harm your defence if you do not mention when questioned something that you later rely on in court, anything you say may be given in evidence. If I can just point out this notice where it says that this interview room is capable of being monitored when the tape recorder is on the record mode only and with the tape running, a warning light will indicate when monitoring is taking place which is this red light here and at no other time can your conversation be overheard. Right that's my introduction.

We the police are investigating a complaint made by

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Mrs Code A and Code A Mrs Code A into treatment afforded to Code A Code A who was a patient in the Gosport War Memorial Hospital particularly between the 17th and the 21st of August in 1998 and I understand that you were one of the doctors who were providing care for Mrs Code A and I understand that you have a prepared statement that covers your dealings with Mrs Code A and I'd invite you perhaps in your own time just to work through that statement and give me as much detail as you can about the dealings you had with Mrs Code A

2.23 Code A Reads statement as attached.

26.46 Thanks ever so much for that, what I'll do is we'll take a break there. Would you like a drink?

Code A Yes, please.

What would you like?

Lot's of water please.

Yes of course we'll arrange that for you. By my watch the time is 11.36 and I'll turn the tape recorder off.

STOPPED FOR BREAK

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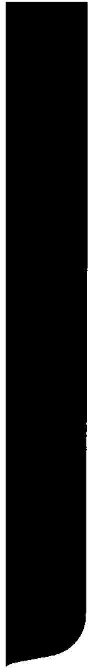

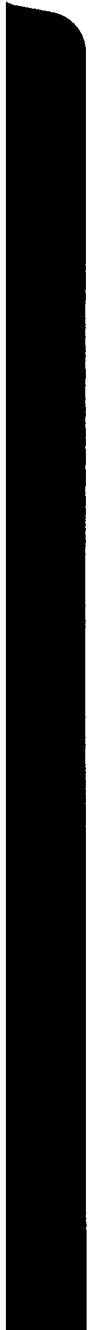

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number:
Y20A

Enter type:
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: FAREHAM POLICE STATION

Date of interview: 25/07/2000

Time commenced: 1159 Time concluded: 1205

Duration of interview: 6 MINS Tape reference nos. (✇)

Interviewing Officer(s): Code A

Other persons present: Code A - Hempsons Solicitors

Police Exhibit No: Number of Pages:

Signature of interviewing officer producing exhibit

Tape counter times(■)	Person speaking	Text
	Code A	This is a continuation of our interview with Doctor Code A Doctor we've had a short break now after your long and full explanation of your dealings with Mrs Code A I'd like to just explore one area if I can and that was the relationship that you had throughout her stay with the family, particularly

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the Code A. Are you able to expand upon that at all?

SOLICITOR

Mr Code A I'm afraid as I've already mentioned before we started unfortunately Doctor Code A does feel very upset and uptight by er the allegations and er would find it very difficult I think to deal with, with questions hence obviously (inaudible) statement so erm given that concern that she wouldn't do herself justice er I've advised her not to make any further comment er so she will be NO COMMENT.

1.03 Code A

Okay, what I'll do is I have just a very few questions that I'd like to run through and I understand that the answer will probably be No Comment but if you do feel that you'd like to answer any of them at any point then please feel free. I think one of the main thrusts of the complaint known by Mrs Code A and Mrs Code A was a lack of clarity in the explanation as to the use of a syringe driver. Do you consider that you explained and got there acceptance of the use of a syringe driver?

Code A

NO COMMENT

Would you be happy to explain exactly what the term I'm happy for nursing staff to confirm death meant on the 11th of August?

NO COMMENT

Was Mrs Code A death inevitable on the

11th of August?

Code A NO COMMENT

Once we'd gone down the route of using a syringe driver, at any point from the 18th to her eventual death on Code A was there any consideration given to reducing the levels of diamorphine being used to assess if there was any recovery or any improvement in her general overall condition?

2.57 Code A NO COMMENT

Was there a consultant available in the War Memorial Hospital during that week?

Code A NO COMMENT. NO COMMENT

No I think I'm happy there. Right (inaudible). (Inaudible)

One of the other complaints by the family was the question of re-admission to Haslar for a third time was discussed and the family indicated to yourself and Mr Code A that they'd had a conversation with the consultant at Haslar who was willing to re-admit her but were you aware of that conversation?

Code A NO COMMENT

And if you were aware that that conversation had taken place why wasn't her re-admission arranged?

Code A NO COMMENT

Okay, I think that's the points that we needed to cover straight away. Thanks ever so much. Is

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there at this point anything else about this incident or matter at all that you'd like to add or to clarify? This is your opportunity by way of closure to say anything else that you'd like.

Code A

No thank you.

Okay by my watch the time is five past twelve (12.05) and I'll turn the tape recorder off.

END OF INTERVIEW

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y17

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 20/06/2000

Time commenced: 1414 Time concluded: 1459

Duration of interview: 45 MINS Tape reference nos. (◈) 44/00/289213

Interviewing Officer(s): Code A Code A

Other persons present: Code A
Portsmouth

Police Exhibit No: Code A Number of Pages: 46

Signature of interviewing officer producing exhibit

Tape counter times(◈)	Person speaking	Text
Code A		This interview is being tape recorded. I am Code A Code A Code A the other police officer present is... Code A Okay it is Tuesday the 20th of June, 2000. The time by my watch is 14.14. I'm interviewing

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Code A

Code A please can you give your full name and date of birth?

Code A

Code A

Thank you and also present is....

Code A of Saulet and Co Solicitors, Portsmouth, Legal Advisor.

Okay. The interview is being conducted at Park Gate Police Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes. I must remind you that throughout the interview you are entitled to legal advice and we can delay the interview at any time for you to receive that advice so if your in any doubts about that just say so at any time. Okay I'm now going to explain why we've asked you to come down here today and just basically a summary of what we're trying to achieve. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Code A Code A on the Code A at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of August whilst admitted to this hospital. We are seeking to interview those members of the

nursing staff who had a duty of care to Mrs Code A during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained to the 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 with the 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. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you are free to leave at any time, your right to free legal advice in private extends throughout the period you are at the police station, okay. Now the next part is the caution, you do not have to say anything but it may harm your defence if you do not mention 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?

Code A

Yes, I do.

Okay. As I 've said to I think everybody who

we've spoken to so far, there's quite a lot there, what I would try and emphasise is that there's no judgements going to be made by myself or Code A or anybody within the police force or CPS without having spoken to people who have got experience in the medical profession and also experience in the treatment of elderly patients, you know it's not a judgement we're able to make so it's not a case of us asking questions and getting answers we don't necessarily understand and making a rash judgement on that. It's going to be a carefully considered results at the end of the day.

3.44 Code A — Mine and Code A role in this sort of enquiry is to establish fact...

Code A — ...Yes.

...like as Code A said we're not in a position to query what drugs are issued, when they're issued, what for and who by or anything, that's not our department. We're just here to establish what people know and their roles and responsibilities during the course of Code A Code A time at Gosport War Memorial.

Code A — Yeah.

Okay, what I'd like to do first is just get some background about yourself in relation to the hospital and I just wondered if you could outline your experience and qualifications and how long you've worked at Gosport hospital.

Code A

Just within Gosport hospitals?

4.30 Well and generally if it's relevant, if you feel it is.

Well I trained as a nurse, I started in sixty seven as a staff nurse in the trauma unit, I got married by about nineteen seventy two I was a staff nurse in a mental hospital, I followed that by a stint on the medical ward and then I went into industries as a nurse for first of all Pye Telecom and then Sainbury's. Then we moved, I joined Gosport War Memorial on an elderly care ward as a staff nurse, I became sister of that ward, I Code A I went back on night duty and I stayed on night duty for the astonishing amount of twenty years...

Code A

...Good grief.

...plus and I have just, I left night duty last October and took a post on days on the same ward as I've been on nights for the two previous years, so I've a wide experience throughout the War Memorial and worked in every department,(laughs) and that's it really.

Code A

(laughs) Okay, no that's great.

(laughs) That's it, that's a lot.

Yeah, right so in August ninety eight what were your duties?

5.40 As the night duty staff nurse as an Code A I was, I took charge of the ward, I also had a remit that er when the duty sister was absent to

	take charge of the hospital which involved doing minor injuries and overseeing the other wards.
Code A	Right.
	And that was...but on that particular night I wasn't stationed on the ward as far I remember.
Code A	Right, yeah I mean the dates obviously for this, we're discussing at the moment are the seventeenth and the twenty first...
Code A	...Yes, yes I believe I was on the night of the sixteenth which ran into the seventeenth after midnight I think if you look at the duty rota.
Code A	Right.
	So I wasn't actually there on the night of the seventeenth but I worked into the seventeenth.
Code A	So you worked there when she arrived back from Haslar midday on the seventeenth?
Code A	No.
	No.
6:27	No, I must have been, I can't remember what night I was on. Do you have my duty rota somewhere?
Code A	It's the only one we haven't got.
	You're kidding.
	The night rota.
	We have got access to it I mean...
	...She came back on the Tuesday, I'm trying to think of the previous week when she's admitted, I think I was there on the six...yes I do

remember her being there because I remember she was in room three when she was initially admitted for the first night I ever, one and only night I ever saw her there...

Code A — Is that when she initially came back from her hip operation?

Code A — No, that was when, well that's when the hip operation had happened.

Code A — Yeah.

Then I had a..my pattern of working was I worked Sunday, Monday on one week and Sunday, Monday, Tuesday on the following week rolling round all the time...

Code A — Yeah, right.

...so I believe I was there on the night she came back from Haslar.

7.22 Code A — Right.

I believe.

Which night are you talking about?

Which is, I'm try...it's difficult isn't it.

Well I think the first night she came back was the eleventh wasn't it?

Code A — Yes, I was there the day she was admitted and then the following week that was the Tuesday, what night did she, I must have been there on the night she came back from Haslar.

Code A — Yeah, as I understand it...

...I think so.

...the seventeenth was a Monday.

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Code A

So I would have, yes it's a bit confusing, so I must have worked the seventeenth, eighteenth that particular...

Code A

That was nights?

That was at night, yes.

And what is your night duty, what's the times?

Oh quarter past eight 'til quarter to eight in the morning.

7.57

Okay.

A full night.

A full night. Do you remember Code A

No, not really I'm sorry.

No.

I've not got a clear, I can't see her face at all.

No, okay. We are aware that her daughters were there from time to time throughout...

...Yes

...excuse me, throughout that week. Do you remember them being in the hospital?

I don't really remember Code A at all, most of what I remember is the things that were said on handover about each patient and really it's, it was just an ordinary old night really, it was...I don't remember Code A staying, she may have stayed 'til late but I'm almost certain she didn't stay all night on that occasion.

Code A

On that occasion. You say about the handover do you remember anything being said

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specifically about Mrs Code A on the handovers?

8.53 Code A Not really I'm sorry you know it's a long time ago and obviously they tell you the background but they're telling you the background about twenty other people at the same time and it doesn't stand out particularly as anything abnormal.

Code A Who would generally conduct the handover?

It's done between the senior nurse on duty from the day shift and the staff nurse and the two health care support workers who worked through the night so there are four of you in the room and the handover starts.

Code A And is that how many you would have on nights ordinarily sort of three?

Code A Yes, there were three of us usually unless there was a disaster or somebody went off sick and couldn't replace them but only three of us.

Code A Generally so you supervise two?

Two health care support workers on the ward, yeah.

Code A Okay and as I understand it the health care or perhaps you can describe what the support workers, what their role is?

9.49 Code A Well their role is to do basic nursing care under your instruction which do you want me to...

Code A ...Yeah please do.

...(inaudible), erm change patients beds, make

them comfortable erm do pillows erm bedpans, toileting, undressing anyone and putting them to bed who needed to go to bed erm that kind of thing and that's really their job.

Code A

Okay, so you mention your sort of general role but in terms of on nights...

Code A

...Yeah

...in terms of the patients you're looking after, what are your, sort of things you're expected to do on nights?

Code A

Well you're really expected to continue in, continue their care and their care is obviously different at night to it is at day because during the night they're in bed whereas during they're not usually so that you really have lots of things to do like, make sure that you know their pressure areas are relieved, that they're positioned properly, that they're comfortable and this kind of thing that is you know different thing from sitting in a chair to lying in bed so in fact they really nurse quite differently at night erm I think what else do you do, well you have to oversee the treat..any treatment they have, you do the drug round obviously and you're responsible for the, for the drugs given to patients.

11.16

Code A

Yeah, okay.

Which you do.

Who's responsible for prescribing the drugs and

Code A | the treatment?
Well the drugs are prescribed either by a GP, by Doctor Code A Code A or by Doctor Code A the Code A and a GP would be called in if we had erm if a patient suddenly fell ill or yeah, and we couldn't you know Doctor Code A wasn't there and call the Code A and you know at night kind of thing but, but that's how you sometimes it's health call and sometimes it's the Gosport practice.

Code A

Yeah, as I understand health calls like a duty...?
...It's in Havant somewhere, its the health call.
I think it's Havant Road, Drayton.
Yeah and you get them in and they'll come and see everybody who's experiencing difficulties in any way.

12.05 Code A

Yeah, okay and you would refer to the notes in order to ensure that the treatment...
...Yes.
...prescribed...
...Yes
... you're complying with?
Yes, yes.
Okay. You are aware that Mrs Code A was ultimately put on a syringe driver which I think occurred on the eighteenth. I wonder if you could just talk us through the syringe driver process, what benefits it has, how it works you know just a general overview?

Code A

It's a, it's a good and erm it's a good method of giving analgesia to a patient erm it, it, you put it under the skin with a needle and it's strapped down er otherwise the patients will probably be having intromuscular injections every four hours which is distressing them, and painful for them that's the way it used to be done, it works basically as a pump, you have erm, you can have lots of different drugs in it that work in different ways erm because the patients on a syringe driver it does not necessarily mean that their deaths imminent. I believe syringe drivers came from (inaudible) called ambulatory syringe drivers and cancer patients use them for pain relief and actually walk round with them on their body and that's really where I believe that they came from, so it's a good method of giving certain drugs to people to control symptoms, to relieve distress and also to relieve erm patients tend to fill up in the chest as the heart fails, they can't clear the water from their body and they get bubbly and because they're bubbly I don't necessarily think it means they've got a chest infection, it means that their heart doesn't work terribly well and it relieves that distressing symptom and you know the drugs of choice are really dependant on what symptoms the patients showing, the main drug is diamorphine...

Code A ...Right.

...which is given erm in varying doses depending on you know you start with a, there's a whole pain regime that's laid down really erm which is a bit simplistic I think if it depends where you're coming into the pain regime, you know how severe the patients suffering is.

14.53 Code A Okay well perhaps we'll move onto that then. We've got here Mrs Code A health record.

Code A Yes.

And I'm just going to show you the prescription...

Code A ...Yes, drug record.

...the drug record and we've got obviously various drugs here not all given at the same time..

Code A ...Yeah.

...I just wonder if you could talk me through whi..as we understand it there were four drugs loaded onto the driver on the...

Code A ...Yes.

...I think it was the eighteenth it started and diamorphine, haloperidol, midazolam and hyoscine, I'm getting good at this now aren't I?

Code A Yeah you are because originally we couldn't get out heads around (inaudible) our tongue around that one.

Code A Haloperidol...

Laughs

Code A

Haloperidol

Several names it's known as a ...

...Oh don't confuse us

...no but you find that people have it in (inaudible) all drugs have erm a chemical name and also manufacturers brand name...

Code A

...Yeah.

...so you find that haloperidol could be manufactured at several names

Okay, I just wonder if you could us through the, these four drugs and what they do?

What they do firstly, diamorphine is a major or the major player in what's called analgesia or pain relief erm it's street name is heroin erm and it's a, it's an artificial derivative of the poppy, pain killer, excellent drug of choice has side effects which are respiratory, depression works on that area of the brainwave, depresses your explorations unfortunately (inaudible) otherwise it's excellent. Haloperidol is used for patients who are demented and it's a sort of er calming drug almost but it's used mostly for them you know we don't, it's not used in general medicine, I think it's used for people who are erm what can I say, how can I say, er mentally distressed I think really would be the word I can...

17.27 Code A

...Having read some of the statements I think people have referred to them being noisy?

Code A

Yes.

Does that make them, is that...?

If somebody's noisy, or they're mentally distressed or it can be quite noisy without being so but erm somebody who is severely demented can scream and cry and be inconsolable even...

Code A

...Right.

...and sometimes the drugs used you know for that, to make them calm again and that's the drug. Hyoscine erm it's used a lot in surgery, it dries secretions erm as I say it, it stops the erm the bubbling erm and it's really given almost as a comfort to people who find it very distressing to have the pain relief, they've to have their respirations depressed because the respirations want something else put in to, so that we can breathe better without distress. Midazolam it's related to valium and that's another calm me down drug really.

18.48

Code A

Okay. Those four together then...

...Yes.

...loaded onto the driver at the same time...

...Yes.

...is that a combination that's usual?

Yes, yes it's usual, yes it could be, there could be other drugs but in like erm cycloscine which is an anti nausea if somebody's feeling very sick and use lots of drugs in combinations but that's fairly, probably if you weren't mental you

Code A

didn't have haloperidol, if you were sick you might have the cycloscine you know it's taken as a, it's a judgement made on a patients medical condition.

Yeah, okay. Obviously we've got the various amounts here of drugs prescribed...

...Yes, yes.

...diamorphine is between...

...Yes

...forty and two hundred is it milligrams...

...Milligrams, yes.

...and if I can draw your attention to the amounts actually administered which...

Yes.

...if you agree with me they all remain at forty?

Yes so she wasn't being increased the pain was controlled obviously by what was being given to her.

Okay so the amounts there on the four, on a scale you know of...

I see the hyoscine was increased but yes that's fine, it's nothing.

...okay are they particular high, what I'm saying are they high doses or particularly low doses or somewhere in the middle?

