RESTRICTED

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RECORD OF INTERVIEW

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Person interviewed: BEED, PHILIP JAMES

Place of interview: FAREHAM POLICE STATION

Date of interview: 24/07/2000

Time commenced: 1100 Time concluded: 1145

Duration of interview: 45 MINS Tape reference nos. (◆)

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

Other persons present: Mr GRAHAM -Saulet & Co Solicitors
Portsmouth Legal Advisor

Police Exhibit No: Number of Pages:

PHILIP BEED

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	DS Code A	This interview is being tape recorded, I am Detective Sergeant Code A, the other police officer present is...
	DC Code A	
	DS Code A	Right, I'm interviewing Philip BEED. Philip

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would you mind giving me your full name please and your date of birth for the tape?

BEED — Philip James BEED, Code A

DS Code A — Right also present today is....

SOLICITOR — Mr GRAHAM from Saulet and Co Solicitors, Portsmouth - Legal Advisor.

DS Code A — Today's date is Monday the 24th of July in the year 2000 and by my watch the time is exactly eleven o'clock (11.00). This interview is being conducted in an interview room at Fareham Police Station. At it's conclusion I'll give you a notice explaining what happens to the tapes. All the time you're in the room here Philip, you're entitled to free legal advice, Mr GRAHAM's here to provide you with that. If at any time you want to stop the interview to take some advice or to talk to Mr GRAHAM let me know and I'll stop the interview, also today you've come here voluntarily which means you're not under arrest and if at any time that you feel you just want to get up and go then that is your right. Okay?

BEED — Okay, yeah.

DS Code A — Right, before I start to question you at all, I have to go through and give you what we call a caution and that is, that 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 and anything you do

		say may be given in evidence. Do you understand the caution?
	BEED	Yes.
	DS Code A	What do you understand by that caution?
1.31	BEED	That I don't have to answer any questions but if I, if I choose not to erm and later erm say anything then that can be used against me.
	DS Code A	Right, are you happy with that Mr GRAHAM?
	SOLICITOR	That's pretty good for somebody who's never been questioned before.
	DS Code A	That's pretty good and it's probably a better understanding than I had of it. One other thing I need to point out is that this interview room is capable of being monitored when the tape recorder is in the record mode only and with the tape running, and a warning light would indicate when monitoring is taking place. At no other time can our conversations be overheard. Now that red light there means that this interview is being monitored and it's by Kevin, the chap that you spoke to a few minutes ago. Right Philip, can you tell me what your job is and what you do?
	BEED	Yeah I'm a Clinical Manager which is the Charge Nurse in charge of Daedalus ward at Gosport War Memorial Hospital.
	DS Code A	Right and what are your day to day duties?
	BEED	Er I've got erm over...24 hour accountability for

the nursing care of the patients on the ward er and the management of the nursing team delivering that care. So I manage a team of nurses and support workers on day and night duty in delivering nursing care for patients on Daedalus ward.

2.51 DS Code A Right, how did you end up in that role? You didn't just apply for that as a job, you've obviously got some experience before, can you take me through your experience?

BEED Erm I've...yeah I've been nursing for erm twenty years erm training in the Royal Navy at Haslar erm working as a Deputy Department Manager and Department Manager in Haslar er I've worked for BUPA hospital at Havant as a Senior Nurse er and at Oxford Radcliffe Infirmary, Brooks University as a Senior Nurse and Lecturer er and then I applied for this position working in elderly care.

DS Code A Right, did you have any specific training in care of the elderly?

BEED Er not specific in care of the elderly, my experience is broad based across erm acute surgery and a particular type of surgery I did before this job was...phalmic surgery where the majority of patients are elderly so it's mainly experience working with elderly patients.

3.53 DS Code A Right so you've a broad based experience in

nursing going back over twenty years?

BEED Yeah.

DS Code A Right, what does a Ward Manager do?

BEED Erm responsible for nursing care of patients on a day to day basis but also responsible for the erm management of the ward erm and making sure everyone is up to date and doing their job properly erm, making sure they've got the right resources, making sure we're staffed properly, er reporting any problems to my managers erm so it's a, it's a combination of nursing care and the overall management of the ward and looking after the budget for the ward.

DS Code A Okay. Can you tell me a little bit about the War Memorial Hospital?

BEED Yeah erm it's a community hospital so we..we've got erm don't actually have medical cover on site, we've got six in-patient wards and day hospitals and outpatients er the particular ward I'm on is erm continuing care around slow stream stroke rehabilitation. We're consult...we've got 24 beds, we're consultant beds so we've got a consultant who takes over all responsibility for the patients and a clinical assistant who provides day to day medical cover.

