RESTRICTED

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RECORD OF INTERVIEW

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Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 30/06/2000

Time commenced: 1347 Time concluded: 1431

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

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

Other persons present: MR GRAHAM, Saulet & Cp Solicitors
Portsmouth

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 DC Code A, the other Police Officer present is -
	Code A	DC Code A
	Code A	I'm interviewing Code A, please can you give your full name and date of birth?

RESTRICTED

Code A: My name is Code A and I was born on the Code A Code A

Code A: Okay thank you. And also present is -

SOLICITOR: Mr. GRAHAM from Saulet and Co, Solicitors, Portsmouth, legal adviser.

Code A: This interview is being conducted in an interview room at Park Gate Police Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes. The time at the commencement of the interview is thirteen forty seven (1347) on the 30th June, 2000. Okay, what I'll do now is, I'll just go over, while we're here and this is a screed that we sort of read out for everybody, just to explain, what we're sort of aiming to achieve by, by these interviews. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs. Gladys RICHARDS on the 21st August, 1998, at Gosport War Memorial Hospital. The investigation centres around an allegation that Mrs. RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and 21st 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.

RICHARDS 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 of the particular circumstances and issues that existed between those dates. I emphasize that this is a search for fact and your account reliance's 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 emphasize that you're not under arrest and you're free to leave at any time. Your right to free legal advice in private extends throughout the period you are at the Police Station. And the next part is the caution. You do not have to say anything, but it may harm your defence if you do not mention when questioned something which you later rely on in Court. Anything you do say may be given in evidence. Okay, do, do you understand the caution?

Code A I understand the caution.

Code A Okay, as we've said to several people this is

quite harshly worded, this, this introduction but it's basically designed to try and explain what, what we're trying to achieve by this and it is, and it's just a case really of us getting an account from the members of staff who had a contact with Mrs. RICHARDS and their explanations if they, if they're able to provide them, of certain factors that we will go over. What I would say is, any decision that's taken is not made by Paul or myself or by a Police Officer on his own. I mean it's going to go to an independent medical expert and the decision will be assessed in light of what, you know what we get from that, as well as other factors, so it's not going to be a sort of a quick decision, you know. It's going to be carefully considered. Okay, what I think I'd like to do first of all, is if you could talk us through your qualifications and experience, I understand you're retired now, but if we can go over, August '98, what, what your role was at Daedalus, and what you were expected to do?

Code A I was an 'E' grade staff nurse. I was expected to run the ward, in, in the, without the presence of anybody that was senior to me. I was expected to prescribe the care of the patients. We were divided into teams and we were responsible for several patients in that team.

Code A Oh right, okay.

Code A And I was also responsible for the, unqualified staff in prescribing the work that they did.

Code A Right, okay. What was your experience at the time of, how long had you been a nurse?

Code A I've been a nurse for thirty five years.

Code A Okay. And in relation to elderly patients, who we understand that's what Daedalus ward ...

Code A Yes.

Code A ... mainly comprised of.

Code A Yes, I've been in elderly care for ten years.

Code A Okay, what sort of patients sort of, I mean we've mentioned the elderly but, what sort of criteria would the patients necessarily meet to, to go into Daedalus?

Code A They, they normally had to be immobile and in need of expert nursing care.

Code A Right.

Code A And have a, an illness. Some of them were stroke patients, some had cardiac failure but that was the criteria.

Code A Right, okay. And obviously depending of the patient, but what would sort of be, the, the goal in order, you know, for a particular patient, what would be the ...

Code A Well, well, the goal would be either to improve their mobility and their mental, and their medical state. And when we'd reached a, a

plateau or a certain point, when we felt that was, they were going to do, then they would be assessed, and they would either be discharged to their home, discharged to a nursing home or may be taken for long term care.

Code A Okay.

Code A In a hospital.

Code A Right, okay, so, in terms of how Daedalus is staffed, you obviously say you oversaw the healthcare, support workers ...

Code A Yes.

Code A ... so what would their role be, that you would oversee?

Code A Well they would, they would deal with the non nursing, what would be considered to be non nursing tasks.

Code A Right.