They're very low doses really, you know to be fair, they're not, they're not huge doses, I mean we get people with them with a hundred and twenty in them and of diamorphine over twenty

Code A

four hours but that's minimal to be fair...

Mmm, okay.

Mmm

...it's not erm...

And as I understand it in relation to diamorphine the forty to two hundred means it's a...

20.40

..Yeah.

...gives the nurse discretion to...

Yes.

...to up the dose if...

Yes, mmm, mm.

...if it's apparent that (inaudible)

Yes, if the patients are not being erm if the pain's not being controlled you can increase it, you can also stop the driver take it all down and start it all up again with increased doses of drugs in it.

Oh you can.

Yeah.

Right, okay, because I understand it's on a twenty four hour..?

It's on a twenty four hour cycle.

But you can actually...

...Yeah, yeah.

...take it off and start again?

Yes, yes you know supposed they haven't put hyoscine in it, you could stop it all and add it.

21.16

Okay.

Code A

But you'd start again, you'd just stop it all and start again, you don't put things in a syringe that things have been in the syringe before, do you understand me.

Yeah.

You don't top it up, you just take it all away and start it up again.

Okay, obviously these drugs are related to oral as well?

Yes.

Can you just have a quick look through and see if there's any that you've administered throughout...?

...I obviously gave this lady oromorph.

Okay

And I was (inaudible) on the eighteenth because that's my signature.

Right, I just for the purpose of the tape I'll describe, it's the eighteenth of the eighth at...what's that...?

..oh twelve thirty

...oh twelve thirty...

21.5

Twelve thirty am I mean (laughs)

Oh right, twelve thirty am.

Half past midnight?

That's it

Half past midnight.

Half past midnight that's got it, got five mils?

Yes.

Code A

And that's your si...?

...That's right

Squiggle.

Yeah, squiggle there?

That's my signature, yeah.

Okay, and I take it at the time that's what Mrs Code A was...?

...Prescribed as here.

..prescribed, which is the oromorph?

Yes.

And that's some doses there?

Ten milligrams in five mils.

22.26 Okay, I know you've said already that you can't remember a great deal about anything about Mrs Code A but I'm still going to have to ask various questions about it.

Yeah, yeah.

Can you remember the effects that had on her at the time? Whether that dose was sufficient?

I think erm that at the time presumably that er she'd had it earl..why had she had it, where had she bee..she'd been in Haslar that I can remember erm I don't like to really say but I rather think that it was difficult to administer it orally, I think that's where erm people spit it back at you and that kind of thing erm and I'd like to point out that it was given at an unusual time so she was obviously in pain because it was, it wasn't given at a time when I would

Code A

have been doing...

...Pretty bad.

...the drug round you see...

...Yes, that's

...so I've given it at half, in the middle of the night kind of thing and the drug rounds done about ten o'clock.

23.39 Code A

So it's fair to say that, so that's an unusual time...

...Yeah

...generally to ?

Well it's not unusual but it obviously means to me that the woman was in pain and I was giving her something for it, it wasn't done at a..it was something that had cropped up during the course of the shift, she was obviously making some kind of (inaudible).

Code A

Okay.

Would that have been there I appreciate it's recorded there and the fact that she's been given pain relief, would the fact that your attention was drawn to her because she wasn't plainly recorded anywhere?

Code A

Yes erm

Could there be written down Mrs, you know Mrs Code A in pain?

No I think actually I put something like in the notes oromorph ten milligrams in five mils at present and that was about as far as I got with it

other to say that I did record it on the nursing notes that I'd given her.

Okay, can you just have a look through the others just to see if there's any there?

24.36 (inaudible) that's just because she was constipated.

That's the lactulose?

Code A

Lactulose it's just a, it bulks it up and this is obviously a regular drug that, that she...

That's er haloperidol

Haloperidol

...haloperidol that was something that she was on anyway I believe, this was the oral morphine really which they, you know it's written in it's obviously four hourly and then sometimes they write like they have here, at ten o'clock at night that she obviously she didn't need it then so it wasn't given but it was given here, you have to write it in two differ..it was given here at half past twelve in the morning so she was obviously not in pain when I went round with the drugs at ten...

...Right

...but she obviously was later.

Yeah.

25.2 Code A

And in fact it had really been given in a sort of a out of hours type way really.

Okay.

And that's all I (inaudible)

Code A

In relation to the four drugs which were administered by the syringe driver, are you aware of any potential adverse side effects it could have had on Mrs Code A health just purely the drugs together as a combination of two, or three or four of them at all?

Code A

No, not adverse, no.

No. What about regarding the drugs licences, are you aware of whether they're licenced or unlicenced for subcutaneous use?

Code A

Well they're obviously licenced because to get an unlicenced drug is a, is a procedure...

No, I think..sorry..as far as I'm aware certain drugs are licenced to be administered in certain, used in certain routes either orally...

Code A

...Oh I see

...yeah

I see you mean you, you wouldn't give lactulose into a muscle is that what you're trying to tell me (laughs).

I'm hoping you'll tell me.

26.38

Code A

No you wouldn't, you'd have a nurse, yes there's as far as I am aware and...

...They are licenced for subcutaneous use?

...they can be given subcutaneously.

Right.

Okay. In relation to the four of them and I appreciate you weren't on duty in the final...

...No.

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Code A ...couple of days but taking them as they are are you able to say whether that's, those combination of drugs indicate that the person they're being administered to is someone who's dying or you know very ill and close to death or is there other scenarios where that wouldn't be the case?

Code A Well there are but in this case I believe that they were administered to Mrs Code A to make her less distressed and more comfortable.

Code A Okay. On the night she did, you were on duty when Mrs Code A was there did you, can you recall any signs of her dementia or any times when she was calling out?

27.51 Code A As far as I recall I think that on her initial admission she seemed to call constantly and was distressed and mentally distressed and obviously erm where she'd had the hip done it's very painful, it's very brutal what's done to them in theatre, to see it done is pretty awful really, these frail old ladies and it's, you need to be a big strong chap to get the hip back in.

Code A On the date that you had...I think was it the last time she had the oromorph, was that the...

No, that's the second to last.

...the second to last time, you obviously gave it to her because you believed she was suffering some kind of pain?

Yes.

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Code A

Would, did anybody come and try and find the source of the pain or was it..

...Well yes

... assumed it was the hip operation?

Well we always try..

Yeah

..and really before you, you know try to make somebody comfortable before you raced in with a lot drugs to be honest...

28.55 ...Yeah.

...and I think she was in pain.

Right so that would have been the course of act...you'd have tried to re, re-position her first?

Well, we'd re-position her, we'd try and give her a drink and other things you know, perhaps a cup of tea you know you sort of you know when you talking about giving major analgesia you do look at the whole situation each time.

Code A

Do you recall trying to re-position Mrs Code A?

Code A

Not really, I can remember the room she's in on her initial admission and I can remember the room she was in on her second admission but Mrs Code A I can't see her face at all, it's, I just can't I'm sorry.

Yeah, no.

Code A

You say she was in room three the first time?

Yes, I can.

And what was the room in second time she was

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there?

29.40 Code A

I think she was in room four.

Room four.

Okay.

Opposite the nurses station so she could observed, well she could be observed anyway but...

Code A

...But is that the sort of policy that the ward may have, that the more....

...Well yes if it's somebody...

...not risky patients but the more ....

...Yeah

...what's the word I'm looking for.

Poorly

Yeah, the sicker people get put nearer the nurses office so you can keep, be easier to keep an eye on them?

Yes, although we are mostly on our feet erm if you stop to write notes and things you stop at the nurses station and its eas you know you can sort of keep an eye on the two rooms opposite the nurses station which is usually...

...Are they isolated from the rest of the ward then are they?

No, no it's all in the ward, have you not been to the ward?

30.26

No.

No, it's divided into four beds, I think we've got three four beds, one six bed and the rest are

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Code A

single rooms.

Oh right, so the three and four are they multi occupancy?

Yeah.

Yeah

Yeah you know they (inaudible - laughing)

Sounds like bedsit land don't it

They're divided into men and women as well it's not mixed but yes you do put the poorly ones nearer your post because you're there answering the telephone that kind of thing.

Okay, right so we've covered the drugs and we've covered the fact that they would be prescribed either by the GP Doctor Code A or...?

Yeah, well she's the Code A actually to Code A although she's the Gosport GP.

Right, okay.

31.26 Code A

Can I just ask a question on the drugs?

Yeah.

It's a question they've asked you about, the hyoscine...

Yes

You said was giving the gurgling sound?

The secretions

The secretion, if you look at the record not the syringe driver you see it was increased from two hundred to four hundred?

Yes.

Code A

What would that indicate?

It would indicate that her heart was failing and that the secretions were probably building up.

So the noises were getting louder?

Yeah she could maybe developing a chest infection, in fact it's put in really erm before people do start this awful gurgling.

Mmm,mm, and as we've been explained before that the, that one of the reasons isn't solely for the patients benefit which it is...

...Yeah.

...it's for the relatives as well so they don't get distressed over the noises the patient makes.

32.10

Code A

Yes, although...

...The nurses would have heard, probably heard the gurgling sound doing this course of treatment?

They could well have done, yes.

Mmm, that's it thanks

Okay and how are the...obviously so whoever prescribes this course of treatment...

Yes

...how do they review it? How regularly do they review the treatment to see it's effects and ...?

Well it would be reviewed daily and at any other time that you felt it may have caused concern.

Right.

So...

...So on an, as been explained to me previously on a night shift...

...Yeah

...if something happened which caused you concern you'd contact health care, health call? Whoever, you would actually ring the number of Doctor Code A surgery...

...Oh right.

...and they'd get one of her partners if they were doing the call or you may be referred to health care.

33.0 Code A

Right and during the day time obviously Doctor Code A?

Came in every day.

Okay

To see them and review them.

And review them, okay. I'm aware this didn't happen in this particular case but this is just a general question over hospital procedure I'm after. If there was a time when you were concerned about treatment prescribed by a particular doctor, and you'd made representations to that doctor and you know they'd fell on deaf ears basically...

...Yeah.

...and the treatment persisted, are you aware of any procedure in place that you would be able to go and register your concerns with?

Code A — Yeah, well yes you could either go, which I would do in the first place, I would go to the Code A and say that I wasn't happy with what was happening and you could take it up with your college of nursing who have representation for you.

34.07 Code A

Right

You know so if you really felt very strongly about something that was happening you know there are people that you can talk to about it.

Yeah, okay.

But not in this case (inaudible)

No, have you ever had a problem?

No I haven't.

Never had a concern in the hospital I presume?

Not, no, no, no, not to ...

Okay.

...I'm trying to think.

Okay. On the, as I sa..I appreciate your as I mean I'm asking questions when your, you've already told me that your memory of Mrs Code A isn't great but in relation to the treatment she was on when you were present not the syringe driver later on but when you were present, what were your, what did you understand about the appropriate treatment? What did you think it was set to achieve for her?

35.05 Code A — I think it was set to erm principally to make

Code A

sure that she had no pain and that she suffered the minimal distress in her illness.

Were there any times from the seventeenth that you recall where she got out of bed, you know she was helped out of bed or got out of bed?

Not during the night shift as I recall, no.

No, okay. Was there any times you saw her being supported to walk or going to the toilet or to the commode or..?

No.

No.

No.

Okay.

You mentioned there that they (inaudible) to ease her pain, distress through her illness. Are you aware of anything particular that Mrs Code A was suffering from. I appreciate she's ninety two, she's had major surgery, she's deaf, she can't help herself anything like that but is there any particular illness that you're aware of that she was suffering from?

36.02

Code A

Dementia.

Dementia.

Mmm.

Okay. What problems may, would her dementia have caused to the staff in terms of diagnosis and in dealing with her?

If it's possibly erm it's sometimes very difficult to tell the difference between you know if

somebody's making a noise why are they crying so loud erm she did cry a great deal I believe but it does make it difficult because they can't answer questions that you're asking them, you know they can say anything really, you know and cause it is difficult but there are signs that people are in pain that outweigh signs that they're in dementia you know. I mean if something hurts you'd probably find that they're holding it if it's their head, or their arm or people tend to guard the part they've hurt erm so really I suppose that she was obviously I think there is a difference between the sort of cry of someone who's dement, you know who's really demented and somebody in pain, people don't cry a great deal in pain I don't think but you'd probably find that they were holding, it's a difference, it's not a wailing, it's a sobbing if you've hurt yourself dementia they wail and you know it's different really, it's difficult to sort of describe but I mean I don't you know, I don't really recall her wailing so much.

37:58 **Code A** On those, going back to the course of treatment that she was put on, the combination of the four medicines would that have sedated her sufficient enough that she wouldn't be conscious at all throughout that time?

Code A Uhh, well it depends. She wouldn't have been, shouldn't have been or wasn't rendered deeply

	Code A	unconscious, she should have beenrendered pain free. Sorry deeply sedated so she's not able to sit up and try and converse with anybody or ...? I don't believe this, I don't (inaudible) on this but... ...If you don't know, you don't know. ...well I do but I don't recall her having a conversation and the purpose of it is to ease her pain not to render her unconscious erm she may well have been very drowsy erm the whole idea of it was to keep her on a plane so that she was comfortable it wasn't to, to you know it's not cause to...
39.03	Code A	...Knock her out? ..No, though it may well have done but it, it, it's not why it's put up, it's not put up to, to sort of knock people unconscious and render them you know incapable or anything.
	Code A	Okay. Just want to go through the various notes that we have here. First one I'll show you which is still forms part of the Code A Code A notes are the contact records. If we take it from the seventeenth, I wonder if you wouldn't mind having a quick look through see if there's any...
	Code A	...This is when she returns. ...yeah, relating to you from the seventeenth of August.

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Right (looking through documents). That's all quite normal nothing in there that's untoward.

Is there any that's (coughs) excuse me, that you've completed?

No I didn't obviously nothing happened to her overnight to warrant that I wrote in there.

40.31 No, okay.

I just must have made a note on her nursing notes.

In relation to the nursing notes are they kept with her medical record or are they kept...?

They're kept separately on the ward.

Are they?

Code A

I think they're at the front actually

These are the nursing notes and those the back ones these ones are the medical records.

So have we got a copy of the nursing notes?

There the nursing notes.

Oh sorry.

They also, well they divide into two, you have the nursing notes kept in the office and these the care plan that you devise individually for each person.

Person.

Okay. Would you mind having a look through those as well just to see if there's anything relating to you? Take your time on it there's no...

41.16 ...Re-admitted, that's me, forgot to sign it.

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Code A

Code A

Right so that's just for the purpose of the tape...

...Yeah

...seventeenth of August ninety eight re-admitted seventeenth of August ninety eight, oromorph ten milligrams...

...five mils

...five mils at...

...present

...at present. So that means that that's what she's...

...That was the analgesia that I gave her on that night.

Okay, right.

Sorry I got the impression that she came in at half twelve on the seventeenth?

She must have come in at luncht...usually came at...

...Lunchtime

...they're mostly admitted by about lunchtime, we tend to admit in the morning and discharge in the afternoons.

So the first entry you got to put on the nursing notes then was when you came on duty which would have been after...

No, this is the night nursing plan.

42.09

Oh sorry.

(inaudible)

Yeah these are the night nursing notes, the day nursing notes are different...

Code A

(inaudible)

...because of the, sorry...

...No that's alright. (laughs)

...because you have an individual it's difficult, each patient this is because of the, it should be poor dietary intake and it's to try and make some record of what people have eaten, that's just one of the samples and you'll find there's lots of constipation (inaudible) but the night nursing is literally how they, how you deal with them during the night.

Okay, can I summarise this so I understand it.

Yes, yes.

So for nights you have a nurse care, a nursing care plan form...

...Yes.

...which you detail what you've done...

...yes.

...at various times but during the day time they have specific....

...For each indivi

...headings to work under.

Yes that's right, although you're following these as well at the same time...

...But you would record it on here?

...it should really be called a sleep plan I think...

...Right.

...would be better.

Yeah.

Code A

Code A You know, think.

Right, okay no that's fine, I understand that, okay. So when you would have done that which would have, which was at half twelve?

Yeah.

I take it that you endorsed it and just put on for the purpose of the record that she was...

...Having oromorph at that time, yeah.

43.28 Code A And in Daedalus as well she actually come back.

She was re-admitted, yeah.

Okay.

On these notes here if they for getting Mrs Code A if somebody who'd come back from Haslar with a hip operation came back onto the ward and she was reasonably okay even if she'd had a major operation, would there be a form in here, I mean this one here's got nutrition, it's got constipation and I think there's for hygeine as well isn't there or something...?

Code A Yes.

Personal hygeine, would there be a record of physio or anything like that?

Code A What you..

..For any...

...yes you should record that in the nursing notes (buzzer sounds), if somebody was going to have physio erm we are allowed to ask the

physio to see them without a doctor, you don't need a doctor to get a patient to be seen by a physio, this is the ruling at the moment whether it was in place then I wasn't on days.

Code A

Right so if somebody came back after a hip operation would it be general that the physio would be arranged for for their exercise and ...?

Code A

Well not, depending on the patient...

...On the patient, yeah.

...but erm you'd, I myself if I had somebody admitted tomorrow who'd had a hip done I would ask our physio to just look at them.

Code A

Right.

to just make sure that you know and then you would have to go on depending on how well you were going to mobilise them obviously some people come back and they're already you know on their crutches and on their way and other people come back and they're just never going to do anything at all and you know and all stages in between.

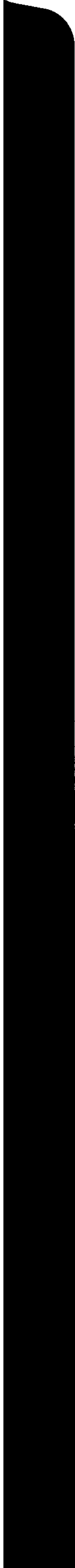
Code A

In your experie

We're coming to the end of the tape here so I think we better...