5.11 DS Code A Who...bearing in mind that we're interested in the events of 1998, who was the consultant in charge then?

BEED That was Doctor LORD.

DS Code A Right and does that continue to the present day?

BEED Yes she's cons...she's still consultant in charge now.

DS Code A Right, what contact do you have on a day to day basis with Doctor LORD?

BEED Doctor LORD attends twice a week to conduct a ward round, that's on a Monday and a Thursday erm and we can get in contact with her at other times by the telephone if required, she's actually based at Queen Alexander so erm contacting her depends on where she is at any given time er but it's usually not a problem to get in contact with her if I need to.

DS Code A Right and when would you get in touch with Doctor LORD?

BEED Erm if we had any particular problem that we couldn't erm sort out with the clinical assistant erm, erm or we needed, particularly needed consultant advice for any particular reason.

DS Code A Right and that's over a whole range of...

BEED It could cover a whole range of things, usually it would be if the patient was particularly poorly and we weren't sure of what other action to take and that either because er we couldn't get in touch with the clinical assistant because the clinical assistant obviously could be on house calls or duties erm or because the problem

couldn't be sorted out with the expertise of the clinical assistant.

DS Code A — Okay. Tell me about the clinical assistant?

BEED — Er at that point in time it was Doctor Jane BARTON er and she's a local GP, works in Gosport er and she comes in Monday to Friday on a daily basis erm to see...to review all the patients er and then midday to clerk in any admissions and then outside those hours during working hours, office hours we would call on Doctor BARTON if she's not on duty er and then weekends and evenings we would call on one of the other partners in the practice that she works in.

DS Code A — As in Doctor BARTON's practice?

7.14 BEED — Doctor BARTON's practice, yeah.

DS Code A — Okay, does Doctor BARTON receive patients or did she receive patients or is it just....?

BEED — For ad..for admission?

DS Code A — ...Yeah.

BEED — They'd all admissions go through the elderly services office and either Doctor LORD or one of her colleagues actually agree to admit them so they all have to be...the admission has to be agreed by a consultant from elderly services.

DS Code A — Right and where do you take your patients from?

BEED — Er nearly always from transfers from other wards erm so that's either in Queen Alexander or

Haslar, sometimes from other hospitals occasionally we take admissions from the er day hospital or outpatients and occasionally we've taken admissions from home but that's, that's quite unusual, nearly always transfers.

DS Code A — Right and are those transfers normally for ongoing medical care?

BEED — There usually for assessment or rehabilitation but sometimes patients just aren't well enough for rehabilitation but the, the plan was always to assess them and see erm what we can do in the way of rehabilitation.

DS Code A — Okay. As the ward manager you're obviously responsible for the staff that are in there, can you tell me a bit about the staff, how many you have? Who works on...?

BEED — It's approximately thirty staff because it depends whenever I've got vacancies and when I've done with the hours but I've got on days at the moment I've got five trained staff who are either registered general nurses or enrolled nurses and eleven health care support workers so it's nursing auxiliaries they were previously known as and on night duty I've got four trained staff and I think six health care support workers, the numbers vary a little bit from day to day with people on maternity leave and so on.

DS Code A — Okay and how many patients would you be

expected to provide care for?

BEED — We've got twenty four beds on the ward, we are...we've only actually been full on about three or four occasions in three years I've worked in the War Memorial but usually we run about seventeen, eighteen patients.

DS Code A — Right, is that adequate staffing then?

9.23 BEED — For eighteen patients the ward gets very busy erm so you have to prioritise your work erm if we went above eighteen we need to bring in banked staff to, to have enough staff.

DS Code A — So (inaudible) like all things there are occasions when you're pressed and...

BEED — Yeah, yeah.

DS Code A — ...there are occasions when you cope? In your own estimation where does that figure...where do we cross the line between coping and not coping?

BEED — We shouldn't, we should never cross that line because I can bring in banked staff but occasionally and it also depends on not just the number of patients but what's happening at any time, so if you get erm several patients being poorly at the same time or needing attention for one reason or another er a lot of our patients aren't continent erm we can have patients who erm fall out of bed or those sorts of things so if those sort of things, or relatives that are very

anxious who need to speak to us so sometimes when you think you're going to manage things occur and then that means that you're actually very, very pushed. That doesn't happen too often because I usually try and ke..that's my responsibility to make sure the ward is properly staffed and the work is properly prioritised and managed so I'm, probably we...occasions when we sort of cross the line when we're not managing and really need to, to do some, to do something to make sure we are coping, once a month or so erm which compared to places like Queen Alexander and (inaudible) I expect that happens, where I know that happens a lot more er on the busier acute wards.