Code A They would wash the patients, dress the patients, help feed the patients, they were assessed for certain things like, if somebody was difficult to feed, they had to pass, pass a test to do that. But I used to, I used to supervise what they did, and if they weren't qualified to do something, then they would not be doing that.

Code A Right, okay, so it's mainly just to, to make sure that what they're doing is about right really.

Code A They're capable of.

Code A What they're capable of doing.

Code A Yes.

Code A Okay. And in your role are you qualified to administer drugs for example?

Code A Yes.

Code A You are?

Code A Yes.

Code A But I understand on that ward it has to be subcutaneously as opposed to ...

Code A Yeah, there is not, yes, there's not a Doctor there to put cannulaes into the veins, and we, you have to be, you have to pass a flebotomy test to ...

Code A Right.

Code A To put cannulaes into veins.

Code A Okay.

Code A Yes, and you have to do it on a really regular basis to, because you can go off the skill, to be skilled at doing it.

Code A Yeah.

Code A And the amount of times that we were required to do that, wouldn't be appropriate.

Code A Right.

Code A And so, because there wasn't a Doctor on call and because there wasn't somebody that could cannulate people, then we didn't use intravenous drips or give intravenous drugs. I have actually given intravenous drugs in my

career but that was in a different hospital, in an acute hospital.

Code A Right, where you were probably doing it on a regular basis?

Code A On a regular basis, yes.

Code A Okay. So, if we just go over the doctor, there's not a doctor on a ward.

Code A No, we, we're solely reliant on, on GP's. What happens is, Doctor BARTON comes in every morning at eight o'clock. And then we go through all the patients especially if they've got any problems or there's been any changes. She will also, she also comes in at mid-day when we have admissions, that is why there is a policy that nobody should be transferred unless it's an emergency, after certain hours because it's difficult to get hold of a doctor now, after surgery hours.

Code A Right.

Code A The consultant comes once a week for the stroke round, and once a week for the continuing care round, because there are two types of patient on the ward. After hours, we ring the Forton Road surgery and then we get through to the emergency, the person who deals with the emergency things just like anybody who would be calling their family doctor out to, to their home.

Code A Mmm.

Code A And we tell them the problem and then we speak, the GP rings us up, we speak to him and we tell him what's wrong.

Code A Right.

Code A And he will guide us.

Code A Make a decision based on ...

Code A We do. Yes.

Code A Okay.

Code A Whether he comes, or whether he's going to advise us to do a certain thing.

Code A Right, that's great, thanks, that's just, just get a bit of background on how, how it all fits in really. Obviously the reason why we're talking about this, is this thing about Mrs. RICHARDS. I wonder if you can now sort of go over what you're recollections, if you have any of Gladys RICHARDS and just, just run through them for me.

Code A The first day she came in, I was on a half day, so I didn't actually see her on admission. The second day I was in, I was on a long day, but she wasn't my patient and I was led to believe that there had been a lot of problems with settling her down. She was very disorientated, quite aggressive, Code A and nobody could w, non communicative, they couldn't work out whether she was in pain,

whether she wanted the toilet, all sorts of things like this.

Code A Mmm.

Code A And I, really I didn't have any contact with her on that second day. I was led to believe that the daughter had taken exception to the fact that she was very drowsy and had said that she didn't wish her to be given drugs that made her drowsy, that she'd also taken exception to the fact that she was being nursed in bed and the reason why she was being nursed in bed was because we felt, everybody felt that she was safer in bed. It was a, it was a group decision. She took exception to that, she insisted that she was sat out and dressed and sat in a chair. The next day I came in on a late. And the minute I reached the ward I could hear screaming, shouting, a quite a high pitched, quite jangling ....

Code A Mmm.

Code A ... kind of behaviour. I asked the girls, I hadn't, I hadn't taken a report yet, I asked some of the girls who were giving out meals if they could go and see to this lady because it was distressing for her, and it was distressing for all the people that were around, even though she was in a cubicle. They attempted to get her on to a toilet to try and see if that was the problem,

they checked her for pain. They, they thought she might be, they were trying to feed her, there was all sorts of things that they tried to do, she continued to scream, all through the report. And I, I had to ask Doctor BARTON who had come in to admit some patients, to actually write up for a dose of Haliperidol because the daughter had said she didn't want her written up for these drugs, to actually quieten her down, because she was very very distressed.