Code A

Yeah, we'll halt, we'll stop it there I think. We going to take a short break to change tapes, the time is 14.59. I'm turning off the recorder off.



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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number:
Y17A

Enter type:
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: Park Gate Police Station

Date of interview: 01/06/2000

Time commenced: 1502 Time concluded: 1519

Duration of interview: 17 mins Tape reference nos. Code A

Interviewing Officer(s): Code A

Other persons present: Code A Saulet & Co Solicitors, Portsmouth.

Police Exhibit No: Code A Number of Pages: 17

Signature of interviewing officer producing exhibit

Tape counter times(■)	Person speaking	Text
	Code A	Okay, this interview is being tape recorded, this is the re-commencement of the interview of Code A and I am Code A Code A the time by my watch is 15.02. Just remind you that you are still under caution, okay and I'll just remind you what the caution

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is. You do not have to say anything however 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. Can you just confirm that you've not been asked any questions during the break while we've been changing the tapes.

Code A — No, no questions asked.

0.55 — Okay, thank you. Right we were dicsussing the notes and how they work and what's filled in. Now as I understand it and forgive me if I've gone over something that I've already asked but the contact record notes which one's here...

Code A — ...Yeah

...the buff coloured ones, there purely for unusual incidences for times when health is deteriorating....

Code A — ...Or change of treatment when they've been seen by a consultant or by Doctor Code A and the treatments been changed, they're really a erm record for that kind of thing, not a care plan, a care plan is care given by nurses.

Okay.

Code A — To patients.

In your role would you ordinarily be completing the care plan in terms of personal hygeine and...?

Code A — If I'd done, if I'd done that, if I'd washed

someone I would record that I had washed them.

Yeah.

Who actually does the care to them records what they've done and signs it.

2.08

Okay and where is that care plan kept?

At the foot of the patients bed.

Okay, alright, can we just have another look just to see if there's any...I think this is the night (inaudible) one isn't it and the only one...

...Yes

...I'm sorry let me just go over this again...

...Yes, yes.

...because of that break.

Mmm,mmm

Code A

I've completely forgotten, lost me train of thought for a minute, so the 17th that is the entry completed by....

...Yeah

...in relation to the oromorph...

...Yeah.

...so there's medication given so you've completed the care plan, okay. Right so just to recap so far then, in relation to Mrs Code A you sort of remember her presence as such but nothing...

2.59

...Yeah.

...specific about her appearance or...

...No.

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Code A

or Code A ...

...No.

Right, okay.

No I don't remember Code A at all.

Okay, now this is the first night she came back from Haslar?

Yeah.

Now you obviously as you say you prescribed or you administered oromorph to her...

...Yes.

...on that evening. Can you remember what she was like at that time or are you, you were compelled to give her that oromorph, what was her...if you can?

I can't remember the specific...

...No

...instance why I gave her oromorph. I know why I would give someone oromorph...

...Yeah.

...but I can't remember why (inaudible)

...In this particular case?

No.

No, okay.

I can't see her face or anything like that at all.

No, but you have explained already I believe the circumstances why you would give it but in this case you can't remember exactly why?

I can't remember specifically no, sorry.

Okay, Just going to, want to go onto a couple of

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more questions, general questions about treatment. To start off with hydration, what would be the circumstances where hydration would not be given to a patient?

Code A

If they were unconscious, unable to swallow, if they'd lost a swallow reflex say a brain problem erm oral hydration (inaudible)...

...Yeah.

...erm there could be other ways of hydrating people but depending on the circumstances.

4.45

Code A

What would be the other (inaudible)?

Well you could either, you could either, we don't actually have IV's in the War Memorial you know cannular for a intravenous...

...Right.

...drip it's not a thing that we practice because it needs sort of 24 hour care by a doctor and we don't have that...

...You don't have that, no.

...in the Gosport War Memorial erm there are other ways of giving fluid which weren't practiced at this time which should become common now and its given in the same way as the syringe driver except its attached to a giving set in a bag and its put in under the skin erm which can be satisfactory or not really, depending it tends to go into the tissues quite a lot and you end up changing the site quite a lot and erm but patients are given now...

Code A ...Okay

...it wasn't I have to say nobody was having that sort of erm treatment at this time it's obviously something thats you know become what shall I say...

Code A ...Policy.

...yeah (inaudible).

Was it available at that time?

Not to my knowledge.

No, so it's a new concept that's come into being?

Code A It's a new concept that's come in, it's obviously to keep people out of acute beds I think you know instead of sending them back, you can give them a litre in 24 hours through a subcutaneous infusion as its called.

Code A I'll write that one down as well.

Yeah.

Are there occasions when obviously we've mentioned orally that they would be able to take it, are there occasions when that new system wouldn't be appropriate either?

Code A Oh yes obvi, I mean obviously every patient is, is treated to some, they're treated as individuals and you don't have a great role in plan for everybody, you know you don't just do this because, you do what you have to do for each individual so each individual people are...

6.53 Code A ...Everyone's different yeah.

Code A

...Yeah.

I wonder if you could give us some examples (inaudible)?

Sorry.

Examples of when an intravenous infusion would not be appropriate you know?

I think if somebody was patently dying you wouldn't try to rehydrate them, it wouldn't be in their best interests nor would it be kind so...

...Right.

...you know you wouldn't if they were patently dying.

Yeah, yeah so that would form part of their palliative care?

Yes, yes palliative care, and a lot of research into you know given fluids, withholding fluids erm the other latest thinking on it is people who are in the process of dying don't suffer for not having fluids it's, it seems that it's gone from them that they're thirsty and not, that's just some of the research that we've...

Right, okay. What decisions are taken in that course of... I mean obviously we've got the drugs that are dealt with by...

...Yeah.

...the Code A or Code A..

...Yeah.

...In relation to the hydration and this new system...?

Code A

...Well you would, you would report that you felt that the patient needed hydrating, they weren't taking it sufficient orally most people who are hydrated that way are people who are not making a litre a day...

Code A

...Right.

...in the fact they're drinking something but it's coming well under what they should really be having to maintain their body systems so really you would say, I would say to Doctor Code A Mrs so and so is not drinking really very much and Doctor Code A would probably say well put up some sodium chloride as a, a subcutaneous infusion...

Code A

..Okay.

...and run it you know for 12 or 24 hours and that's really how that would work.

So the authorities down to the clinical assistant or the consultant to do that...

...Oh yes you ...

...it's not a nursing staff...?

No you can't prescribe drugs for patients.

Right.

Not even paracetamol, you can actually but you know all drugs that are given to patients are prescribed by a doctor.

By a doctor, okay, right. Now in relation to Mrs Code A well aware of the answers you've given already...

9.47 Code A

...Yeah.

...on the nights you recall and we're talking about the 17th, 18th, were there times where any attempt was made to give her a drink, do you recall?

Well I don't recall, all I can say is that if she'd been in any way able to receive a drink she would have been offered a drink...

...Yeah.

...because that is the policy and the health care support workers know quite well that you know people are to be given drinks so if there's any way that she could have taken a drink she would have been offered one...

...Yeah.

...or helped with one or fed with one or you know, so...

Okay, now I've mentioned Code A and you can't actually...do you remember them being there or is just you don't remember them at all?

I can't remember them at all, I'm sor, I just don't think they were in the ward when I was there at all at that time.

Okay because the question I was going to ask is are you aware of any complaints they had about the treatment of their mother, during the time there?

Well early in the..was handed over to us you

know they were there and they had got several complaints but we weren't deal...I wasn't dealing with them so I haven't really taken it on board you know.

Code A

Do you know who was sort of in charge of her care? I know we've got the GP who comes in daily but was there someone sort of overseeing her?

10.48 Code A

Each patient has a named nurse.

Yeah.

Erm which is a system that works and it doesn't work in that if you've got a day off they haven't got a named nurse have they, you know it's one of those things...

Code A

...Yeah, yeah.

...but we do all have our own named patients (inaudible)

Well I've got...

...Mrs Code A

...Yeah.

Oh right, there's Code A yeah, yeah so that's the normal system it really...

...Yeah.

...means that erm what shall I say, yes she decides some of their care and deals with their social workers and that kind of thing, you know sort out the discharge from hospital, it's usually, usually doing that the system is a team nurse, team nursing with male nurses...

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	Code A	...Okay.
		...so that's the sort of thing they'd be doing.
11.44		Yeah so from your recollection you don't recall having spoken to Code A directly?
		No, not at all, no.
		But you were aware at the time of some...?
		...That they weren't happy.
		Can you remember what they, did you get any messages what they were, weren't happy about?
		I just think they were just not happy with the standard of care they felt we should be providing in the ward, possibly they misinterpreted what, you what was going to happen to Code A in the ward can I don't really sorry.
	Code A	No, okay.
		You know it's...
		There was something else I was going to ask but it's gone. Okay, obviously you weren't around the last few days when Mrs Code A (inaudible) hospital?
	Code A	No I was off duty.
		But what was you final, can you recall your final impression of her, can you?
12.48	Code A	No, sorry not really, I don't.
		Okay
		I mean that's nearly two years ago, no not really, I suppose really if I had any impression

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	of her I just probably hoped you know that she'd be kept peaceful and pain free, it's you know the best you can hope for them...
Code A	...But you have no specific recollection of...
	...No.
	...condition or ...?
	...No, no not you know she's obviously a poorly lady but you know.
Code A	Another general question, patients transferred from one hospital to another like Mrs Code A was from Haslar to Gosport War Memorial, are you in your position privy to the like the handover notes from the people that discharged her from Haslar to the care of the Gosport War Memorial?
Code A	Usually their medical notes are sent with them erm there was a time when Haslar didn't send notes because it was a military thing...
Code A	...Yeah.
	...establishment, we got photocopies but usually what happens is whoever's in charge of the ward writes a letter...
Code A	...Yeah.
	...detailing what's happened and what, what sort of treatment they're having and how they've been in there and ...
Code A	...Yeah.
	...that sort of thing and that's a nurse to nurse thing.

Code A — Yeah and who would get that at the Gosport War Memorial?

Well whoever was either admitting her or whoever the ambulance man gave the notes to, you'd open the letter, read it and then anybody could read the letter it was no you know sort of secret thing it's just...

Code A — ...So if somebody was to come in like at midday as it was with Mrs Code A, who...I know you probably don't know who actually got the notes and referred to them for the course of treatment from then on in but would they generally hand them to the ward manager like Mr Code A is it or could it be the staff nurse or..?

14.49 Code A

If he was on duty or...

...Yeah, the staff nurse say there's nobody in particular that the notes...

...No.

...Do they go to the most senior person on the ward at that time?

Well usually yes, they...

...Yeah

...usually you know they usually send us a, they're also given to the person who's admitting the patient you know it just depends on you know what you're doing at the time, it's not erm you're not sitting there waiting to admit someone by any means you know you're

doing lots of other things but you know the note would be read by the staff, if there ever was a note I don't know.

Code A — Mmm

Okay.

But that's what happens normally.

But you, did you see any notes in relation to any letters or ...?

Code A — Not that I can recall, usually on night duty if we'd had someone admitted when we'd stop work, I'd pick these up and read them for every patient that was admitted you read them you know...

15.46 Code A — ...A lot of the times I take it you just rely on the handover you get from the staff nurse on duty before you?

Code A — You do at the time but then it's...

...This is Mrs Code A she's in from so and so, this is the treatment she's on...

Code A — ...Yes.

...the course of medication is to keep her comfortable or this is what we've been required to do...

Code A — ...Yes, yeah and then there's an initial period when you're actually working quite hard, when you actually stop that kind of work...

Code A — ...Yeah.

...you'd find that most nurses will go and pick the notes up and read them.

Code A	Mmm
	And see what's you know happening.
	Okay, I think...
	Yeah, yeah
	Is there anything you would like to add, anything you feel you'd like to say?
	(inaudible) I feel that the ward keeps a good standard of care and a lot better than a lot of wards and a lot better than some wards I've worked in and you know we try and work as a team and we try very much to put the patients first and the relatives as well and a lot of time is devoted to patients families.
Code A	Okay, is there anything you'd like to clarify, anything you've said you feel warrants further explaination?
	No, I don't think so.
	Okay. I'll hand you a notice explaining the tape recorder procedure, which Mr Code A will persist in filling out. The time by my watch is 15.19 and I'm turning the recorder off.
	END OF INTERVIEW

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number: Y18

Enter type:
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: Park Gate Police Station

Date of interview: 29/06/2000

Time commenced: 1026 Time concluded: 1104

Duration of interview: 38 mins Tape reference nos. (◆) Code A

Interviewing Officer(s): Code A

Other persons present: Legal Advisor Code A (Sauley & Co Solicitors)

Police Exhibit No: Code A Number of Pages: 47

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
0.51	Code A	At the conclusion of the interview I'll be giving you a note explaining what will happen to the tapes. Okay? I'm now going to go through - we have a set sort of screed that we read out to explain why we've asked you to come in and what we are trying to achieve by it really. The Hampshire Police have undertaken an

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investigation into the circumstances of the death of Mrs Code A on the Code A Code A at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and 21st of August, whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs Code A during that time and who, in some cases, may have provided her with direct medicine care or treatment in order that an account can be obtained to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for fact and your account and answers will be carefully assessed in the light of information arising from other interviews with 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. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you are free to leave at any time. Your right to legal advice with Mr Code A in private, extends

throughout the period you are at the Police Station, so that basically means any time during the interview you want to have a chat with Mr Code A then we'll stop the interview. We will leave and obviously you can discuss whatever point you want to discuss.

The next bit 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, do you understand the Caution?

Code A

I do.

Okay and just one more point I'd like to make about this, because it's quite harshly worded or it may seem harshly worded, myself and Code A here are just get an account of what's happened on those few days, what people's roles are, what the set up to the hospital is and you know, we'll look through the notes on the way through and you can explain various bits that are relevant that you can explain. We're not here to make any judgements and certainly we're not in any position to make any judgements. Any decision that's taken regarding this will be made with full consultation with someone who's an expert in this sort of area, who's got a medical background and is medically qualified, so it's

not going to be taken by some hard nosed copper somewhere who hasn't got a clue how these things work. Okay, what I'd like to do to start the ball rolling is if you could go over your role within the hospital and your qualifications and experience.

Code A

I work on Daedulus Ward and I'm an Code A Staff Nurse, which means mostly I take charge of the ward. Um, what else do you want to know?

Code A

Um, your experience, how long ...

Oh yeah, oh well I trained the seventies and I worked at the Royal Hospital, Portsmouth until it closed, where I had general experience in surgical, medical, children's nursing, private nursing, orthopaedic nursing. When the Royal Mem. . um when the Royal closed, then I moved to QA and I worked on the orthopaedic wards. Then I left QA and for two years I worked with autistic adolescents and quite enjoyed that. That was very near where I live in Alverstoke. Er . . I then left Anglesey Lodge and moved to Gosport War Memorial, I worked on the Children's Ward originally, where we did minor operations on children, ENT and Orthopaedic.

When the NHS closed the Children's Ward then I moved to the ward I'm on at present. We have eight stroke rehab beds and sixteen

continuing care beds, which is where I was working when Mrs Code A . . came..

Code A — Okay, how long have you been on Daedulus Ward?

Code A — And I've been on Daedulus Ward um. . twelve years I think it is.

Code A — Okay. So can you sort of describe the continuing care and what sort of patients you tend to get in to the . . . .

Code A — In continuing care we have basically . . we have patients very frail, elderly patients, with multiple medical problems, normally problems like Parkinsons and Alzheimer's, um Multiple Sclerosis, old. . um patients that have had many strokes um patients that are highly dependant normally needing two nurses probably to have a wash and get up and mostly we have to feed our patients. . .

Code A

Right. . yeah. .

. . . mealtimes, and they are fed.

So they tend to be very dependant on . . .

They are highly dependant patients mostly.

6.26

Okay, alright. Thank you for that. Um I mean if we can move on to Mrs Code A . .

Code A

Yeah.

. . . which is the whole crux of this, what are your memories of . . her?

My memories of Mrs Code A was that I was her main nurse, but I wasn't actually on the

ward when she was admitted. She was admitted under my name by a D grade nurse, who worked with me. I was on leave. When I came back from leave was the day Mrs Code A came . . . was re-admitted from Haslar, so that morning we worked as normal. I went for my coffee break about 11 o'clock and as I came back, Mrs Code A had been admitted, so I was met by um two health care support workers, who had acutally not assisted her into bed, but was actually there when she was put on the bed. One of them, support worker, Code A, came to tell me that she was quite worried really because this patient had been transferred on a sheet, where she should have been on the canvas on a tall base. .

Code A

Right.

. . . and she wasn't happy with the way she was lying. Also she felt the patient was in pain. So I went into the room and introduced myself to Code A and the patient, I pulled back the covers and had a look and found she wasn't lying properly. Code A said, because I was on my own at the time, told me she was a nursing officer - an ex nursing officer - and offered to assist me. I accepted this explanation of a nursing officer and she did help me put Code A in the correct position

and she did seem more comfortable. Then I remember lunch came and Code A was trying to . . Code A I should say, was trying to feed Code A and Code A couldn't take the food, so I did ask one. . another health care support worker to go and mince the food, which she did. She took it to the kitchen, had it minced, bought it back and she carried on attemping to feed Code A.

Somewhat later, we heard Code A in pain and distress again and um I went into the room and had a look at the patient and she appeared to be in pain, she was crying out in distress and I spoke to Code A as is normal. We . . on our ward we try to involve the relatives as much as possible in the patient's care. . .

Code A

Mmmm.

. . and I said to Code A um I'd like to give Code A something to relieve the pain, is it okay if I do it and she said yes please. So I went to find the Manager, Mr Code A and said this patient, Mrs Code A is in pain, um I'd like to give her some Oromorph, which is a liquid, which is morphine based. We gave her a very small dose er, two qualified staff check these drugs, so nobody ever gives them on their own, so they are in a locked cupboard within a locked cupboard, so we went in and measured the drug, checked that we had the right amount

Code A

Code A

Code A

left. We have a book, I expect you've seen it, a CD book. . .