10.55 DS Code A Right, is it your responsibility to get banked staff?

BEED Yeah, yeah erm I delegate that as well so my Senior Staff Nurse and Staff Nurse's know that they can call in banked staff if they need to as well.

DS Code A Right so they're empowered to make that decision?

BEED Yes, oh yeah, yeah.

DS Code A Okay, am I right in just...to the hierarchy as it's established is that in overall command is Doctor LORD, then perhaps assisted by the clinical assistant who at that, the time we're interested in

		was Doctor BARTON....
	BEED	Yeah.
	DS Code A	...then yourself...
11.29	BEED	Yeah.
	DS Code A	...then you've got your registered nurses....
	BEED	Yeah.
	DS Code A	...and your auxiliaries...
	BEED	Yeah.
	DS SACKMAN	...Is that about right?
	BEED	Yeah.
	DS Code A	Okay. Who's responsible for prescribing the drugs that you use on the wards?
	BEED	Doctor BARTON or Doctor LORD and also the other erm doctors in Doctor BARTON's practice if they come in, if we call them in.
	DS Code A	Right and they would assess each patient and prescribe...
	BEED	Yep.
	DS Code A	...(inaudible) okay. Can you explain to me the procedure that happens when you're approached by QA or Haslar to accept a new admission, what processes do we have to go through?
	BEED	They erm the...either Haslar or QA would contact the elderly services office and ask for a consultant to assess a patient and take them on. One of the consultants, erm I think sometimes they use a Senior Registrar as well would go and see the patient, assess them erm and if

appropriate agree for them to come to erm the War Memorial er they would then give that to the elderly service office who will actually phone us and arrange a date erm a date for the admission and give us all the details, and a copy of the er letter which the consultant's have written which gives us all the information of the patient erm and then we we're, on that date, agreed date then the patient will be transferred across to us and we'll take over their care.

DS Code A Right, are there occasions when the consultant or in your experience says no this person's not fit to come to us?

BEED There might be but we wouldn't know because they wouldn't get as far as us...

DS Code A Right

BEED ...if that had happened because they would, they would, like they would...that information would be directly between the consultant and the particular ward. I do know that does happen from time to time, either the patient is too well to come to us and doesn't need rehabilitation or the patient isn't well enough erm the other thing that happens is patient...is that conditions on the patients progress are made before transfer so the same patient can come to us but these things, these tests or these things must be sorted first before they come over to the War Memorial.

13.46 DS Code A So generally speaking a patient arriving at the War Memorial is stable and able to be nursed?

BEED They should be, yep.

DS Code A Okay. What paperwork accompanies a person?

BEED Erm if they come...at that point in time if they came from QA they would come with their notes, if they came from Haslar they would come with their Haslar notes and we would obtain the Portsmouth notes and there should be a transfer letter as well and they should have any medications which they're required to be on, what we call T-T-O's.

DS Code A So and what is a T-T-O?

BEED Er to take out so that's...so as if they've been discharged to home they come to us with the tablets and medicines they're on because we haven't got a pharmacy on site so they need a weeks supply of whatever medication they're actually on.

DS Code A Okay. Can you tell me about the pharmacy side?

BEED We, all our pharmacists are supplied by Queen Alexander Hospital in Portsmouth so we're, we have our own stock of things that we use regularly erm things that we don't, that we don't hold as stock then we order on a named patient basis erm and we have a weekly delivery and then we can phone up daily and order extra supplies if we need them and they get delivered

just after midday.

DS Code A — Right, did you have a pharmacist?

BEED — We've got a pharmacist who visits once a week and her name's Jean DALTON and she, she goes through all the drug records and all our stocks and just checks everything erm in terms have we got the right stock and the medication the patients are actually on.

DS Code A — Okay, does she advise?

BEED — Yes, yes if erm if she see's erm medication which contradict one another or the doses are erm above or below or not what would normally be prescribed erm or things that might interact then she points them out to us to point out to Doctor LORD er and we pass that information on and act on it.

15.48 DS Code A — In your experience of twenty years, can you individually identify when the drug regime isn't proper?

BEED — Yes, you would usually you'd know when something isn't proper erm the exception would be some of the more unusual drugs erm and then you would have to look it up what we call the BMF, which is a book which tells us all about medications...

DS Code A — (inaudible) Formary

BEED — ...yeah and we would do that if there's a drug that you haven't encountered before you would

do that as part of your normal regime before erm actually given the drug to a patient.

DS Code A Would you consider that to be part of your role...