Code A Right.

Code A She also didn't really, in my opinion, have any idea of the need to go to the toilet. She didn't seem to understand what we were saying to, to her. She used to scream if we got near her, she used to turn her head away when we tried food and drink. And she used to latch out as well with, hurt people if she didn't ....

Code A Oh right, grab, make a grab ...

Code A Yes.

Code A Because obviously the tape

Code A Yes, she was quite aggressive as well.

Code A Right.

Code A And the Haliperidol was an appropriate drug to give somebody like that.

Code A Just, to get this straight, this is the, the first time ...

Code A Yes.

	Code A	... she was in because she, you're probably aware...
	Code A	This is the day when she was found on the floor.
	Code A	Right, okay.
	Code A	And I actually protested about her being nursed in that chair, I wanted to put her into bed even before she'd fallen on the floor...
	Code A	Can I just clarify a point there I think Lee's got it wrong, this is the second occasion so it's....
	Code A	No, no, no it's not.
	Code A	...I'm just trying to give you a...
	Code A	...yeah, no because this is post the 17th isn't it?
	Code A	No.
	Code A	No, this is the 13th...
	Code A	Oh I'm sorry I'm on the wrong track.
	Code A	...Okay, I'm just..right am I confusing you...
	Code A	No, no.
	Code A	No, no.
	Code A	...I'm just trying to give you...
	Code A	(inaudible) Mr GRAHAM
	SOLICITOR	No, I'm all right.
13.47	Code A	Mr GRAHAM's all right, I'm all right...
	Code A	Oh, all right I'll shut up.
	Code A	...I'm trying to give you a picture...
	Code A	Yeah, that's fine.
	Code A	Yeah.
	Code A	...of what she, I perceived her to be like, what

other staff had perceived her to be like...

Code A Yeah and that's exactly what we're after, that's great.

Code A Fine, fine.

Code A ...okay, yeah, okay. So I had actually protested and I am sorry none of it was documented because we were extremely busy that week, extremely busy and we're only human but it was passed on to other people and everybody was aware but I did protest that this woman was nursed in a chair because I felt it was dangerous. Erm right so really erm and of course then she was trying to get out of this cha...I was told to put her back into the chair because the daughter had said she insisted that she sat in a chair.

Code A When you refer to the daughter ...

14.39 Code A Mrs LACK.

Code A Right, fine.

Code A And right, and that really I feel is how she came to be found on the floor.

Code A Okay. Can you talk us through the circumstances of what you did when you were made aware that she'd fallen?

Code A Right, yes erm...

Code A What happened then?

Code A ...I'd actually been doing the drug round and I went to put the trolley away, I told nobody to

touch her because Staff Nurse CARROHAR was busy admitting somebody who was actually choking so she couldn't come and help me, I asked Support Worker Code A to come and help me. We laid Mrs RICHARDS in a decent position on the floor, I shut all the doors erm I checked her hip, I checked all her body, I tried to ascertain from Mrs RICHARDS whether she was in any pain but of course I couldn't get any sense out of her erm I checked her hip it seemed to be in the correct position at that time and then we actually had to put the hoist canvas round her and we had to pull the hoist because she wasn't actually under the hoist and we hoisted her back onto the chair. Now I would rather have put her back into the bed but I'm afraid I was acting on the requirements of the daughter.

16.10 Code A Right so it was...you say you had discussions with other members of staff, who was sort of in those discussions about whether she should be in the chair or the bed?

Code A Philip BEED, Margaret COUCHMAN, Chris CARROHAR that I can think about and of course some of the support workers had actually expressed annoyance that they felt that they would have like...would have preferred her to be in a place that, that they, they are

professional, our professional opinion...

Code A Yeah.

Code A ...from our professional opinion.

Code A Yeah, is that sort of quite a normal thing that the, I mean obviously you try and consider the feelings of relatives and ....

Code A Oh we obviously, we, we welcome any advice from relatives but at the end of the day we are professional people, we are there to nurse and to do what is right and we have got experience in that and we should be in a way allowed to actually use our experience.

17.19 Code A Yeah, okay. I mean what, you talk about Mrs RICHARDS not making much sense, I mean can you go over what your...at that time what your perception of Mrs RICHARDS was in terms of her health, you know what was wrong with her?