Er. . . .

. . . where we enter these drugs.

. . .yes I think I've got a copy here actually. . .

. . and in the book we put the patient's name, the date, the dosage um and then we check the amount that's left that we're going to replace in the cupboard and we both sign and we also sign a treatment card - prescription card. .

Right.

. . with again, the date, the name of the person, the amount of the drug and we sign that when the patient's taken it, 'cos sometimes they may not want to have it when we've actually drawn it up. Er so we gave this um Moromol to the patient and she did appear more comfortable and at half past one that day I went off duty.

Do you want to put the notes. . . .

Yes sure, yeah, yeah. . .

Sorry, I've changed. . . .

If there's anything at all you want to refer to. . .

. . I've changed the times of my um . .

Obviously, yeah, this is a duty rota . . .

Yeah.

Yeah, anything you want to refer to to. . . .

Yeah.

. . refresh your memory. . just er . . .

Sorry, half past three I went off duty.

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11.27 Code A — Okay. So that was on the . . .

That was on the . . .

On that, on that er . . .

17th.

On the day of the 17th you said that Mrs Code A was in an awkward position. . .

Code A — Mmmm.

Can you describe the position that she was in.

Yes, she wasn't lying flat on the bed, she was . . one leg was curled . . .

Code A — Yeah

. . um, bent . .

Right.

. . and really she was supposed to have a pillow - her position was abduction, she should have had a pillow between both legs, so that she's lying with her legs stretched out and the pillow between.

Code A — Right.

. . to keep the hip in the right position.

Right and whose responsibility would it have been on the transfer er whose responsibility to put her to bed initially?

Code A — Whoever's on the ward.

Would it have been . . I mean could it have been the . . .

Code A — There were two trained staff on the ward that morning. .

Code A — Yeah.

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Code A	I was on my coffee break, so I wasn't on the ward. The other trained staff was giving an enema or suppositories, something like that and . . so she would be gowned and gloved and doing what she had to do. . .
Code A	Mmm not really in a position to . . . Not in a position to oversee the transfer of the patient.
Code A	Yeah, but would it be, I mean er, I mean obviously we want . . and you weren't there. . .
Code A	No. . . but I think we all agree that she didn't come in on a stretcher, she came in on . . .
Code A	She came in on a sheet. Yeah, can you describe what that means. Which means that it's not taut, therefore as she's been . . . as the poles have been moved over um her body would stretch the sheet . . .
Code A	I take it this sheet business is some form of stretcher.
Code A	It's a stretcher. It's a canvas which goes on a stretcher is a um an oblong piece of material which is taut material . .
Code A	Yeah. . . both poles go - there's room both sides for the poles to go down. . .
Code A	Yeah. Okay, so four or two people, two strong people could hold the stretcher, both ends . .

Code A	Yeah . . and the patient would be lying on a taut surface.
Code A	So in that. . . . For a dislocated hip, this is what is required. Yeah so in these circumstances then, if er for arguments sake, I know you wasn't there . . .
Code A	No. . . . two ambulance crew, two of the. . . . I wasn't there, but . . . . .. transport crew from Haslar to Daedulus Ward . . .
Code A	Yeah I take it they wouldn't hang around in the ward I have to say, can I say they had expressed to Haslar that they didn't wish to bring the patient without a canvas.
Code A	Yeah, but I take its the case they are not going to stand around in the ward holding a stretcher waiting for somebody to transfer from stretcher to the bed.
Code A	Well no, they obviously did it. Yeah. Yeah. Yeah, so that more than likely in the hospital, the transfer crew would have put her into the bed?
Code A	Mmm. Yeah.

Code A — It was.

Just in relation to her positioning; it's been described by another colleague that she was sort of in like a figure 4, her legs.

Code A — Yes, I could describe it as that, I did say one leg was bent . .

Code A — Yeah. . .

. . so that could look like a . . .

. . tucked under the other and looked a bit like a figure 4.

Code A — Yeah it could have been like it.

Can we just go over the next few days, what your memories are and then obviously we'll go into the specific bits and pieces and obviously we've got the notes here for that, but in relation to any more dealings you had with Mrs Code A er anything significant that you remember and including obviously any conversations with Code A anything that came up during those few days.

15.00 Code A — We actually knew, or we were told, that her Code A were suing the nursing home where she did originally break her hip.

Code A — Right.

Therefore we bent over backwards to try and prevent a complaint, which we would do anyway and not that they had, not that the patient had any different treatment, she didn't, but we wanted to make sure there were no

complaints.

Code A — So it would be fair to say you sort of conscious that er . . .

Code A — We were conscious that this could occur.
That something could come up from it.
Yes.
Okay and other than the complaint that you were aware was being made, was there any other reason that led you to feel that. . . was anything else said or . . .

Code A — In hindsight yes.. . yes.
Okay, can you tell me what . . .
Well, one support worker became quite friendly with Code A She did her astrology charts. . her astrology chart and Code A um chatting to them in a friendly way. Code A Code A who rang her many many times . .

Code A — Can you remember which she was . . .
Mrs Code A First of all she was a lawyer, then she was a TV producer. She'd written books, this is what she told the support worker. Um she um expressed an interest in spiritual healing and all sorts of astrology and etc. Things in that vein and she instigated three members of staff, myself included, going to Chichester to a meeting, some medical technical society, which was full of doctors, psychiatrists, medical people.

Code A — Mmm.

Code A	The speaker was Code A of the National Federation of Spiritual Healers, he's a GP in West Sussex - very nice man. We quite enjoyed this, however when everybody introduced theirselves, as we did, at the beginning of this meeting, Mrs Code A introduced herself as a interested person, so we knew then that she wasn't a lawyer etc whatever, also, reading . . I'm diverting I know. . but reading Code A s statement, I don't believe she was a nursing officer, I think she worked in nursing homes.
Code A	Right.
	But, anyway, so we were at this meeting and she actually did um she was very derogatory about Code A 's death there in front of us, which is probably why she wanted us there and we did actually enjoy the meeting, we left and went home and that was it, you know.
Code A	When you say derogatory, what did she say?
	Oh she said she was unhappy with the way Code A Code A died and she didn't feel that the nursing care was adequate, etc.
Code A	Okay, who was actually . . what other members of staff . .?
Code A	Present?
	Yeah went to the meeting.
	Health Care Support Worker, Code A Code A and Health Care Support

	Worker, Code A and myself.
Code A	So three of you?
	Three of us were there..
	Okay.
	They also sent letters to various members of staff - this is Mrs Code A - and presents of books, books on healing, after life, after death experiences.
Code A	Okay, do you know who received those?
	Um the Code A Code A Support Worker, Code A one of the night staff, I think that was it, I'm not sure. She also presented us with Code A's chair from the nursing home, a rather nice easy chair . . .
Code A	For the ward?
	For the ward, to thank us for looking after Code A Code A
Code A	How long after. . .how long after Code A's death was that then?
Code A	Within the first month or two.
	So six to eight weeks go by . . .
	Yeah.
	. . and there's been no representation made by Mrs Code A to . . . .
Code A	I believe there was a complaint, I don't know the date of the complaint..
Code A	But up until that day when . . the meeting that you went to, you weren't aware that Mrs Code A had any representations about Code A

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	Code A's treatment at all?
Code A	No.
	No?
	No, in fact we were quite shocked to sit there and listen to the complaints at the meeting. .
Code A	Right.
	. . therefore we just. . we didn't even say goodbye, obviously, we just got up and left at the end.
Code A	Right.
	. . although we enjoyed the meeting itself.
	She orchestrated that meeting?
	Yes she did.
	I'm sorry Mr Code A?
	It would appear that she orchestrated that meeting to make a complaint in front of other people.
Code A	Oh right.
	That's the (inaudible) from what's been said.
	Totally ignored her I must say.
	If we can go back to on the ward then. We've got obviously the first day and what you remember of that, the fact she was moved, she obviously came back from Haslar and you're the main nurse.
Code A	Yeah.
	What does actually that mean?
	That means I am the patient's advocate. It's my duty to look after the patient and their

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relatives, to keep them informed of her progress, any medications that we give her. To include them in her treatment, particularly since this lady had Alzheimer's, but this is for every patient anyway.

Code A On that point can you remember er Mrs Code A problems she had a the time when she came to the War Memorial? What was wrong with her?

Code A Yes. She was deaf in both ears. She'd had a cataract operation on both eyes. She'd had a six month history of falls. She had Altzheimers, which had worsened over the last six months. She'd had a hysterectomy in 1955 and then she'd fell at the nursing home, Glen Heathers, fractured her right neck of femur on the 30th July '98, where she was subsequently admitted to E6 at Haslar for a right hemi arthraplasti.

Code A Which is a hip replacement, is it?

Yeah, similar.

Okay.

On top of that are you aware of any other ailments that she had. I mean we've been made aware that she had Alzheimer's, were you aware?

Code A I did say Alzheimer's.

Oh did you, sorry.

. . . it worsened over the last six months.

Code A	Sorry, I meant Dimentia, or is that the same.
	Well Dimentia and Alzheimer's are . . .
	One and the same are they?
	. . . very similar.
	Right.
	What sort of form did that take do you recall with Mrs Code A? What . . . how . .?
Code A	The Dimentia?
	Yeah, how did that affect her?
	It affected her speech and her memory.
	Okay, so . . .
	She did need . . . she needed Code A to look after her.
Code A	Yeah, was she able to talk or was it . . .
	Very little.
	Very little.
	She cried out frequently.
	Right, okay and that was down to the Dimentia or the Alzheimer's . .
Code A	Yes.
	. . . that she would cry out like that?
	Yeah.
	Okay. So was she a woman that was or you said that she needed Code A constantly. Was she the sort of patient that needed constant and total care? Was there anything that Mrs Code A could do for herself?
Code A	Nothing.
	Nothing?

Code A	Right okay. Obviously we're looking from the 17th when Mrs Code A came back in, but did you have any dealings with her on the first occasion that she came into the ward, which was from the 11th.
Code A	On the first occasion she came in I was on leave.
Code A	So you . . . I met her on the 17th. You met her on the 17th, oh right, okay. If we go over. . you've mentioned, I think you called it the CDR, which is the Controlled Drug Register?
Code A	Yes. I've got a copy of it here and um highlighted is the entries relating to Code A If you'd just care to have a look through that for a moment. . . . . and I believe there's some entries where obviously you've. . your signature is. Um I think it starts off on the 18th.
Code A	Yeah. Um can you confirm that that's your signature there?
Code A	That's me, yes. Um and that's the time it's booked at is it, 11.45
Code A	11.45, yeah. I can't see another one there for you. There, 10.45 on the 20th.

Code A	Oh yes... on the 20th.
	Mmmm.
	And that's countersigned on each occasion?
	Each occasion, yes.
	On the 20th it's . . .
	It's Code A She, at the time she was a Code A on Sultan Ward, she's since retired.
Code A	Oh right, okay.
	And this is Code A Code A
	That's the 18th, yeah.
	Mmm.
	And we go to the next page, sorry that one is for 30 milligrams Diamorphine injection, the one I've just showed you.
Code A	We we, yes that was in a drug.
	And er, there's another there on the 20th at 10.45.
Code A	That is also countersigned by Code A
	Now I think what we've learned from speaking to other people is the reason two, there's two entries is because you can't get 40 milligrams in one . . .
Code A	Oh yes. Because we'd use a phial of 30 milligrams of Diamorphine and one of 10.
Code A	One of 10?
	To make 40.
	To make 40?
	Rather than use 10. . four 10s.
	Yeah, okay.

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Code A: Yeah.

Right, um and then obviously this form says it's countersigned because it's a controlled drug.

Code A: Quite.

Um and that's your sort of running total down . . .

Code A: That's our total which we keep in a locked cupboard in a locked cupboard.

Code A: Oh right. Now I don't understand it. Can you remember when she was put on the syringe driver?

Code A: Um, I honestly didn't remember that day, but but, Code A Code A said yes it was me and him that did it.

Code A: That actually . . .

That actually . . .

. . started the . . .

. . . initiated it.

. . initiated it.

However Code A had already spoke to the relatives and the Doctor.

Code A: Right.

Which is standard procedure.

Okay. There's just . . if we can go over that and just cover the procedure with that then, so who's decision would it be in order to. . .

Code A: It would be everybody's decision.

Right.

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Code A — the whole team.

The whole team would . . .

Right, plus the relatives.

Right, so there'd be a consultation about it?

Yeah, yeah.

Were you present during that consultation or any discussions?

Code A — Not on the initial, the initial would be between . . . formal one would be between Doctor Code A and the relatives.

Code A — Right okay.

Yeah, but however Code A would have said to me what he was going to do. . .

Code A — Yeah.

. . . do you agree.

Okay and obviously, I take it nursing staff would have to because obviously they are going to do it.

Code A — We would agree if the patient was in distress and pain.

Code A — Okay, so ultimately then who . . .

Nobody is left in that condition.

. . .whose decision is it to do it, I mean if.

It would be mine if it were me there . . .

Yeah, yeah.

Okay? If I was there with Philip, he's the Manager, so it's the . . .

Code A — Yeah.

. . . it would be his, but I would make that

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Code A	decision if he weren't there.
	What to actually put her on a syringe?
	Yeah, to operate it, yeah.
	Oh right, okay, so . . .
	I'm . . .
	No, no, I think you might be confusing, I think this needs clarification . .
Code A	Let me, let me get this, let me get this right.
	'Cos you can't, you can't authorise controlled drugs, can you?
Code A	Cause I can.
	What the administration of them?
	Yeah.
	I'm sorry, we didn't appreciate that, I didn't.
	Right, if I tell you what I understand previously . .
Code A	Yeah.
	. . because it's different to um what, what .
	Basically as I understand it, Dr Code A is a . . . . .
Code A	Dr Code A sorry, Dr Code A would have to write the actual . .
Code A	Prescription?
	The actual amount and the actual prescription, sorry yeah. .
Code A	Right
	This is what you mean, isn't it, sorry.
	Yeah. So ultimately . . .
	I can't write it, no.

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Code A	I mean I know you have to agree with it. . cos obviously . . .
Code A	Yeah. . I don't have to agree with it. . .
	No. . right. . we'll cover that point . .
	Yeah.
	Let's just take one at a time. So Dr Code A is the one who says well I'm going to prescribe this particular drug. . .?
Code A	Yes.
	er and this amount . . .
	Yes
	And then there is a consultation . . .
	Yes
	. . . and basically I take it she'll listen to every . .
	Quite, yes.
	. . Other peoples' views . . .
	Yes.
	. . . 'Cos as I understand it, she comes in on a daily basis . .
Code A	She does.
	Um and obviously she's going to listen to members of staff who are there permanently . .
Code A	Quite, yes.
	. . . who can see what is happening.
	Yes, 24 hours.
	Am I right in saying ultimately, the decision to prescribe controlled drugs falls on Dr Code A as the GP?
Code A	She prescribes it, yes.

Code A — Yeah, okay.

She does. . . she writes it.

Code A — And to clarify that, you're not in a position to say that lady's in pain . . .

To clarify it . .

Code A — . . . . I'm going to give her 40 milligrams of Diamorphine off your own back.

Oh. . . . off my own back no. . .no.

Right, okay.

I do beg your pardon.

Code A — Just something else I want to clear up. Who's ultimate decision is it to put somebody on the syringe driver?

The team.

You can't make it on your own?

The team. Everybody.

I know, but do you need a . . . who's . . .

I have said that though, didn't I? I said that.

Yeah, but it was slightly confusing.

Can you, if you say Dr Code A and Mr Code A your first line manager, weren't there, would you be able . . .

Code A — If I were there on duty . . .

. . Can I, oh can I just finish. . .

Yeah.

If Dr Code A and Code A Code A weren't there . . .

Code A — Yeah.

. . are you qualified and authorised to make a

decision on the ward to say I want that lady on a syringe driver?

Code A Do you mean if Dr Code A had already written the . . .

Code A No. No if that wasn't the . . .

No, I would have to contact Dr Code A wouldn't I and say . .

Code A Saying this lady I believe she's in pain when you give an injection, can I suggest that we put in a syringe driver and then it would be under her authority . . .

Code A That's it.

. . . that the syringe driver . .

I couldn't do it on the telephone conversation authority, I couldn't take a telephone . . .

Code A Oh right.

. . . um I couldn't take it over the telephone.

No.

She would have to come and write it.

Yeah. Right.

Then obviously from there then Dr Code A has said prescribes this course of treatment, syringe driver and these drugs . . .

Code A Yeah.

In your role you are obviously authorised then to administer that.

Code A Yeah.

But in terms of actually prescribing it, making the ultimate decision to follow that course of

treatment and to prescribe those drugs, that is down to Dr Code A?

Yes.

31.03 Code A Okay.

Yes, I'm not allowed to prescribe controlled drugs.

Code A Yeah, but you are allowed to administer?

Yes.

Right, okay.

Got there.

With another qualified member of staff.

Yeah, there's two of you there all the time.

Two of you there. Yeah. I probably didn't phrase the question quite well . . .

Code A Sorry, no, no, it's probably me sir.

Now this is . . obviouls that's why we need to get these things sorted out, so. .

Code A Yeah, yeah.

Okay. If we just go over that then, so let's start again. So we've got this sort of consultatin process erm and I think we were talking about whether you remembered being involved in that. Whether you recall any any conversations with Code A or Dr Code A or the family, Code A in relation to the syringe driver and what drugs were being proposed.

Code A I can't actually recall their conversation, but I do know our procedure which we follow regularly.