BEED Yes.

DS Code A to keep an ongoing...

BEED Yeah because when you give out a medicine you, what..your responsibility is to know that you're giving it to the right person at the right time and that you know what that medication is doing so if you don't know what it's doing then you need to look it up and make sure you do before you give it erm and that the dose is the normal dose because you can appreciate it's quite with the range of dose that's given and it's quite easy for someone to write up erm an extra nought or whatever to and prescribe an incorrect dose.

DS Code A Right so I mean part of your role you'd see it as being in some way responsible for just for ensuring is that, that last safety check?

BEED Yeah, yeah and that's the role of any trained nurse on the ward as well because any...we all erm undertake the drug erm round at different times.

DS Code A Right so am I right in saying that individually there's a number of (inaudible) if any individual thinks that the drug regime isn't right they can highlight that?

BEED Yeah.

DS Code A Who would they highlight that to?

BEED Erm well initially you would check for your own sake when you're giving the medication if you then think it's wrong then you would report it to someone senior on the ward so if it was one of my staff they would report it to myself or a senior staff nurse. If it was myself, I would, or they could go directly to the doctor and check it with them, if I thought it was incorrect I'd go to a doctor or I could go to one of my er senior nurses, usually the sorts of things you encounter you can go to a doctor and check er as to and either correct it or understand why a particular dose has been given because sometimes doses are given that aren't in the er formary range for but for particular reasons erm or, and or it might be a mistake and that can be corrected.

18.08 DS Code A Right, why would that be? Why would people be given doses outside of those guidelines?

BEED Erm because those are guidelines but there are drugs where tests have been done in particular situations with particular patients where erm there are established erm doses outside of those regimes which are appropriate er and there's lot's of examples but one would be in the turn pin, in erm when people have a mental health problem and mental health team regularly give

er doses of drugs which are actually much higher than you would normally give er to patients because it's knowing that the higher dose is necessary to actually erm treat the patient effectively.

DS Code A Right so I mean the guidelines are only guidelines...

BEED Yeah.

DS Code A ...they're not ....

BEED Yeah, yeah.

DS Code A ...hard and fast rules?

BEED Yeah.

DS Code A And on your wards there's three definite checks that a dose is right, your nurse can highlight it...

BEED Yep.

DS Code A ...You can highlight it...

BEED Yep.

DS Code A ...and as can the doctor highlight it but ultimately the consultant is...

BEED Overall responsible.

DS Code A ...is overall responsible but there are a number of checks before we get there....

BEED Yeah, yeah.

DS Code A ...and a number of opportunities for people to identify...?

BEED Yeah.

DS Code A Okay. Can you tell me about named nurses and what that's all about?

19.32 BEED The named nurse is actually the nurse with the specific responsibility for individual patient and each patient has a named nurse erm and we allocate it so we each have usually about three or four patients erm and that nurse will be responsible for generally overseeing the patients care so any major change that takes place in, in..take effect in how we care for a patient er they will be involved in the decisions erm and also things like referral to Social Services, erm communicating with relatives and so on erm because we work a shift pattern, we also work in teams erm and other nurses can actually erm be involved in that patients care as well so erm if something is happening with the patient and the named nurse is off for two days then someone else will automatically take over so it doesn't, we use it to make sure patients get the best care and they have someone specifically responsible for their care but we make sure that that doesn't prevent the patient having erm their care reviewed or decisions made or actions taken when they're not around.

DS Code A Okay so I mean the named nurse is the person who is expected to take a day to day responsibility...

20.47 BEED Yeah.

DS Code A ...but then people are not on duty 24 hours a

day...

BEED Yeah, yeah.

DS Code A ...Right, how are they allocated?

BEED Erm we've got three teams, one for slow stream stroke patients and then two for continuing care each with a roughly equal number of nurses and what we do when a patient comes in, is we look at what team they're going to go, need to go in and who's got a vacancy so we've roughly got all...an equal responsibility erm so if one pa...if one persons got less patients than someone else at that point in time because someone's been discharged or died then usually we've been allocated to them...

DS Code A It almost picks itself?

BEED ...Yeah, yeah it's on who's got the space really erm or if someone's likely to have a space because we've got a discharge pending those sorts of things.

21.41 DS Code A Right. What paperwork accompanies a patient?

BEED When they come to us?

DS Code A Yeah.

BEED Erm when they come from Queen Alexander they would come with erm their nursing notes and medical notes and drug record, if they come from, sorry did I day Haslar or QA there?

DS Code A You said QA but I mean if ...