Code A I felt that the most erm I can't think of the word, the most definite thing that was wrong with Mrs RICHARDS was that she was severely demented.

Code A Okay and what problems...

Code A And very, very frail, very frail.

Code A ...What problems would that cause you as a nurse in dealing with her on a day to day basis?

Code A Well she, she wouldn't be coherent, she wouldn't be understanding what we're saying,

she might be aggressive, she might get very agitated, she might not be able to indicate wanting to go to the toilet, she might not erm we might not be able to feed her or get fluids into her erm she wouldn't, be difficult to mo...she would be difficult to mobilise erm in fact her ac...she wouldn't be able to carry out any of her activities of daily living at all, she could not do anything for herself basically...

18.41 Code A Right, okay.

Code A ...She's totally dependant on nursing care.

Code A Okay, was there a decision made to eventually to keep her in bed or did she remain?

Code A I believe, well yes because erm that evening erm she became agitated again because she'd had a dose of haloperidol and to my knowledge she was quite quiet that afternoon but I was extremely busy and I didn't see her really until about erm I spoke to the daughter at six o'clock when I informed her that she'd been found on the floor and I asked if she was happy about what I'd said. She just, you know and I said I'd checked her erm and I didn't see her then because I had a very ill patient until about half past seven I think when she was agitated again and we decided that we would put her into bed because it was ridiculous her sitting in the chair and then I found out that her hip was possibly

dislocated.

Code A Right and what lead you to think that was the case?

Code A It was not lying in the right position that a hip should.

19.50 Code A Right, okay.

Code A Just a quick one now regarding the hip, what is the sort of standard practice for somebody whose come out of hospital who has had a hip replacement, is it preferable that they're laid out flat or is it preferable that they are sat in a chair?

Code A Right, now my, my, my personal opinion is that somebody that is so frail as that, I would actually nurse them in bed but when the physiotherapist comes round and erm to, to walk them erm and when erm we put them onto the toilet then we can get them out of the bed and put them onto the toilet and then back into the bed, that's my in, that's my personal view with this lady who is demented and can get into awkward positions in the chair...

Code A Right.

Code A ...but wriggles around but somebody that's had a hip, obviously somebody that's not in that situation that's had a hip replacement they would want to get them mobile as soon as possible...

	Code A	Right
	Code A	...so it depends on people's mental ability as to how you would deal with them. It's different for every case.
	Code A	Right. So somebody in, like in...what you're saying is somebody in the way she was it went against your grain to have her in the chair because of the other problems that she had?
	Code A	Yes, I just didn't think she was safe, I didn't think she was comfortable in the chair...
21.19	Code A	So in your professional opinion she should have been in bed but you'd bow down to the daughter wishes because...
	Code A	...Yes.
	Code A	...Yeah, okay.
	Code A	Okay so can we just, I mean we are sort of trying to concentrate on the 17th but we'll go over this anyway...
	Code A	Yeah.
	Code A	...because it's been mentioned in the statements. So you've spotted that there's a problem with the hip?
	Code A	Yes.
	Code A	What happened from there?
	Code A	I rang the doctor, the duty doctor I think it was Doctor BRIGG.
	Code A	Right.
	Code A	I explained to him erm about the patient. I'm

pretty sure that he was actually aware of this woman maybe Doctor BARTON had explained it to him I don't know because sometimes they don't know the patients and we have to give them quite a good overview of, of, of the patients condition erm he could hear, he could hear her, she was shouting, he could hear her shouting...

22.24 Code A Right.

Code A ...right.

Code A Over the phone?

Code A Yeah, her room was next to the office. He was actually on an urgent case at the time erm I did explain that she was very demented erm and that we'd put her into bed and she'd seemed fairly comfortable but in pain so we de... and we decided that she would be very disorientated if we moved her that night and that possibly she would have to wait quite a while to get an ambulance there so we decided to erm care for her on the ward and keep her pain free with oramorph that night and to x-ray her in the department and this was a decision made due to her dementia really for her comfort so that she wouldn't become disorientated.

Code A Okay, and the next day what happened the next day?

23.28 Code A Right the next morning erm I had, I also rang

Mrs... I rang Mrs LACK that night...