Code A	Right, okay.
	We always adhere to the same procedure.
	Are you aware of any concerns that Code A had about this treatment as being . . .
Code A	No.
	Okay, did they make any representations to you. . . .
Code A	No.
	. . . .personally? They didn't, okay. Did you become or are you aware of any representations they made to any other member of staff?
Code A	No.
	Right, okay.
	As far as I was concerned they agreed . . .
	Right thankyou.
	. . . that Code A would not suffer.
	All right. Let's just clear up Dr Code A role, um which maybe I should have done at the beginning to make this a bit clearer. What is her sort of responsibilities with the ward?
Code A	Her responsibility is to the ward and to the Consultant. She visits, she is the Code A Code A The Consultant does her rounds regularly and she will give her views on the treatment of the patient and on a day to day basis Dr Code A will carry out that treatment.
Code A	Okay, now Dr Code A is the Consultant for the . . .
Code A	She is the Consultant Geriatrician for our ward.

Code A	Okay and Dr Code A who's a GP will come in on a . . .
Code A	She was the Code A And will talk with staff on a daily basis . . Yeah, yeah. . . about the patients. Yes. Now I understand she wouldn't necessarily deal with every patient on the ward?
Code A	She will do all the the patients that require her. That would be sort of brought to her attention or . .
Code A	That would be brought to her attention, yes. Right, okay. What would . . . We can also ring her or bleep her if we have an emergency.
Code A	Right. Okay and if she's not available, if it's out of hours, is there any other doctors. .
Code A	Then her partners deputise for her. . . Right, so . . . . . in the, in the Practice. Okay, is there always a sort of a Doctor available?
Code A	There's always a Doctor available. In one form or another? In one form or another. Okay and what's Mr Code A role, Code A Code A something?
Code A	He's in charge of the ward. He would have

been the old Code A but now you are called a Code A

Code A | Right, so he's a registered . . .
You actually have more responsibilities.
Right, so he's a registered nurse?
Yes.
Does he have more qualifications than you . .
Yes.
. . or is he just more experienced? He's got more qualifications?

Code A | Yeah.

Code A | Okay. So, um, do you know what his sort of role is or . . .
I know what his role is.
Okay, can you just go over that for us?
Um, he's in charge of the ward, he's in charge of all the staff and um his role is to um monitor that the ward is run correctly and that the staff are all motivated and um etc. and now he has a budget as well . .

Code A | Yeah . .
. . which he has to adhere to. Therefore his responsibilties probably greater than they used to be as a Code A

34.59 Code A | Right, okay. All right, so we've covered the consultation process with . . and that's a general one as well, that applies to any patient . .in relation to . . . .

Code A | Yeah

Code A	. . this sort of treatment that we're talking about with the syringe driver. There would be consultations with the family, with members of staff who had an interest. . .
Code A	Yes.
	. . and people could offer their opinions, basically. . .
Code A	Right.
	. . but ultimately Dr Code A is the one who says yes or no.
Code A	Yes.
	. . we're going to do this or not?
	Yeah.
	Okay. This is another general question. If a decision was made by any Doctor about a type of treatment they were proposing to prescribe and you . . you had strong reservations about it . . .
Code A	Then we don't do it, basically.
	You don't do it?
	No.
	Okay. If there came a scenario where the Doctor insisted it was done, and I'm not for one minute saying this was the case in this case, but this is just a . . .what I'm trying to get at is the procedures in place if there are procedures in place.
Code A	The procedures in place would be . . yes, that we have another manager above Code A

Code A	Right. First of all we go to Code A then we would go to the other manager. We also have our ICN representative, our Union body who would instigate an investigation.
Code A	So its, basically, it's fair to say that you'd be aware of . people with . .
Code A	Basically we wouldn't give a drug if we didn't feel it . . necessary.
Code A	And you certainly wouldn't feel on your own or isolated because - you know -
Code A	No. Not at all. You know of people you could go to if there was a problem.
Code A	You know you have a very good support system, yeah.
Code A	Yeah. During your time at the hospital, have you ever had sort of . . . situations
Code A	This has never happened . . . . no. . . Situations where you've had a disagreement with a Doctor over a level of treatment or . . .
Code A	No, no. . . .you've never had a problem? No we'd always talk if we felt . . actually I've never had to, but I would.
Code A	No, okay. But you're aware of what you would do . . .
Code A	And I wouldn't give a drug if I didn't feel it necessary.

Code A | Yeah. Okay. All right. Has there ever been anything in the ward where someone's had a particular er problem with what's been prescribed to a patient, that you're aware of?

Code A | No. . no.

No? Okay. All right. If we go over to the syringe driver now. .

Code A | Yeah.

What I would like to do is talk about the syringe driver and the drugs and what they do. If you could just explain to me what the syringe driver is and what it's there for. What it's job is.

Code A | Yeah. The syringe driver is just a means of administering the drug over a 24 hour period. Prev . .well before we had syringe drivers we would give injections every four hours, of morphine or strong drugs for pain. Quite often it didn't last four hours we'd have to go back to the Doctor and say that patient's writhing in pain, falling out of bed, it's three hours, can we give another one and quite often they would say no. Now we can give the drug over 24 hours and it delivers a regular dose. This doesn't happen these troughs and lows, they don't happen any more. People walk around with drivers, it's just. . it's any drug.

Code A | Yeah.

It's a means of delivering it.

Code A — Okay. So it's not just something that's set up for palliative care?

Code A — No.

Code A — Okay. Now the next question would be can you just, if you can, sum up what palliative care is in a . . . ?

Code A — Palliative care is a means of easing a patient who perhaps is a terminal patient and needs . . . difficult to explain . . . I would say it eased the last few months or whatever of their life so that it improved their . . . enhanced their standards of care.

Code A — Right, okay. In relation to Mrs Code A when she was obviously put on the driver, what impression did you have of her health and what was going to happen to her.

Code A — She was very distressed and in a great deal of pain.

Code A — Did you feel that she was dying?
Not at that time, no.
When did you or did you ever come to a conclusion that she was dying?

Code A — Probably a couple of days before she died um we realised that it was probably imminent, as nursing staff.

Code A — Yeah, okay, but are you aware of what she was dying of?

Code A — We knew she had multiple problems. We knew at that time she had a haematoma which is a

blister on her affected hip, the hip that she'd broken.

Code A Right, a haematoma's like a bruise isn't it?

It's a blister, it's blood, it's a collection . . haema's blood and it's a collection of blood.

Code A Oh, I see, okay, yeah.

So we knew that caused a lot of pain . . .

Right.

. . . and with all her other medical problems . .

So it was in . .

And we also thought she probably had a chest infection.

Code A Okay, what made you think that?

Because her chest was rattling.

Right. Okay. Now in relation to the haematoma, when did, can you remember when that came about, I'll put the notes there if you want to look at them.

Code A Well on this particular day, on this particular day when she arrived back from Haslar on the 17th, one of Code A mentioned that a Doctor at Haslar said that Code A should go back if this hip came out again, Code A rather than if she was in pain she should go back to Haslar.

Code A Mmm.

And um I rang Dr Code A and said . . mentioned the way the lady was transferred, I mean it was possible that that hip could have

slipped out again and she arranged for an x-ray at our hospital, we have an x-ray department and Mrs Code A was x-rayed and it wasn't out, so she didn't return to Haslar.

Code A Right, okay.

However, it was discovered later I believe that she had a haematoma.

Code A Right, what would cause that then? I know it's . . .

Code A Well it's possible I feel the ambulance crew said she was in pain and distress as soon as she got in the ambulance and it's possible that the way she was transferred, both in Haslar and in our hospital.

Code A Sort of could cause.

What would cause a collection . . . . does that mean that she'd ruptured some blood vessles or something that had collected there or. . .?

Code A Or two pieces rubbing together could cause a collection of blood or maybe from the operation.

Code A Right so yeah, I mean obviously you're not in a position to say exactly, but those are some of the examples it could be.

Code A Yeah.

Okay. And so I've got the contact notes here and there's a few relevant to you, you may have already seen them and we've. . a lot of them you've covered anyway, to be honest.

Um, but I think what we'll do actually saying that we'll take a short break 'cos the tapes are running out.

Code A

Tapes run out after 45 minutes and we're on 43.. so..

Code A

(inaudible)

Time by my watch is 1104. Turning the recorder off.

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DOCUMENT RECORD PRINT

RECORD OF INTERVIEW

Number:
Y18A

Enter type: ROTI
(SDN, ROTI, Contemporaneous Notes, Full Transcript)

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 29/06/2000

Time commenced: 1117 Time concluded: 1156

Duration of interview: 39 MINS Tape reference nos. Code A

Interviewing Officer(s): Code A Code A

Other persons present: Code A Saulet & CO Solicitors - Legal advisor

Police Exhibit No: Code A Number of Pages: 44

Signature of interviewing officer producing exhibit

Tape counter times	Person speaking	Text
Code A		Okay, this is the commencement of the interview of Code A Okay it's time by my watch is 11.17 on 29th June, taken a short break. I will remind you that you are still under caution and I'll just go through the caution again.

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You do not have to say anything, but it may harm your defence if you do not mention something when questioned which you later rely on in court. Anything you do say may be given in evidence.

Code A

Yes.

Okay, do you understand that?

I do.

Okay. That's not anything additional to what we've said already, it's just reminding you that this interview is being conducted under those headings and it's the caution.

Code A

Right.

All right and can we also . . can you also confirm for me that during the break um we've not discussed the case, I've not asked you any questions in relation to anything with regard to Mrs Code A

Code A

No you haven't.

Thank you. Okay, right, we were talking about the syringe driver and um you explained, you've explained the advantages of the syringe driver and that it gives a constant level of pain relief for whatever relief is, you know the drug in it is designed to give and it prevents these troughs in in pain relief . . .

Code A

Yeah.

. . .and stops patients waking up or in pain or whatever, towards the end of the treatment.

We've discussed that. We've also discussed that it's not purely for palliative care, it is for other forms of treatment as well . .

Code A — Yes

. . . and it's I believe it's quite a small machine . . .

Code A — It is.

So people can walk around with it . . .

You can put it in your pocket.

Yeah . . and whatever, so that it gives them that constant . constant care.

1.52 Code A — Care.

Okay, we've discussed Mrs Code A condition and the fact that it was probably, I think you said and correct me if I'm wrong, a couple of days before she died that you got the impression that she was actually starting to die . . .

Code A — Yeah.

. . she was starting to die. She had a chest infection, or you felt she was, she was . .

Code A — Did.

Did have a chest infection or had a chest infection and I take it it would be fair to sum up and say she was very ill or very poorly.

Code A — Very poorly, yes.

Okay. Now there are times, what I'd like to do now is go over the drugs that were administered and I've got here, which might be

a bit clearer, cos this is the original copy, the health record. You've actually got your own notes there. I take it this is the, this is the prescription record, is it called?

Code A — It is the prescription chart, yes.

Okay. Now I think there's sort of several entries or a few entries relevant to yourself. I'm not sure, I wonder if you could just point out for me which ones are, you're involved in.

Code A — This one's mine, the 20th of the eighth, I can see my signature here.

Code A — Okay that's for hyoscine.

Yeah.

And that's . . is that 400?

It's 400 micrograms at quarter to eleven and the Midazolam, 20th of the eighth, 10.45, 20 milligrams and my signature, MC. Obviously on that day we didn't put any Diamorphine . .

Code A — I see.

. . or did we? Yes we did, we put 40 milligrams of Diamorphine, 20th of the eighth, 10.45, that's my signature.

Code A — Okay, and I believe you've got the haloperidols?

Code A — Haloperidol - 20th of the eighth, 10.45, 5 milligrams, my signature.

Code A — Okay, so looking at those four . . .

Yeah, so I put the driver up that day. .

Yeah to ask you a fairly obvious question, it

Code A looks . . you've loaded the driver on that day?

I must have put it up. . . yes I must.

Okay. Can you just go through for me what each of the drugs do, what they are designed to do?

Code A Right, Diamorphine Hydrochloride is a powder in ampules, five, ten, thirty, one hundred and a five hundred ampule. .

Code A Right

. . and I believe it's heroin. . .

Oh right, okay.

And it's a very strong painkiller, indicated in severe pain and the initial dose is five to ten milligrams, four hourly. . .

Code A Right

. . for an adult.

Okay. What about the others there?

. . .and Haloperidol is for severe anxiety and the management of anxiety, dosage 1.5 to 5 milligrams, 10 milligrams, 20 ampules and we actually gave 5 milligrams, which is a very. . as you can see is a very small dose. You can go up to 20 over 24 hours.

Code A Oh right. Okay.

Midazolam, 20 milligrams over 24 hours, again an anti anxiety drug with 20 milligrams being a very low dose.

Code A Right and the Hyoscine?

Oh and Hyoscine is a drug to dry up secretions

	in the patient's bronchal tubes, which occasionally can cause quite a lot of distress to the patient.
Code A	Right, okay.
	And that is only added if it's required.
	Oh right. As I understand it . . .
	And 200 micrograms, sorry 400 micrograms isn't a large dose, she could have had 800.
Code A	Right, I mean that was my next question, in relation to the level of dosage, your saying that they're quite . . .
Code A	They're quite low, they're a normal, a normal dose.
Code A	Obviously when, it's got here the drug . . .
	Yeah.
	. . . Diamorphine, for example, it's got 400 to 200 . .
Code A	We could've . .
	40 to 200
	Sorry 40 to 200
	40, yeah, we could have given 200.
	So, am I right in saying that when the Doctor, Dr Code A, in this case . .
Code A	Yes.
	. . has prescribed these, she's given the nurses who have got the authority to do so, discretion to increase the dosage . . .
Code A	Quite, if the patient required it.
	If the patient required it, yeah. Would that

involve any further consultation with Dr Code A before . . .

Code A Not necessarily.

Code A Wouldn't necessarily. She's given you that sort of . . . .

Code A Yes.

. . . those guidelines to fit in, so . . .

Yeah.

. . I mean I take it if you had to go over that . .

Well she knows that two of us would have decided.

Code A Right.

If we decided that this patient was in distress and pain we could have upped her pain . . .

Code A Right.

. or if we felt she was terribly anxious we could have upped her. .

Code A Okay

. and anxiety drugs.

Right, so yeah, if the level was not working then . . .

Code A Yes.

. . . and it's within the parameters that are set, you can increase it within those.

Code A We can, yes.

Okay, you mentioned that the Haloperidol and the Midazolam were both for anxiety?

Code A Yes.

Um. . .

Code A	I believe she prescribed them because of the patient's condition and her high level of anxiety.
Code A	Right. Um, however the Haloperidol was 5 milligrams over 24 hours, which is very low, if you're asking why she had both.
Code A	Yeah, yeah. What would the reason in all the thinking be behind that, would you be able to . . .
Code A	The thinking would be that . . . of the high level of anxiety of the patient.
Code A	Okay, and the other question, I mean is there any reason why there's two and not like they just increased the Midazolam for example.
Code A	Well I didn't actually - this is a question you would have to ask Dr Code A because she actually prescribed it.
Code A	Right, okay okay. In terms of of what's been loaded onto the driver, are you able to comment on whether that's a normal . . .
Code A	I would say it's a perfectly normal dose . . . . . sort of in relation . . . . . and quite normal. Yeah, what about the combination of the four medicines.
Code A	What about it? Is the . . . have you seen that sort of combination before?

Code A	Oh yes.. . yes. Is it the sort of thing they've given to somebody in Code A condition?
Code A	Yeah It is? Okay. Are you aware of any er adverse side effects that a combination of one or two or the mix of all four . . .
Code A	No because we wouldn't use it if we were aware there were any adverse side effects.
Code A	That was the question, are you aware that there would be any adverse side effects?
Code A	No. No? Okay. What I'd like to do now, is I've got a . . .
Code A	Can I just check one thing. On one of the drugs, one has been increased.
Code A	Which one? You can tell me. Oh I can't see now. They're all 400, they're all 400 micrograms.
Code A	Wasn't one increased? They're all 20s. The Diamorphine is all 40s and the Haloperidol is all 5 milligrams.
Code A	No, one of them's increased. Where? (Inaudible) just (inaudible) from 200 - oh no it

is 400 isn't it?

Code A

That's 400 there, that's all 20s . .

That's all 40s. . .

I thought there was one increased.

That's all 5s. Possibly we . . .

I think you're looking at the Oromorph.

This, this was changed . .

Yeah.

She started off on an extremely low dose, which is . . .

Code A

And that was raised. It started off, what was it, 200 . . .

Code A

That's micrograms and then . . .

Is that 200 or 400?

400

To me it looks like a 4, but . .

It is a 400. . and the actual dosage is within 200 micrograms to 800 micrograms, so it's still only half.

Code A

Yeah.

Yeah, it's still within the . . .

Yeah.

. . the parameters.

Do you know, I don't know whether you're qualified to tell us or not, but do you know whether all of these drugs are licensed by the drug company?

Code A

Of course they are, yes.

For use in a syringe driver for subcutaneous

Code A	use. Of course .. They are? They are, yeah. We can bring you literature . . . Yeah. . . if you'd like to see it, on the drugs. Right. Is that available on the ward? Its available on the ward, yes. If you came on the ward you'd be able to see it.
Code A	Yeah. So all the drugs that you have in stock, is there something you can refer to for the prescription.
Code A	Oh yes, we're, we're controlled on the trust by the pharmacy at QA as to what we can order and what we can give. . .
Code A	I take it . . . . . and they're all checked and . . If by mistake or for whatever reason, if a Doctor prescribed drugs for the patient and the Code A gets it first and he looks at it and says hold on mate, hold on a minute, you can't do that. .
Code A	Mmm, can I just tell you that the Code A comes from QA every Thursday on our ward. She checks every prescription . .
Code A	Right . . for any problems or any drugs that are given . . it's her . . she's the expert.