BEED QA they would come with notes, Haslar they

would come with their Haslar notes and they would come with their Haslar nursing records and the transfer letter and drug record, so it's the same, if it's a QA one we, we erm keep hold but if it's a Haslar one at that point in time we kept it for a week and then returned it and raised our own documentation.

DS Code A Okay I understand. So the patient arrives on the ward and you know what their history has been and you know what the plan is...

BEED Yeah.

DS Code A ...Can you tell me about the plan and how many plans are there and..?

22.34 BEED Erm they..usually the medical nursing plan should run together and we would look for it, that would be summarised in the transfer letter so we would usually use the transfer letter from the nursing staff to...and the consultants letter to give us a broad view of what was happening. If there wasn't anything we weren't sure about and we needed to clarify such as drug routine patients on or what, any aspect of their care then we could go back into the, the medical nursing notes and actually read through that and find specific information that we needed erm and then from that we would raise our own nursing documentation and then in assessing the patient and in discussion with them if we could and their

relatives look at the plan of care while their on Daedalus ward.

DS Code A Right and how many sort of separate plans are there?

BEED Erm well there's usually an overall plan of what we hope to achieve with the patient and that may be er developed over a period of a few days 'cos it usually takes time for a patient to settle in with us and to see er to assess and see what's practical and what we might achieve and then that's sub divided into specific care plans for specific aspects of the patients needs such as nutrition, er preventing pressure sores, er continence, er hygiene, night care so that's what...and that's what we would call the nursing care plans, so that's the...and we actually base that on the activities of daily living so that erm up to twelve things the patient may need to do for day to day living.

DS Code A Up to twelve things, I mean it's not an exam, I wouldn't want to...could you sort of as many of those as you can name for me?

BEED Er so nutrition, erm breathing, erm feeding, erm elimination which is continence er hygiene erm relationships, communication, erm sexuality, erm religious needs, sleeping so that's the and there's another two there somewhere but I'm not sure but we would...not all of those would be

		applicable to all patients so...
	DS Code A	No so I mean is there a mobility?
	BEED	...Mobility is one, yeah.
	DS Code A	Is it?
	BEED	Yeah.
	DS Code A	So and when a person comes in who assesses how many of these plans are applicable to a patient?
25.10	BEED	That would usually be the named nurse and if not someone acting on their behalf so it would be a qualified nurse and we would assess and initiate as many care plans as we could initially the patient came in but it might...but that doesn't have to be done immediately, we usually...I would expect all our patients to have a full set of care plans within 48 hours of admission for some of the things it may take a day or two to assess what their needs are and to actually erm introduce the care plans properly.
	DS Code A	Right so the care plans are something that develop...
	BEED	Yeah.
	DS Code A	...over a period...
	BEED	Yeah and then they're reviewed and cha...and changed as, as time goes by as well.
	DS Code A	...right so some are quite deliberately not installed...
	BEED	Yeah.

	DS Code A	...in the early stages...
	BEED	Yeah.
	DS Code A	...but perhaps we could expect them to...
	BEED	Later on, yeah, yeah.
	DS Code A	Okay, are they...what I'm intending to was just get an initial overview of what your job is and what your job is all about. I think I've covered the points that I wanted to initially, if I go to Lee if there's anything that...in that area.
26.19	DC Code A	Just a couple of things just to get...you mention in relation to Doctor BARTON and the set up when she comes in every morning and there's a single clerk admissions...
	BEED	Yeah.
	DC Code A	...can you just describe what that is?
	BEED	Clerking admissions?
	DC Code A	Yes please.
	BEED	Erm admissions come to us, should come to us before midday erm and they need to be seen by a doctor when they arrive so when the patient arrives we would call Doctor BARTON and she would come and see them usually within an hour er and look at the transfer letter, see the patient, write up the medications on one of our charts er from the prescription that we got from erm (inaudible) that comes with the patient er and just cover any, any details that we need to such as erm medical advice on how we care for the

patient really between then and the next consultative ward round.

DC Code A — So she would generally oversee what had been instigated...

BEED — Yeah.

DC Code A — ...or reported to instigate...

BEED — Yeah.

DC Code A — ...treatment...

BEED — Yeah.

DC Code A — ...from the point they were admitted...

BEED — Yeah, yeah.

DC — ...Okay. I think that was it for the moment.

DS Code A — Right, I've a couple of other things that I wanted to cover that I didn't but having had the opportunity for that quick break I've got them again. One of the things that will become important in this particular case I understand is the use of a syringe driver at some point. Can you explain to me what a syringe driver is? What experience you have of it, training and stuff like that?

BEED — Right erm syringe drivers are, it's used to give erm to give medication over a continuous period of time er there's various models but in Portsmouth, in Gosport we use only one model which is the MS26 and that's a 24 hour driver and it's used to give any medication barr...but the medication has to be erm soluble and given

subcutaneously so it goes under the skin and then that can deliver the dose over usually a 24 hour period erm we can set it for a shorter period if we want to and the idea is that the medica...rather than giving erm a dose of medication which then wears off and then giving another dose which then wears off, we can give a very small dose over a continuous period of time over can be 24 hours erm. Various medications we can use it for but the most common one is for pain control, sedation and control of secretions when people are erm in a great deal of pain and usually when they're having palliative care which is when we would recognise that the patient's dying and erm that death is a painful process for them erm so we usually use analgesia, sedatives and sometimes erm medicine to erm reduce secretions erm and it loaded into the driver, delivered subcutaneously over 24 hours so the patient always has a continuous amount erm of pain relief, we can vary that amount according to the patients needs reducing it or increasing it er if the patient is either sedated or is in pain er and we can monitor that very carefully erm and change it quite effectively and the benefit for the patient is that they get continuous pain relief and shouldn't become anxious or in pain at any time once

we've got the dose right and maintained it at the right level. Erm they do start getting any pain it's not in...they're not in absolute agony and a lot of pain because it's usually what we call breakthrough pain which is when they're just getting a little bit of pain but obvi...so they're obviously not quite enough analgesia erm rather than the full pain they would be in if they...if they'd had a four hourly dose of analgesia which had worn off erm or not had any analgesia whatsoever.

30.09 DS Code A Right you used the term over sedated, how would you know if someone's over sedated?

BEED Erm it would depend what sort of care you're giving to the patient 'cos usually with palliative care people erm the level of sedation that keeps them pain free, keeps them sedated and, and conscious or semi-conscious but sometimes you might use it for other reasons so if we were us...we often use a drug called midazolam for people who are fitting erm and we can give that via a syringe driver erm and in that case we'd want to prevent fits but we wouldn't want to erm like render the patient unconscious so we, we would just let..judge that on level of consciousness and ability to communicate and so on.

30.52 DS Code A What's an ideal state for someone to be in?

BEED If depend...it depends on what, what the problem is that you're, you're managing erm if it's palliative care then there is..there isn't really erm if you're managing a transient problem erm then you would try and reach a level where the patient's pain is or the problem is controlled but they're not, not asleep or unconscious.

DS Code A So again it's dependent on the patient?

BEED Depends on the patient, yeah, yeah. We usually find in palliative care which is when we recognise that someone's dying and we're keeping them comfortable erm then we use, when we usually achieve the right level of pain control, they're usually fairly heavily sedated as well.

DS Code A Right. What is Palliative Care?

BEED That, that's when we recognise that someone is dying erm (inaudible) various, their overall condition and what we know to be wrong with them erm and it's the care of someone during that process of dying, you keep them comfortable and pain free and clean and dignified so it covers everything in looking after someone who is dying.

32.04 DS Code A Right, when you say that we recognise someone is dying, who's we?

BEED That's the, the medical and nursing team erm and, and in consultation with the family so

although the family wouldn't necessarily recognise what's going on but we from our nursing and medical experience would recognise that.

DS Code A Is it fairly easy in your experience with..to recognise when that moment comes?

BEED Yes, yeah.

DS Code A And what kind of things are you looking for?

BEED Erm usually er could be a whole range of things erm but erm uncontrollable pain, erm difficulty with breathing, erm refusing to eat and drink, erm poor mobility, erm very anxious and it could be other things as well but those would be the, the sort of key things.

DS Code A On a day to day basis at the War Memorial Hospital, who would identify that in the majority of patients?

BEED It, it's a combination of medical and nursing staff but the nursing staff are the one's that work closely with erm patients whereas the medical staff are coming in so we would see how the patient has been over a continuous period of time erm so over a shift or over several shifts so we would...it's the nursing staff who really have the full picture about how a patient has been and then we would discuss and talk about how we'd do it with the medical staff in making decisions about care.