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	Code A	Right, so if . . . .
		So any drugs that interact, she'll tell us. .
		That's right, she'll say . . .
		She'll pass it onto the Doctor and they'll change it.
	Code A	So there is something in force that if somebody wasn't aware that a combination of drugs . . .
	Code A	Oh yeah. . . . . . yeah.
		. . could cause a potential problem to a patient by administering the two drugs together, or (inaudible) together . .
	Code A	It would be very quickly picked up.
		. . . the Code A is the person to say Whoa, what you doing here, you can't do that.
11.49	Code A	That's right, mmmm.
		Try this one instead.
		Yes, she, she visits every week.
		Oh right.
		Do you know, is it a particular day that she visits?
	Code A	Normally it's Thursday, I did notice she was there Monday this week, but sometimes she changes.
	Code A	But it's a weekly basis?
		It's a weekly basis and I can tell you her name if you want to know it, Code A
	Code A	Right.
		She's been a Code A for many years.
		Okay. Just going back to the syringe driver, I

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mean obviously we've been talking about literature for this, what training do you get to use the syringe driver.

Code A Um, we get in house training I should say, on the ward. We get training, we used to have a school of nursing at QA, it's now moved to Southampton. We get trained, we used to get trained in there. We do study days on the ward for all staff, cos I was talking about trained staff. Obviously because we work as a team on the ward, the untrained need to know about the drugs and why we use them and etc.

Code A Right, so they've done . . .

So we have days on the ward when we will all get together and sit and talk about it.

Code A Right, okay and is there any instructions for the driver?

Code A Yes.

To hand?

Yes it's actually on the door, if you come into our controlled, into our drug room, it's on the door . .

Code A Oh right.

. . as you go in.

Okay.

Do you know. . do you know the . . .

Oh the drivers are taken regularly over to QA to the technical department to be checked.

Code A Oh for maintenance . . to make sure that they . .

.

Code A

For maintenance and they are dated on the drivers.

Code A

Yeah.

Oh what they all get sticky labels, do they?

Yes, yeah.

Do you know the make of the driver?

Yes. Grazeby.

Grazeby. You're the first one who knew that, well done.

Code A

I was told to look it up.

General laughter.

Code A

I wouldn't have remembered.

Are they. . . we have got an instruction we've got to find out what the make of the driver is and hopefully we'll try and get hold of one, I think.

Code A

We, we've got all the stuff for you. .

Yeah.

We came on the board (inaudible)

Right.

Okay. Now I'd like to move onto the . . now what I've got here is the nursing care plan? I think this particular one is for nights. Now if I think what I'll do as well, because you've got some. .

Code A

. . . yes it is nights.

. . I've been made aware obviously . . we've got the internal, it's called a statement, but I'm

aware that it's not actually a signed statement, it's more a . . somebody's summary of your conversation really, I think that's the best way .

Code A Manager.

Code A Do you want to have a quick, have you . .

I have looked at it.

. . had chance to read it? Now you've got some issues with this haven't you, I've been made aware about.

Code A Well I just felt that the interview that she and I had together. .

Code A Yeah.

. . it's like your written statements isn't it and if I'd have seen it I would have said to her well it's not really, you know it's not really what we talked about.

Code A Did you get a chance to look at this . . . .

No, no.

. . after it was typed? You didn't, so when was the first time you've actually seen this?

Code A When this compl. . well when you initiated this enquiry.

Code A On this occasion, so what . . .

Couple of weeks ago.

. . couple of weeks ago, right. Okay. What are your sort of problems with it? What are . . . . .

Code A I don't have any problems with it, I just feel that um . . .

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Code A

Is it a case of the way it's worded, is. . . .

Yes, yes.

. . you're not happy with?

It's just not. . . . .

I think for safety reasons, that should not be put to my client, and you shouldn't ask her any comments on that.

Code A

And I feel also, I'll tell you something else I feel, that Code A got my name from here and she's included me in her complaint to you.

Code A

Right okay.

Mmm, 'cos she mentions my name . . .

Right.

. . quite a bit.

Okay, you you. . . I'll tell you this straight away, I don't think you as an individual has been complained about.

Code A

No, but what she said about. . . .

About you . . .

. . naming me . . .

She's moaned about you to the . . .

The things she said about me are untrue.

Right, okay, but can we just make sure that we're quite clear about this. . .

Code A

I think she got my name from there.

Yeah. Let's make it quite clear that we're not talking to you today because she's said to us that you want to go and speak to Code A

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	Code A she's got something to say. We are talking to every member of staff . . .
Code A	Yes I know.
	. . . that was on duty during the time Code A Code A was in hospital.
Code A	. . I'm just saying that what she said about me wasn't true.
Code A	Okay.
	Okay. I only brought that up because I thought there was an issue with it, but we've cleared that now.
Code A	There's no real issue, no.
	Yeah, okay.
	I could have written it better.
	Yeah, yeah and you've made it clear that actually you've not . . .
Code A	I've lost my job now, but still.
	You didn't have the opportunity to read it?
	No.
	Okay. Let's move onto the care plan then. Now as I understand on her admission, or any patient's admission, there are certain forms that need to be completed.
Code A	Yes, lots of paperwork.
	Yeah, okay. Can you go through what generally would be required for a patient?
Code A	Yes, um there's all this, all general information, there's . . we like to put past history, sometimes we put social history, so that we can

	look at that and we've got a resume of the patient.
Code A	Huh huh.
	Then what happens when they (inaudible), their understanding, communication, are they continent of urine, are their bowels continent, how they eat, what type of diet, what's their appetite like, pain, teeth, vital signs, blood pressure, weight, etc. Mental study - the reason this wasn't done on Code A was because it would have been nought because we couldn't initiate any answers. .
Code A	Right.
	So I suppose you could say we should have had nought there . .
Code A	Right.
	. . with some, a lay person looking at it.
	Yeah.
	But to be honest, I'll tell you now, we've looked at that and not seen anything untoward about it at all, we don't know what's . .
Code A	No.
	Again, me and Code A are policemen, we don't know what forms have got to be filled in, what haven't got to be filled in, so (inaudible)
Code A	Yeah. . that's an indication of the patient's mental . . .
Code A	Yeah.
	. . . condition, out of ten . . .

Code A — yeah.

So if you's had say 2 out of 10 you would have had. . .

Code A — . . some form of conversation . . . .

Yes, some form, but none of it would probably be relevant. Bartel, this is important for us . . . .

Code A — Right.

This is three, which is fairly normal for our ward. Now this is an indication of what happens with her bowels, what happens with her bladder, do we need to wash and dress her, yes we do. Do we need to take her to the toilet? Definitely and how many, how dependant she is.

Code A — Oh right, yes.

Okay? So she is . . because she scores nought, she is totally dependent. And feeding: can she feed herself, do we need to cut up the food? Yes we do, everything, so that's another nought. Transfer: now we've got major help which is right, so it's one to two people to transfer. Mobility: she can't so she got a nought.

Code A — Mmm.

Dressing: highly dependant, so we have to wash and dress her. Stairs: no way, nought. Bathing: highly dependant, nought, so she's scores three, which tells us that she needs two people to look after her, she's highly

dependant.

Code A And as you said, I think, some time ago, that she was totally dependant.

Code A Totally dependant, yeah. This is a water low pressure score prevention, now this is you're probably aware that people who can't move, be it because they're elderly or because they're depressed and won't move, develop pressure sores extremely quickly.

Code A Oh right, yeah.

.. and in their first 24 hours of admission, we are supposed to do this um and initiate the appropriate treatment, so we go through and her build is average and she gets a nought. Her skin type, someone said is healthy, I would question that, and she got a nought. Sex and age: she gets 2 for being female and 5 because she's 80 plus. They haven't done anything with the special risk. Continent: they've put down occasional incontinence - I don't think that's right, she got one for that. Mobility: chairbound - 5, Appetite: average, I would have said it was extremely poor, but she got a nought anyway. Because she'd had surgery and a CVA she's got 4 there and because she's been on the table, surgical table . . .

Code A Right, yes.

. . which is notorious for getting sores and things, she actually comes out with very high

risk, 27, so she was nursed on an air mattress which are pretty expensive, but they proves to having an air mattress, we would have turned her two hourly which would have been most uncomfortable wouldn't it for her? Also you can't turn a patient with a fractured hip, on her side. . .

Code A

Mmm.

. . . you've got to really tilt them.

so the mattress she was on was probably the most comfortable . .

Code A

Of course.

. . that she could've had.

Yeah, yeah and we wouldn't . . lifting and handling we have to have a . . . . that's the medicine she's on, she was . . she came in on lactulose and haloperidol, the one you questioned in the driver. She was having one milligram twice a day . . . .

Code A

Right.

. . she actually came in on two milligrams of haloperidol. Then the contact record where we write every day: that's somebody said the (inaudible) found on the floor and normally it's signed - you see . .

Code A

By the relevant nurse, yeah. There's an entry for you at the bottom there.

Code A

There's an entry for me at the bottom. In hindsight, I wish I'd have written that over the

other side of the page, 'cos she said I added that afterwards . .

Code A — But you didn't, can we clear that up then?

Code A — Yeah, I did not write that afterwards. I told you how I discovered Mrs . .

Yeah, it was brought to your attention . . .

Yes.

. . by er I think it was Code A

Yes.

. . and you've included . . . let me just summarise what you've.

Code A — I've put, I've written what they, which we would normally do. I looked at her notes when she came from Haslar and they said to remain in a straight knee splint for four weeks, which is 4/52 . .

Code A — Mmm mmm.

. . . and pillow between her legs, that's to abduct her hips, but at night. No follow up unless complications and I signed it and then I, the same morning, as Code A told me there was no canvas, I thought well that's very important, I'd better add that and I put it here.

Code A — But that was added on the same day?

On the same day.

On the same morning?

On the same morning.

Okay.

We checked her for (inaudible) I don't know

RESTRICTED

	whether you know about MRSA, do you?
Code A	That's the flesh eating bug is it?
	No it isn't the flesh eating . . .
	No?
	That's another one.
	That's another one, is it?
	This is a staphylococcus aurius that's become resistant .
Code A	(inaudible)
	. . that's a bug. We all carry this bug on our bodies. .
Code A	Oh all right.
	You've got some . . .
	I'm sure I have.
	It's become resistant to the normal anti-biotics and um is's very prevalent . . I must watch what I'm saying. . for people that come out of surgery, where she'd come, so therefore we tested her for it.
Code A	Careful 'cos I'm going in for surgery soon, don't frighten me.
Code A	I know. Oh, sorry, sorry. It's particularly a problem for the elderly and very young, you're all right.
Code A	In fact, I've noticed that, there's a . . . .
	There's a negative result . . yes.
	Pathology service.
	That's right. She was negative.
	Is it like swabs they take?

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Code A They're swabs, mmm.

Swabs, yeah and they're all negative, so . . .

So she didn't have it. And then these are all the . . we've got different nursing care plans now, cos this is two years ago, we've got better ones. We'd have one for the nights . .

Code A Which is that one.

One for nutrition. One for constipation. Then we also have a bowel chart there.

Code A Yeah.

Personal hygiene. That's her prescription sheet. Investigations and that's it basically.

Code A Yeah. Just going back to the care plans, now although you're the named nurse . .

Code A Yeah.

I mean it's obviously quite clear that you're not the sole person who's going to attend to Mrs Code A I mean clearly, obviously when you're off duty it falls down to other people and from what you've described it as, really you're sort of like a point of contact almost between . . .

Code A I was um . .

Other members of staff . . .

. . . team leader I think at the time.

Right.

We work in teams.

Yeah, so, but what I'm saying is not solely your responsibility to look after Mrs

Code A in terms of her care plan. It would fall down to the team basically.

Code A Yeah.

But when you and your team aren't there and the . . .

Code A It would fall down to another team.

That's right, but although your name's on the top of the sheet, when you're not there, obviously you can't be responsible for . . .

Code A Quite, yeah.

They don't phone you up at home and say you'd better come in 'cos she needs a wash.

Code A No, no.

I take it as you're there during the day, you'd be the person more than likely to interact with the sisters and the family. . .

Code A I would probably be the person to . . . yes, make all the contacts.

Code A 'Cos obviously you become a familiar face with the patient and the family and they can relate to you.

Code A Yeah.

And that's why you're named as a named nurse.

Code A Mmm.

Yeah.

Okay. So we'll just go through this, we've got the nutrition and obviously there's various points here, um refused breakfast and lunch and

porridge eaten and no food taken. We've got her bowel movements and her personal hygiene. Um now I'd say there should be a mobility one as well, generally.

Code A

There could have been.

There could have been.

However, she had no mobility did she, so. . .

Right, so, if she's clearly not going to be mobilised because of her condition, there's no need for the form to go on there.

Code A

Where, when . . . no. I mean you could argue that when she became . . . her mobility became better, then we would initiate it.

Code A

You would initiate it? Right, okay.

However, we'd be putting everyday, we'd be putting 'no mobility' wouldn't we, 'no mobility.'

Code A

Yeah, right, I understand that. Okay, there's one or two things and this doesn't necessarily fall down you see this is a general question about the. . about the ward itself . . . I mean obviously .

Code A

It's not very good, is it?

Yeah, I mean that's one thing that's been sort of mentioned by the sisters is the notes, that there are gaps in days . . . for example, start with the nutrition on the 14th. . .

Code A

I can't explain why there's nothing between the 14th and 21st.

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DOCUMENT RECORD PRINT

Code A	Yeah.
	Well obviously she wasn't in your care on the 14th. I think she came back on the 17th.
Code A	I do know that on the day that I came back, 'cos I already told you, I sent her lunch to the kitchen to have it minced . . .
Code A	. . . to be minced, yeah. . . ."
	. . . because she couldn't eat it.
	Yeah, there is . . . there is obviously evidence to suggest that she was . . . . .
Code A	Obviously I should have myself. I should have written on there, on the 17th and I didn't. I was probably busy sorting her pain relief out . . . I was busy.
Code A	I think you've already mentioned before Code A Code A were there quite a lot and they did spend a lot of time in the room and they fed her.
Code A	They did, yes.
	But obviously they're not responsible for filling in the . . .
Code A	They're not responsible for writing . . . we fall down very badly on our . . . .
Code A	Well no, the thing is I mean if the Health Care Worker didn't feed her and Code A fed her, then I presume there would be an entry on the nutrition notes.
Code A	Well we should have done. We should have put 'fed by Code A yeah.

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Code A	'Fed by Code A' yes. Yeah, okay. So that's . . . Yeah, I do accept that. That's an ommision on whoever it fell down to on that particular day.
Code A	Yeah. Okay of course we've got it again on the bowel movements there, but would that necessarily be filled in if she wasn't . . if her bowels weren't opened.
Code A	If she didn't actually have her bowels open it wouldn't necessarily be filled in and sometimes on the night sheet, if she had a motion at night, it would be on there, you see.
Code A	Mmm. (inaudible) And obviously the personal hygiene which I think is fairly. . there's quite a bit on there.
Code A	That's quite comprehensive, yeah. Okay. Okay, nearly there now. Just one general thing about the contact record, um I understand that that again is not completed every time you go into the room or go to her bed and she's still asleep, or . . . .
Code A	It's only filled in . . it's only completed if something happens .
Code A	Significant in change and condition . . . Significant in change, yeah. Okay.

Code A	I actually filled this bit in because fortunately, 'cos I had discussed with Code A about Code A's medication. . .
Code A	About her oromorph because she was in pain. Yeah and I mentioned the x-ray. 'Cos she was still showing signs of . . . was she showing signs of pain.
Code A	Well I thought that perhaps . . you know that she could have put her hip out again.
Code A	Mmm. and that in fact it does say she didn't. Were you, were you ever aware during the last, during the. . from the 17th onwards, and this is something that the Code A state that they made mention to staff and I'm not clear whether it was yourself, that Haslar were prepared to take Mrs Code A back, should any problems occur.
Code A	Yeah, this is why I initiated this x-ray. Right. Because they actually mentioned that Haslar said she should not be left in pain, which is right, isn't it?
Code A	Yeah, yeah. . . and that she should go back if necessary. Yeah. So that is why she had that x-ray on that day that she arrived back from Haslar.
Code A	Right, okay, so obviously when that was

	assessed a decision would be made . . .
Code A	She had the x-ray and it was decided no, that the hip was still in place.
Code A	Right, and as you understand it, it was still in place.
Code A	Yeah. Did you see the x-rays, or was that something you just . . .
Code A	No, I don't read x-rays. Right, okay. . . . as a nurse. Oh right, but that's what came back, then that it was okay.
Code A	Yeah, yeah. Who would it fall down to to read the x-ray? Well Dr Code A would look at it. The radiologist would look at it.
Code A	Right, are they as like are the radiologists qualified to diagnose any problems on an x-ray.
Code A	Yes, yes. I mean they would point out things if I wanted to see it.
Code A	Yes. But I'm not, I haven't done anything . . . you know along those lines of reading x-rays. I can see cracks in bones and things obviously, but . . .
Code A	But yeah, you're not actually qualified to assess them?
Code A	No.

Code A — Okay. And in terms, this is probably a question that sounds like we're repeating ourselves, but it's just a point I want to cover, in relation to her mobilisation, um and from your recollection of Mrs Code A was she ever in a position where you could attempt to try and . . . .

Code A — No.

. . get her on her feet or physio or . . .

No.

. . anything of that nature.

No. I met her she that morning she arrived back from Haslar.

Code A — Mmm yeah okay.

. . in a lot of pain and distress. . .

Right.

. . . I've never seen her able to mobolise.

32.20 — Right, okay. Now this is another question on the sort of palliative care side, in relation to hydration and food. . .

Code A — Yeah.

When would circumstances dictate that you wouldn't be able to provide food or drink for a particular patient?

Code A — The only reason we wouldn't give food or drink to a patient is if we would harm them.

Code A — Right, okay and what would that be.