	DS Code A	So initially if the patient reaches that point, I mean that may be 20 odd hours away from seeing a doctor but are you empowered to move to palliative care without reference to the doctor?
	BEED	Yeah, I mean we could, we could call a doctor if we needed to erm but we would have discussed the patients ongoing care and prognosis and outlook on each occasion we saw the doctor so we are empowered to initiate a syringe driver erm because what would have happened is on a previous occasion when they've been reviewed by the doctor where the patient hasn't been looking good erm we think their condition may deteriorate erm and the syringe driver would be written up or have been written up and the instruction would be if this patient condition worsens and you can utilise the syringe driver er to keep that patient pain free.
34.33	DS Code A	Right so it's once again you're empowered to make that and the doctor says that you know this is perhaps a natural route to go down...
	BEED	Yeah.
	DS SACKMAN	...and it's an individual decision for you that we've reached that point now and perhaps...
	BEED	Yeah.
	DS Code A	...and you're empowered to initiate a syringe driver on...
	BEED	Yeah, yeah, yeah because the controlled drugs

have to be checked by erm two nurs...two qualified nurses erm then actually the decision is a team decision erm and you'd make it in discussion with erm a nursing colleague before actually initiating that so we're empowered to but it's usually done by two people rather than just the one.

DS Code A Okay, to the untrained mind, is the onset of using a syringe driver normally a signal to all concerned that...?

BEED It normally is but not, that's not absolute and I, I've not say for the majority of patients that we initiate a syringe driver then we're going down the palliative care route but I have seen syringe drivers used and discontinued on erm some occasions when a patients made an improvement.

35.46 DS Code A Okay so that is a decision that's reversible?

BEED If, yes certainly if the patient no longer needed to be on a syringe driver they could come off it.

DS Code A Right but in your experience it's unusual?

BEED That's unusual.

DS Code A Is that peculiar to that hospital or is that peculiar to nursing in general?

BEED That's, that's nursing in general.

DS Code A Okay so and I guess the doctor would invariably agree with your decision because it's all part of the plan?

	BEED	Yes, yeah, yeah.
	SOLICITOR	Can I just clear up a point on syringe drivers because I think the view at the moment is if you're on a syringe driver that's the end of it. Can you confirm that syringe drivers are used for other things?
	BEED	Oh it can be used for a whole range of other things as well so yeah, I mean we're...the patient group we're dealing with then we're common using it for that but, but there's a whole... all sort of other things and tip...the other thing that we use them a lot for is erm a drug called Appamorph which is for Parkinson's so someone might be on a syringe driver for Parkinson's Disease and that's to deliver the Parkinson's medication. Erm over a period of time we could use er midazolam to control fitting erm and then when the patient, when the fitting has settled down then er we might go on to oral medication or discontinue altogether so.
37.03	DS Code A	Right, but in the case of palliative care generally that's one of the last thing, one of the last stages?
	BEED	Yeah.
	DS Code A	So although it's fair to say that syringe drivers have a whole range of uses...
	BEED	Yeah.
	DS Code A	...in your hospital and the use of the syringe driver in palliative care generally is one of the

later stages?

BEED Yeah.

DS Code A You spoke briefly about handovers and there...do you have a briefing process, you know if I'm the late turn nurse and your the day turn do we have an opportunity to discuss what's gone on?

BEED Yeah we have a, we have four shift handovers a day so we handover from night staff to day to morning shift, morning shift to afternoon shift, erm and then afternoon shift to night shift and that inter...that er handover is erm nurses who looked after the patients going through all the, all the patients and what's happening and if there are any points for discussion erm they can be raised at that one and in particular on midday handover we have a little bit more time and the patient are being, we've been heavily involved with the patients throughout the morning then with our little bit of extra time there for discussion of any particular points that we need to work on or consider or think about both that day and in the ongoing care of the patient erm and we usually have a little update about half nine in the morning as well after the doctors been round as to what's going to happen with the patients that day and in general as well if there's any new information we need to discuss or work

on.

DS Code A — So having that many opportunities to discuss the day it's fairly safe to assume the majority of the staff on the ward at a particular time are fully aware of what's going on to all the patients not only their own?

38.50 BEED — Yeah, yeah, they should know specifically because we work usually in the mornings particularly we look after a group of patients but all staff should know what's happening and certainly qualified staff erm should have an overview of what's happening of all the patients on the ward erm and what we usually do as well is at some point in the morning or afternoon wander round the whole ward and just see all the patients and see that all is well as well. So we do that on one or even more occasions as well as when we go round with the drugs as well that's an opportunity when you see every single patient and just check that all is well and you're up to date with what's happening and what's going on.

DS Code A — Okay and the other thing I haven't covered is the nursing notes and on those we've got Mrs RICHARDS one's here. Can you explain to me who...the entries are they...in policing and Jim will understand what I mean we've got a thing called a custody record...

BEED — Yeah.

DS Code A ...now where everything happens to a person who's in police custody gets recorded and written down obviously...

BEED Right.

DS Code A ...in nursing it's along similar lines but perhaps I mean is there a requirement to write everything that happens down?

40.00 BEED Erm there should, anything that's relevant erm and erm needed we should er these are the nursing care plans which, which cover specific aspects of the patients care, the other activities of daily living so nutrition and elimination and there should be a record of any significant, any significant that happens on the shift all day erm and then the contact record here erm is erm is anything that's not covered by the care plan so that's other events such as discussions with the family, erm accidents, er particular investigations, erm information from the doctor,erm patients condition in general and so on. One of the things that was picked up on this when we had the investigation, the initial complaint by the family is that the nu...the medical, the nursing records weren't terribly good and we acknowledged that and we knew that erm and there were, there were some mitigating circumstances why the records weren't as complete as we would have liked

them to have been.

41.10 DS Code A All right what we'll do is we'll talk about that later. I think what I want you to do initially was just to get I mean what are you expected to write and when are you expected to write it?

BEED Yeah, anything really that's significant that happens in the care of that patient, we should have a record of erm us...in summary if possible but it might need to be in more detail.

DS Code A Right, but the key word is significant?

BEED Yep.

DS Code A It's not...

BEED Yeah 'cos there's a whole..I mean there's all sorts of things that happen with a patient over a 24 hour period erm and you needn't necessarily record every single thing happens so if someone's having erm ongoing rehabilitation they'll make, we would expect them to make er daily or weekly progress erm but what we record is when there's been a significant change so when they've gone from erm walking with assistance to walking unaided would be a significant change which you would want to record...

DS Code A Yeah.

42.06 BEED ...erm and you might have conversations with a family on a day to day basis but they, they might just be a erm yeah things are as we expect them

to be but if there was a specific conversation about some particular aspect of care that we ought to...that we felt needed a record kept of it then we would put it in there because we obviously talk to, talk to relatives and patients all the time but we wouldn't necessarily record everything we'd said....

DS Code A — No and I guess some families are more demanding than others?

BEED — Mmm, yeah, yeah. Erm some you spend an awful lot of time with and others erm you rarely see so it really varies.

DS Code A — Right, okay, what you've done is you've given me a nice overview of the day to day regime that's employed at and I can't say War Memorial without stumbling over it. I think what I'd like to do now is just to stop for five minutes, take a quick break, make sure that I haven't missed anything and then perhaps we'll come back in a few minutes and we'll talk specifically about Gladys RICHARDS and the care plans that were appropriate to her and her treatment but Lee has got something that he's just got to say.

DC Code A — Just to clear up the background to it. In relation to the syringe driver, what's the level of training you receive?

BEED — Erm well qualified nurses will have used syringe drivers in various settings and I, I've used them

in, in this hospital and last two hospitals I've worked in erm for various things. When I came to Portsmouth I..part of my induction programme I spent on George ward which is the palliative care ward over at Queen Alexander erm and I've sent several of my staff over there, there's also training days which are put on by the local hospice who use syringe drivers even more than we do in updates and that and how they're used and what happens and in the year prior to my coming to the ward there was a training day put on particularly..specifically for our ward so all staff have had a training day somewhere at some point er and then new staff that come to us we actually spend time er when we have a patients going on a syringe driver going through how it's used, how it's set up, the situations in which we would use it and making sure that they're familiar so they...new staff would use it with supervision with us...

DC Code A Right.

BEED ...erm and then when they feel they were competent and we feel they're competent then they would use it, erm then they would be able to, to initiate a syringe drivers (inaudible).

DC Code A Okay so in terms of updates and training, do you receive regular updates?

BEED We, we have a regular update on using...on

drugs in particular but the syringe driver would be erm regular but depending on, on what particular needs are because there's a whole range of things that we (buzzer sounded) erm update on.

DC Code A That buzzer just tells us that we've got a couple of minutes left so I'll leave it there.

DS Code A Okay, are you happy with that, the syringe driver part of it?

BEED Yeah.

DS Code A Yeah, okay is there anything else we need to know about the syringe driver before we turn the tape off.

BEED Don't think so.

DS Code A No is there anything I've forgotten to ask you? Okay it's quarter to twelve, what I'll do is I'll turn the machine off and we'll have a five, ten minute break. Do you want a cup of tea or something?

BEED Yes please.

DS Code A Do you?

SOLICITOR (inaudible) the tape is listening.

DS Code A He's listening.

SOLICITOR Coffee with no sugar.

DS Code A And what about you?

BEED Tea with two sugars please.

DS Code A Right we'll do that, give us five, ten minutes and we'll sort that out for you.

DOCUMENT RECORD PRINT

BEED Right.

DS Code A Right quarter to twelve and I'm going to turn the tape recorder off.

END OF TAPE