If they were unable to swallow. If we thought there's a possibility that it went into their lungs

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	and kill them.
Code A	Right, okay. Would there be other ways of providing fluids?
Code A	We do provide .. we don't use IV drips on our ward...
Code A	Yeah.
	.. because we have no medical cover 24 hours, there's no doctor on the ward for 24 hours . . .
Code A	Right.
	.. and we're visited daily as we said by a Doctor. Now we have, we would have given her perhaps sub cup fluids, which means we use the same bag as the IV fluid, we use a little needle called a butterfly needle . . .
Code A	Oh right.
	.. that we would put under the skin on a fleshy part - we find a fleshy part of skin, perhaps here, if it's likely to be pulled out.
Code A	That's at the back
	It's a very tiny little needle we would put just under the skin, 'cos it's sub cutaneous...
Code A	Yeah, yeah.
	With a plaster on the top - very slowly over 24hours we would drip a litre of fluids um saline probably . . .
Code A	Okay.
	.. normal saline into the patient, but at that time that wasn't initiated, it wasn't standard practice.

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Code A — Right, how long has that been . . .

That's been standard. I know Code A may have the actual date. I would say over the last year from my recollection. . . or maybe not that long, but . . .

Code A — When you say standard practice, is that standard practice for the Daedulus Ward or is that throughout the Trust . . .

Code A — All throughout the Trust. . . .

For the Trust, is that for the whole of the Trust? You actually have yeah, a procedure from the Trust. . .

Code A — Right, okay.

. . . whereby we can follow this. However, I don't think that nurses can initiate it, we're still following Doctors' orders.

Code A — Doctor's . . huh huh.

And that wasn't in place at that time? No?

It wasn't in place. No.

Okay and . . .

But that is the only way we could hydrate a patient that couldn't swallow.

Code A — So I take it that the condition Mrs Code A was in and the . the . the combination of the medicine she was taking, put her in a position that she couldn't swallow, she couldn't eat and she couldn't hydrate.

Code A — I think even before she had the medicine she was having great difficulty . . . .

Code A	. . problems . . . . . .eating? Eat and drink, yeah. Okay, but obviously there's procedures in place now. Are there still occasions when even providing fluid sub-cutaneously would be. . um would not be carried out, you know for the patient's benefit, are there circumstances ?
Code A	No, all the patients now, basically what we do now is if they don't manage to take in orally about 1000 millilitres . .
Code A	Right. . . a day, then they have a sub cut overnight. Oh right, okay, but are there any times when it would be decided well it's for the benefit, the patient's own comfort.
Code A	If a patient was dying, okay, if a patient was dying, we probably wouldn't do that.
Code A	No, okay and why would that be? Because medical opinion will tell you that there's research to prove that the patient will probably be more comfortable without sub cup.
Code A	Oh right, okay. Right, well I think we're just about there aren't we?
Code A	Yeah. Okay. Is there anything you'd like to add? I'd like to say that I, I, I find it difficult to come to terms with the fact that people who can be so friendly to the staff on a day to day basis, can give us the chair, can send staff books and

	letters um can complain.
Code A	Okay. Thank you. Anything . . .
	I'm not happy with the way that it was all presented to the staff on the ward. We've had to um . . it's not your fault probably, but we've had to gather information from and if . . where we could and I'm not happy with that.
Code A	Okay just to let you know that. . I think Mr Code A will back us up on that . . Mr Code A probably got more documentation relating to Code A time in hospital than we have and er . . .
Code A	I'm not going to admit that on tape.
	. . . . . but the disclosure that the police have given Mr Code A which at the end of the day and I'm going to pass the buck here, is Mr Code A responsibility to make sure that . . .
Code A	I wasn't blaming you.
	Yeah, I know, is that everything that we've got that we refer to during this interview, Mr Code A has had.
Code A	And so's Mrs Code A
	Yeah that's right, I'm saying . . .
	Yeah, I just feel that it's been dripping in bits and pieces. Nobody came and said, okay this complaint has been made . . .
Code A	And we appreciate it's two years old.
	Yeah.

Code A — But me and Code A have only been with it for six weeks. The police investigation only started 6 weeks ago and hopefully myself and Code A and my other colleagues that are working on this matter, are being as professional, as expeditious as we can possibly can to get this matter as cleared up as possible, cos we are aware that you poor people have been sitting on this for two years. But hopefully we'll draw it to conclusion very shortly.

Code A — We have been sitting on it for two years because we thought with the initial investigation . . .

Code A — That was it, yeah.

That's it.

Okay then. Right Is there anything else you'd like to add?

Code A — No.

No? Anything you'd like to clarify?

I don't think so.

Anything you said that you feel . . . . ? I'll hand you a notice explaining the tape recording procedure, which is under these piles of paper somewhere. I'd like you to complete it and return it to me before you leave the room. There it is. The time by my watch is 11.56 and I'm turning the recorder off.

MG15(T)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

SDN : ☐ ROTI : ☒ Contemporaneous Notes ☐

Person interviewed : Code A

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

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

Date of interview : **28 June 2000**

Time commenced : **10.19** Time concluded : **10.58**

Duration of interview : **39 minutes** Tape reference numbers ◆ : **44/00/30648**

Interviewing Officers : Code A

Other persons present : Code A **- Saulet & Co Solicitors, Portsmouth**

Tape Counter Times◆	Person Speaking	Text
	Code A	This interview is being tape recorded, I am Code A Code A Code A, the other police officer present is...
	Code A	Code A Code A
		I'm interviewing Code A, please can you give your full name and date of birth?
	Code A	Code A Code A
		Okay and also present is...
		Code A from Saulet and Co Solicitors, Portsmouth, Legal Advisor.
	Code A	Okay this interview is being conducted at Park Gate Police Station on the twenty eighth of June, two thousand and the time

Signature(s) : Code A

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◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 1

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		by my watch is 10.19. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes and I'll also remind you that the legal advice you have is accessible throughout the interview and the interview can be delayed at any time for you to seek further advice, okay.
	Code A	Okay.
		Okay, right this is basically an explaination of why we're here and what we're aiming to achieve. The Hampshire Police have undertaken an investigation into the circumstances into the death of Mrs Code A on the Code A Code A at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs Code A was unlawfully killed as a result of a course of treatment that was embarked upon between the seventeenth and twenty first of August whilst admitted to this hospital. We are seeking to interview those members of nursing staff who had a duty of care to Mrs Code A during that time and who in some cases may have provided her with direct nursing care or treatment in order that an account can be obtained in particular circumstances and

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **2**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		issues that existed between those dates. I emphasise this is a search for the facts and your account and answers will be carefully assessed in the light of information arising from other interviews with 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. Your solicitor has been provided with relevant material prior to this interview commencing, I must emphasise that you are 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. Now the next bit is a 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. Do you understand that?
	Code A	Yes.
		Alright, it's quite harshly worded but there's a couple of points I would say it's, what we're seeking is basically an account from

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 3

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		people if they're prepared to give it on various points that we're going to cover and basically a decisions not going to be made by the likes of me or Code A or basically the Police Service on its own. We will be seeking professional advice from someone who's got knowledge of medical matters and background and how these things work so it's not going to be a sort of blind decision or a witch hunt or anything, it's a considered process, okay. Alright, so as I say that's what we're looking into, I think to start off with what I'd like to do is if you could explain your role within the hospital and you know what your responsibilities are and what sort of things you cover, if you could do that?
3.33	Code A	Erm well I'm a senior staff nurse on light duty, I start my shift in minor injuries although I am in overall charge of the night nursing staff...
	Code A	Right.
		...during the course of the night duty in the absence of the night sister, so from the hours of er eight fifteen to about ten thirty I'm based in minor injuries and don't have a lot to do with the ward until after that time.

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 4

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Right, okay so what sort of times do you work? What are your hours?
4.08	Code A	Erm my shift starts at eight fifteen at night and I finish at seven forty five in the morning.
	Code A	Okay.
		So from ten thirty until seven forty five I'm around, based on Dryad ward but visit all the other wards in the hospital, I'm available if needed.
	Code A	Okay. What sort of things would you, would you be doing around the wards then? What would your sort of role be there?
	Code A	Helping in er nursing care erm mostly superivisory things, checking of medication, erm relieving trained staff when they go for breaks, really anything that's required of me.
	Code A	Okay so if there was anything untoward you would expect to be notified?
	Code A	I would, yes.
		Okay and depending on what sort of the problem was, you would obviously act on that?
	Code A	I would assist or help or whatever I could do.

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 5

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay. If it was a problem that required a doctor, what sort of things, examples could you give where a doctor would be called and what procedure would you follow in order to call one?
5.24	Code A	Erm if one of the members of staff were concerned about one of the patients erm if they felt it was urgent they would probably contact a doctor directly, different staff do different things erm some of them might call me to check the patient first erm if it's something we felt that the doctor could intervene with and would give medical care or advice then we'd contact them directly, if not we would monitor the patient and call them as we felt necessary.
	Code A	Right, okay. Just going over your sort of experience, how long have you been a trained nurse?
	Code A	I've been a trained nurse for nearly fourteen years.
		Okay, and what sort of areas have you covered in that time?
		I've only worked at really Gosport War Memorial Hospital...
		Oh, okay.
		...worked there for thirteen years.
		Okay so is that primarily with elderly patients?

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 6

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		So fourteen years experience has been based sort of covering...
		...The same type of patient.
		...same type of patient, yeah and how long have you been a senior staff nurse?
6.31	Code A	Er I think around three years.
		Okay. I've got the duty sheet somewhere, have you had a chance to look at them and remember what you were doing between the seventeenth and the twenty first?
	Code A	I've had a quick look.
		Thank you. Well I'll show you it now just to....
		Okay, yeah.
		...which is the duty sheet from August ninety eight and I think that's you...
	Code A	...That's me yep
		...there so looking down on the twentieth and is says hosp, which I guess is short fo hospital...
	Code A	...(inaudible) I was on duty.
		...so that mean's you're on duty at the hospital?

Signature(s) : Code A

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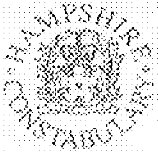
◆ Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 7

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
	Code A	Yes.
		At that time, okay so that would be the twentieth and the…
7.12		…Twenty first and the twenty second.
		…obviously and the twenty second of August, okay. Do you have any memory of Mrs Code A
	Code A	Only a vague recollection, I can recall the night she died, I remember the family being present on the ward and I can remember I think it was one of the daughters I couldn't say which one asked me if I saw another colleague would I…she had a book she wanted to pass on to one of my colleagues…
	Code A	…Oh right.
		…and would I do that…
		…Okay.
		…and that was really all I had to with either Mrs Code A or her family.
	Code A	Right, do you know who, what colleague that was?
		Er Staff nurse Code A
		Code A okay and do you know what the book was?
		Something to do with erm I think either spiritualism or that type

Signature(s): Code A

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* Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 8

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		of thing. I think Code A had been reading it during the course of visiting Code A and I think they chatted about it so Code A thought she might like to read it once they'd finished.
8.16	Code A	Right, okay. So you actually went down to the...you were at the ward when.....
	Code A	...After she died.
		...after she died. Was that because you were notified by someone or...?
	Code A	...Yes.
		...were you already down there?
		I normally visit the wards after I've finished in minor injuries but I'm almost certain I would have been contacted, I would have visited the ward straight after, as soon as I'd finished in minor injuries.
	Code A	Yeah, okay. You obviously had this conversation with Code A Code A about the book?
	Code A	Yes.
		Do you recall any other conversation?

Signature(s) : Code A

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◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 9

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No.
		In particular any concerns she had about Code A or any problems she had regarding the treatment or..?
8.56	Code A	No.
		No, okay. During the twentieth which is a Thursday and onto the Friday, when you start work do you have like a briefing at all with the wards at any point?
	Code A	Myself?
		Yeah, are you sort of notified about any particular problems with...?
	Code A	...Usually erm the, as I visit the wards the whoevers in charge of that ward will normally tell me of any patients they're concerned about or during the course of the night I will ask myself if they've got any patients they're concerned about.
	Code A	Right.
		As the patients don't often change I have a vague idea of many of the patients on the ward.
	Code A	So you build up a picture?
		Yeah.

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Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **10**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay, I mean do you ever other than the point where you were notified of Mrs Code A death, were you ever spoken to about her condition or any problems that the staff were having with her or with the family in any way?
9.57	Code A	I think I probably had been told by members of the staff that there were problems with the family but not of any specific problems.
	Code A	Right, okay it was nothing you had, obviously you didn't have any direct involvement with them and in terms of the medical side of it, in terms of Mrs Code A
	Code A	...Yes.
		...Do you recall having any conversation about her condition or ....?
	Code A	...No.
		...any problems with that?
		Not that I can remember.
		Okay. Did you other than coming down seeing Mrs Code A after death, did you see her beforehand on the twentieth or the twenty first before she died?
	Code A	Erm I possibly might have looked in on her during the course of

Signature(s) : Code A

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◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **11**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		the night...
	Code A	...Yeah.
		...not so I can remember.
10.43		Not so you can remember.
		Nothing sticks in my mind.
		Okay, alright. I think what we'll do now then is I've got obviously the health record for Mrs Code A which she's got the contact notes and the care notes. If you'd like to take a look through. As I understand it these contact notes are made by members of staff on the ward or..?
	Code A	...Yes.
		...obviously consultants or doctors who come in and have something to write. If you have a look and just see if there's any ones there that are relevant to you, anything that you've completed.
	Code A	(looking through documents). No, not in the contact record. (looking through again) nothing.
	Code A	Nothing there, okay.
		Nothing that I can see.

Signature(s) : Code A

765

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **12**

Record of interview of: Code A

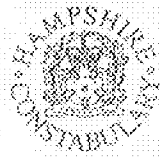
Tape Counter Times ◆	Person Speaking	Text
	Code A	When would you complete or you would have needed to complete a contact record, not just in this case but generally (inaudible)?
2.13	Code A	Really if I'd spoken to relatives erm to do with patients care, if I'd had any direct contact with the patient or if I'd taken any telephone calls.
	Code A	Right, okay. Would you complete it when you attended a patient and there was no change in her and she was asleep for example, would you feel the need to complete it then?
	Code A	All that would normally be completed would be a nursing care plan which would be dated and signed.
	Code A	Right, okay.
	Code A	The only time we make any comment is if there is any difference in the care required.
	Code A	Okay so if her condition has changed in any way or there's a difference to medication or something like that?
	Code A	Yeah that would probably have been recorded.
		That would be recorded?
		Yes.

Signature(s) : Code A

766

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 13

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
	Code A	But generally if conditions the same, still asleep or no change then you wouldn't necessarily record it?
	Code A	Record it, no.
		Okay, okay. Where you aware regarding Mrs Code A of the drugs she was being administered?
13.22	Code A	Yes, I think so.
		Okay, can you recall what...?
		...Erm diamorphine, midazolam and I can't remember off hand what else.
	Code A	Okay, well if I show you the prescription record here relating to Mrs Code A and perhaps if you can look and agree with me that looking at this there's four that were loaded on with a syringe driver?
	Code A	Yes.
		On the eighteenth, which is the hyoscine, midazolam...
		...Midazolam
		...the haloperidol...
		...Haloperidol
		...and the diamorphine?

767

Signature(s) : Code A

* Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 14

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
	Code A	Yes.
		Okay now as I understand it these initials here are the people that have actually loaded the driver and administered the drugs?
	Code A	Yes, yes.
		Okay, are there any entries there that are relevant to yourself?
14.19	Code A	No, not that I can see.
		Okay. In relation to this syringe driver, what are the thoughts behind using a driver and what are the advantages of using?
	Code A	Syringe drivers normally used for patients that can't take medication orally or to give continuous pain relief or continuous medication. It's a more erm how can I put it, it's a more constant form of medication instead of getting peaks and troughs you see, allergies or any other type of drug.
	Code A	Right, okay so as I understand it there's no time when the drugs will start wearing off for example and start feeling pain again, it gives a...
	Code A	...It shouldn't do, you can't, if the patients pain increases you could possibly get breakthrough pain where other medication might be required but the idea behind a syringe driver is that the

Signature(s): Code A

768

* Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 15

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		patient should remain pain free.
	Code A	So presumably then when you would administer a drug like a pain killer four hourly...
	Code A	...Yes.
15.23		...okay for the first couple of hours they're pain free and then apparently it starts to wear off so the idea of this then is to slowly administer it so they're pain free for that long?
	Code A	That's right.
		Okay. Would you mind just going over the drugs and just explaining what they're designed to do? Like an exam (laughs).
	Code A	Yeah (laughs). Erm oromorph is oral analgesia er morphine based, diamorphine is similar but given intravenaeously, subcutaneously or intromuscularly usually given through the syringe driver, hyoscine can be used, is usually used for drying up sort of respiratory secretions, can be given for erm abdominal pain, midazolam is a muscle relaxant erm some patients when they're dying tend to get twitchy or rigid and that helps to relax the body. Do you want me to go through (inaudible)?
	Code A	Yeah I think there's some duplications actually but yeah if you...

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **16**

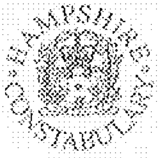
Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...Er haloperidol, haloperidol can be used as a sedative but I also believe it can be used as erm an anti-emetic as well, if a patients feeling sick or if you feel they're agitated that would be given, I thinks that's it really, it's mostly haloperidol on this side.
16.50	Code A	Yeah and there's a lactulose which is (inaudible)...
		Lactulose is given for..to regulate bowels...
		...Right, okay
		...as an empiriuant.
		Okay. Just looking at the doses for the diamorphine...
		...Yep.
		...and the other drugs...
		...forty milligrams, yep
		...forty milligrams to ....
		...to two hundred milligrams.
	Code A	...to two hundred, and obviously you've got the haloperidol which is five....
	Code A	...Haloperidol which is five to ten milligrams, midazolam twenty to eighty milligrams, hyoscine two hundred to eight hundred micrograms.

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 17

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
	Code A	Right, okay does that mean that that's on a sliding scale or that there's some discretion there by whoever administered the drugs as to the amount?
17.34	Code A	To a degree it's normally discussed with the, the GP visits each morning during the week and it's normally discussed then, if we feel that we need to increase anything then we've got the leeway there should we need to.
	Code A	Right, so in another case then...
		...Yep.
		...over a..overnight a patient was starting to feel more pain for example how would you flag that up for the doctor, would you actually see the doctor in the morning?
	Code A	Yes if erm the patient was in a lot of pain during the night then I would probably contact a doctor during the night.
	Code A	Right.
		Erm but if we've got some leeway we coul..usually we have an idea of what the doctor wants us to do at some point during the patients care she would have given us an indication of what she wants or the nursing staff on the ward but generally it's first thing

Signature(s) : Code A

* Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 18

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		in the morning...
	Code A	...Okay.
		...when she arrives.
18.35		And in August ninety eight that would have been Doctor Code A?
	Code A	Doctor Code A
		I'm right in saying she would come in on a daily basis?
		She does, not always every...not always at the weekend, I think if she's on call at the weekend then she come's in or if she's around she come's in...
	Code A	...Yeah.
		...but Monday to Friday she's in every day or (inaudible)
		Okay am I right in saying when it's out of hours there's, you either contact Doctor Code A or...?
	Code A	...Her surgery so I think there's only one GP in her surgery that is possibly on call but it's usually health call which is a deputising service.
	Code A	Yeah like a call out sort of scheme?
		Yes.

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 19

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Okay. In relation to the level of drugs that have been given as to how high an amount there is or how low an amount you know what sort of level are we talking about that's been administered?
19.24	Code A	Erm it's a moderate level.
		Okay and looking at those, those four drugs in particular...
		...Yes.
		...the fact they're on a driver, would you be in a position to comment on the condition of the patient, a patient if they're on that sort of type of drug on a driver?
	Code A	It would really depend on the patient erm I imagine she possibly would be unconscious but she might not be, probably asleep most of the time but rouseable.
	Code A	Mmm, okay. Did you see Mrs Code A 'cause you may be aware that she had two spells at the hospital, did you ever see her on the first sort of spell she was in the hospital?
	Code A	I might have done but I don't remember.
		You don't remember?
		No.
		Okay, because the question I was going to ask was could you

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **20**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		comment on how it affected Mrs Code A these drugs?
	Code A	Yes erm as I don't remember seeing her before I can't really comment.
	Code A	No, okay. Alright so the fact that they've got a sort of between forty and two hundred for example of diamorphine and five to ten, so it doesn't necessarily mean that the staff have got carte blanche to...
20.53	Code A	...No
		...increase it? They would have to consult with a doctor would they?
	Code A	They would do plus erm trained staff know that there is certain amounts that they can increase things by erm if they've, if erm Mrs Code A was rouseable and they needed to give her say oromorph for breakthrough pain that would be calculated into the increased dose for the following day.
	Code A	Right, okay. Okay, so I mean we've covered obviously consultations with the doctor and ...
	Code A	...Yes.
		...if you had a concern about type of drug, or how it was affecting

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

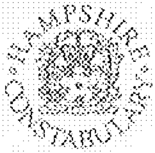
Continuation Sheet No : **21**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		her or breakthrough pain...
	Code A	...Yeah.
		...and this is another question just hypothetical.
21.43		Okay.
		If you were to speak to a doctor in the morning and course of treatment is prescribed by that doctor...
	Code A	...Yes.
		...and it's one that you don't necessarily agree with because of your observations, is there a procedure in place where you could make representations in order to try and reverse that decision within the hospital? Is there like hospital guidelines of how you would go about doing that?
	Code A	I think there must be but I can't recall being aware of one, I think I would say directly to the GP.
	Code A	Yeah, okay.
		I mean she's quite approachable...
		...Yeah
		...you've always been able to do that.
		Yeah and again I'm saying this hypothetically...

Signature(s) : Code A

◆ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

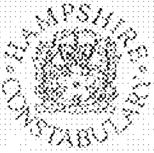
Continuation Sheet No : 22

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
	Code A	..Hypothetically I understand that.
		If that wasn't to happen, if you spoke to the GP and the GP said no this is how it's going to be and you clearly weren't happy with that are you aware of any procedure in place where you, you know is there a hierarchy you would go through in order to speak to other people?
22.42	Code A	If the patient was prescribed something that I wasn't happy about giving erm if it wasn't detrimental to their health I would not give it, if it was something the patient needed but I still wasn't happy about giving I would contact er probably the Code A on call and ask for their advice.
	Code A	Right, is that the Code A
		It would, during the night it would be erm Code A on call...
		...Right.
		...so it could be anyone.
		It could be anyone, okay.
		If it was during the day, the Code A or the Code A Code A
	Code A	Mmm, okay, during your career have you ever had a problem

Signature(s) : Code A

776



MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 23

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
		with a course of treatment that's been prescribed by anybody at the hospital?
	Code A	Not that I can remember.
23.30		Okay. It's never something that's come up? That you've had an issue with?
	Code A	Erm I think er years and years ago when I first starting working at the hospital erm syringe drivers were first coming into use and it wasn't necessarily explained to us how they were going to be used and erm why the drugs were being used that type of thing and I think probably a number of us voiced our concerns to the doctor at the time and the staff and we got training sort of afterwards.
	Code A	So that was like a training issue?
		Yeah not really a (inaudible).
		A bit like the police really they bring something in and don't tell you until...
	Code A	...Yeah which is often the case.
		Okay. What training do you get then? I mean do you get a certificate or some sort of record that you've...?

Signature(s) : Code A

777

* Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 24

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	We get a yearly erm drug administration update...
		...Right.
		...at ward level and anything else is at the clinical manager's discretion or your own discretion, for palliative care drugs or drugs used in the syringe driver there are regular study days that we can attend and we're encouraged to do so.
24.44	Code A	Right, but that's more optional?
		Optional, yes.
		Okay, but you have a yearly....
		...Drug assessment.
		...drug assessment, okay. If you don't attend that I mean is it basically you're not authorised to use the driver or is it just...?
	Code A	I don't know to be honest because it's never come up (laughs)...
		...It's never (laughs), yeah, okay.
		...it's never arisen.
		Can I just clear one point up about the syringe driver (inaudible)
		Yeah, please do.
		Is it correct in saying that you don't have to be bed ridden to be on a syringe driver?

Signature(s) : Code A

778

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **25**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	No, people use them, ambulance people use them, people in the community use them.
	Code A	So you can walk around...
		...As I understand yeah, cancer patients can carry them around 'cause they're...
25.26	Code A	..Yes, I think hospice patients erm they might start off in the hospice with a syringe driver, get the pain control sorted out and then live a relatively comfortable life at home...
	Code A	...Yeah
		...over a period of time.
		Okay, yeah. Right, okay. Do you know who was sort of in charge and I accept what you're saying initially that you can't remember with...
	Code A	...Yeah.
		...with the family but you were sort of made aware that there was a problem with the family or there was some, some sort of problem with...
	Code A	...Yeah.
		...Code A Do you remember who was sort of in principal

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 26

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		charge of Mrs Code A treatment during that period of time?
	Code A	Nursing wise or doctor wise or...?
		Nursing and doctor wise?
		Erm I don't know who her named nurse was if that's what you mean...
26.14	Code A	...Right
		...so at night duty it would have been staff that were on because we have sort of a skeleton crew at night, you know we look after all patients equally.
	Code A	Yeah, yeah as I understand a named nurse is one who seems to have sort of some responsibility?
	Code A	Yes.
		But again obviously they have days off...
		...Yes.
		...and then it obviously falls to the ....
		...whoever
		...staff?
		Yes.
		Okay. What is the actual reasoning behind having a named

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 27

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		nurse?
	Code A	So there's some continuity between relatives and patient and the nurse erm it's the one person they can speak to hopefully most of the time and the staff would have a familiar face to talk to and also that member of staff would also get to know the relatives perhaps better than if it was a different person every time.
27.10	Code A	Yeah, okay.
		You know build up a relationship of some sort.
		Yeah, so it's just to have a familiar face for the family and for the patient?
	Code A	Really, yes.
		Okay, right I think we've sort of gone over your, your role, there's just a few more questions I want to ask about the care notes...
	Code A	...Yeah
		...which are I think we'll go back a bit, we've covered the contact notes, we've obviously got the..I think that's the nursing care plan for nights isn't it...
	Code A	...Night care plan.

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 28

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	...what I'm showing you now?
		Yes
		And then we've got nutrition, constipation with a sort of (inaudible)...
	Code A	...Bowel chart.
		...bowel chart and then ...
		Hygeine
28:00		...personal hygeine?
		Yes.
		Okay, where are these notes kept when the patient is on the ward?
		Erm usually in the patients room, end of patients bed erm I believe Daedalus ward keeps there's at the end of the patients bed so they can be looked at before you attend to a patient.
	Code A	Right so you're able to see what's...
		..(inaudible) what the patient requires before you attend to the patient.
	Code A	Right, okay. Would you mind just taking a look through those and just see if those any relevant to yourself?
	Code A	Okay. (looking through documents). No.

Signature(s) : Code A

782

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **29**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Nothing there relevant to you?
		No.
		Okay. Now this is a general question, now obviously with this care plan there appears to be sort of a gap with the food and we've got on the twenty first, no food taken, then obviously goes back to the fourteenth which is when the previous time she was in. Is there any reasons that you're aware of why there would be gaps in these care plans?
29.18	Code A	I would imagine the staff just haven't had time to record what they have and haven't done.
	Code A	Okay, is there any other, I mean we've got the headings here, nutrition, constipation, is there any other care plan headings that maybe included in the health record?
	Code A	Mobility care plan erm any patient that, when the patient is first admitted it would be any problem that we would conceive the patient had that we could try to manage, mobility or lack of mobility would probably be a care plan.
	Code A	Right.
		So if a patient was bed bound it would give what type of nursing

Signature(s) : Code A

783

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **30**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		care we should give or equally if they were mobile how we would manage that patient, how we would protect their safety.
	Code A	Okay. So even if they were bed bound and there was obviously not a great deal you could do in terms of trying to remobilise you would still, there still should be a plan...
30.32	Code A	...There would be some type of care plan.
		Whose responsibility would that be to ensure that that plan is set out?
	Code A	The named nurse I would have thought.
		Right, okay so those forms should be set out?
		She should be in charge of the care plan and indicate what she wants, or flag up if she feels there's something lacking.
	Code A	Right so in terms of the mobility one and the others, would that be solely her decision as to...?
	Code A	...No it would be discussed with other members of the team. They would need to assess the patients mobility or lack of mobility and the type of treatment care she would require.
	Code A	Right, and would that include like Doctor Code A or any consultant?

Signature(s) : Code A

784

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **31**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Probably not, it might do but it would be mostly nursing care, I mean the nursing care plan so it would be whatever the nursing team would do.
●	Code A	Yeah, okay. Okay, can you just go over again, we've covered it briefly but just go over the circumstances when you came down when Mrs Code A had died and you've mentioned the conversation with Mrs Code A Can you just go over that and what you did during that time you came down?
	Code A	From what I can recall I visited the ward at some point after finishing in minor injuries so it would have been sometime after nine fifteen, nine er ten fifteen, ten thirty.
●	Code A	And this is on the twenty first?
		On the twenty first erm I can recall erm seeing the family on the ward, I believe they were attending to Mrs Code A (inaudible) and must have spoken to Staff nurse Code A who's was in charge of the ward that night, she would have contacted me and informed me that Mrs Code A had died and I would have visited the ward and asked if there was anything I could do to help, or if they needed me in any way.

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

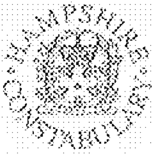
Continuation Sheet No : **32**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Mmm, okay. In that sort of case with Code A who you know obviously according to the notes, which obviously you weren't party to but death would have seem to have been expected.
32.51	Code A	Yes.
		Would the doctor necessarily be notified at that time?
		Not until the morning, not during the night, no.
		So in a normal procedure then, what would normally happen with the body?
	Code A	Erm death would be verified by a trained member of staff, two where possible but that's not always possible at night duty and then the body would go to a body store if it was an expected death.
	Code A	Okay and then what would happen in the morning?
		In the morning er the doctor would come and visit the body in the mortuary.
	Code A	Would they always come through the next day, what's the sort of time period that they sort of soon as possible, next day or...?
	Code A	I think it's as soon as possible or the next day but if it's during the

Signature(s) : Code A

◆ Not relevant for contemporaneous notes



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 33

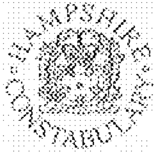
Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
		week Doctor Code A would be in during the day first thing in the morning, so I imagine she goes straight down.
	Code A	Okay just a couple of more questions, this is another general one in relation to sort of patient care. In relation to feeding and providing water for a patient what circumstances would cause a patient not to be given food and water?
33.57	Code A	If they weren't able to swallow, if erm or if they had a swallow problem we felt that given them food or water would be detrimental to their health.
	Code A	Right, okay. I take it that's for choking? Yeah, you know if their conscious levels were not good or they've had a stroke or for some reason they had a swallow problem so to prevent choking.
	Code A	Okay, would there be other ways of providing some sort of fluid? Fluids could be given subcutaneously or intravenously but we don't give, we don't have the training or the staff to give intravenous fluids.
	Code A	Right. We don't have medical cover, you know doctor cover at night

Signature(s) : Code A

* Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 34

Record of interview of: Code A

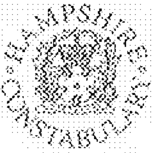
Tape Counter Times *	Person Speaking	Text
		with, most of the time during the day so it's not done at Gosport War Memorial Hospital.
	Code A	Okay and what reasons would there be for not giving fluids subcutaneously?
	Code A	If it was not thought, if it was not felt that it was required by the doctor I would imagine. If erm it was not going to make any difference to the patients condition you know improve it or do anything.
35.10	Code A	Right.
		Then I imagine it wouldn't be given.
		And I ask this knowing that your sort of contact with Mrs Code A was minimal.
	Code A	Yes.
		But are you saying then in a case where a patient is dying and you know they've got drugs to give them a pain free death, a decision may be made that to hydrate them would actually be detrimental to them?
	Code A	Erm I think it would be considered inappropriate.
		Right. The reasons for that are?

Signature(s) : Code A

798

* Not relevant for contemporaneous notes

MG15(T)(cont.)



HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 35

Record of interview of: Code A

Tape Counter Times *	Person Speaking	Text
	Code A	Patients dying already and hydration would not really make any difference.
	Code A	It wouldn't actually improve their health?
		No.
		It would probably prolong it wouldn't it?
36.01		Possibly.
		Right, okay.
		It wouldn't really improve their condition.
		Okay, just a couple, couple more just to try and clear up a few things. We've talked about the handing over procedure in the morning where you, I mean would you talk to Doctor Code A on a daily basis during the week?
	Code A	I myself erm would see Doctor Code A on my own ward because I'm actually ward based although I'm in charge of the hospital at night.
	Code A	Right, okay.
		Otherwise it would probably be the day staff that hand over to Doctor Code A depends what time she arrives on each ward.
	Code A	Right, so to hand over to Doctor Code A would you necessarily

Signature(s) : Code A

789

* Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : **36**

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
		comment on Daedalus ward patients to Doctor Code A?
	Code A	Sometimes I have done.
	Code A	Sometimes and what reasons would that be for? Would that be because there's a particular problem with them or...?
	Code A	If I'm concerned about them in any way or felt they needed some change to their care or even if she's asked me, she's asked me before.
37.02	Code A	Oh what to have a look out for somebody...
		...Yeah
		...report back?
		Because she knows I visit the ward she might, you know she might well ask me about a patients condition, how have they been during the course of the night.
	Code A	Right, okay. Do you recall having any conversation with Doctor Code A about Mrs Code A on the ...
	Code A	...No
		...Friday morning it would have been?
		Not that I can recall.
		No, okay. Is there anybody else involved in these handover?

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 37

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Erm no because it's a reasonably informal type of thing, Doctor Code A would arrive on the ward and it would be just a few minutes erm and she would get her main handover from the day staff, we would handover to them and then they would handover in further detail. We do make comments sometimes if we feel medication needs changing or whatever, we do sometimes make comments in the ward diary on Dryad ward and I can't say the same for Daedalus I don't know what they do.
38.02	Code A	You don't know what they do?
		But that's usually just minor things that we might not have time to bring up at the handover.
	Code A	Okay so the handover could involve basically all the nursing staff?
	Code A	It's usually the nurse in charge of the day shift, she would do a round, visit each patient in turn.
	Code A	Okay
		Some would be discussed in the office and Doctor Code A from what I've seen usually likes to visit each patient.
	Code A	What about the Code A where would..?

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

MG15(T)(cont.)

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 38

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	That may well be the person who does the round with Doctor Code A if she's the nurse in charge of that ward that day then she probably or he would probably do that round.
	Code A	Okay but is it a case that it would vary from shift to shift who would do the round?
	Code A	Yes, yes.
38.52		Okay. Right I think we've covered everything we need to so far. Is there anything you would like to add?
	Code A	Don't think so.
		Okay. Just to sum up then really, your contact with Mrs Code A was minimal, you may have looked in on her on the Thursday night into Friday morning but that's not something that...?
	Code A	...It doesn't stick in my mind.
		...that doesn't stick in your mind?
		No, so
		And obviously you came down after death and had a conversation with Mrs Code A about the book, Code A for her?

Signature(s) : Code A

◆ Not relevant for contemporaneous notes

HAMPSHIRE CONSTABULARY

RECORD OF INTERVIEW

Continuation Sheet No : 39

Record of interview of: Code A

Tape Counter Times ◆	Person Speaking	Text
	Code A	Yes.
		And that's basically your contact with the family?
		(inaudible) contact that I can recall.
		Okay, is there anything you'd like to clarify?
		Erm I don't think so, I'm sure there will be afterwards but not at the moment.
	Code A	I'm handing you a notice explaining the tape recorder procedure, I'll hand that to Mr Code A Complete the lower half and return before you leave the room and the time by my watch is eleven fifty eight and I'm turning the recorder off.
	Code A	It's ten fifty eight.
		Ten fifty eight, sorry.
		END OF INTERVIEW

Signature(s) : Code A

◆ Not relevant for contemporaneous notes