Code A Oh right, yeah.

Code A ...I telephoned her, I explained that erm I had, when I had put her into bed I found that her hip was erm I think it was internally rotated, okay, erm I said it was in a bad position and I felt it might be dislocated and I told her of my decision to keep her in the hospital that evening erm and to x-ray her at the Gosport War Memorial because if there wasn't' anything wrong with the hip it would be a very traumatic move to move her mother back to Haslar.

Code A For an x-ray to find nothing to move her back to Daedalus?

Code A That's right because of her mental state.

Code A Yeah and you said you made the decision but obviously that was in consultation with the doctor?

Code A Well I made it with...yes I made it...

Code A Yeah.

Code A ...it's and then the next day Doctor BARTON came in now I'd come down to the ward, we used to have... it's my day off we used to have loads of hanging baskets out there and they hadn't been watered for two days and they were dying so I came on my day off to water the hanging baskets and while I was there I actually explained to Philip BEED and Doctor

BARTON what had happened that night and Doctor BARTON wrote out an x-ray form and made arrangements for Mrs RICHARDS to be erm x-rayed at the War Memorial. Erm the daughter also rang at that time and was informed of what was happening erm and then I went home but I believe she was x-rayed and taken to Haslar and her hip was dislocated.

Code A Okay. When you spoke to Mrs LACK on the phone and informed her what had happened and what was going to happen, what was her reaction to that?

Code A Right, I asked Mrs LACK if she was satisfied with what I was doing and I feel that if she was not satisfied she had an opportunity to say to me that she wasn't satisfied.

Code A Mmm.

Code A That didn't...

Code A But she didn't...

Code A But she didn't.

25.45 Code A Right, okay.

Code A And I also offered her to come in as well but she declined.

Code A Right, okay and then obviously from there Mrs RICHARDS is away for a few days?

Code A Yes.

Code A And comes back on the 17th?

Code A Yes.

Code A What dealings did you have with Mrs RICHARDS from there?

Code A I didn't actually have any dealings with Mrs RICHARDS at all after that evening.

Code A After the evening of the ....

Code A Yes.

Code A ...that would be the...

Code A 13th.

Code A ...the 13th?

Code A Yes.

Code A But you were aware on the ward though?

Code A I was on the ward, the thing was that she wasn't my patient so care is given to, but to her by...

26.30 Code A It's a named nurse isn't it?

Code A ...her named nurses when their on duty, that was one of the reasons erm another reason was that probably I didn't administer medicines because I wasn't the only nurse in charge on that day and another nurse would have been doing drugs so I wouldn't have been...

Code A Mmm.

Code A Yeah.

Code A ...and then the syringe driver wouldn't have run out at the time when I was on duty to check it so I didn't give her any drugs or any treatment actually from that day...

Code A Right, okay.

Code A ...in actual fact. The only contact I had was

with Mrs LACK, on the 18th I believe when I come into the ward on a late duty, I was in the sluice Mrs LACK walked in and stood extremely close to me and said what do you think of this, my mother was walking yesterday and now she's dying and I was very taken aback and I just said I'm very sorry about that, I'm very sorry and that's all I said because I was a bit.

27.37 Code A Can people like in her position can they suddenly take turns for the worse and (inaudible) better as well?

Code A Yes.

Code A They can.

Code A The problem with somebody with dementia is that they can't carry out their activities of daily living and they can't understand...

Code A And they can't communicate with you?

Code A ...No, and they get, they get, they're very paranoid, they can't remember one, they can't...they've got very short memory span you know they only remember things in the past erm and really it is very, very difficult to get som...keep somebody mobile erm get them to eat, drink er go to the toilet when they are in this situation it is very difficult and so because these things aren't being dealt with they can deteriorate and become very frail...

	Code A	Yeah.
	Code A	...and Mrs RICHARDS was 91.
	Code A	And she had a lot of problems?
28.43	Code A	Well..
	Code A	With dementia?
	Code A	...Yes in my view.
	Code A	Deaf?
	Code A	Yes.
	Code A	Okay, so just to clarify this point then. Did you actually at any time during the 17th and 21st do you recall seeing Mrs RICHARDS at any time actually physically?
	Code A	I..no I saw her through the window of the cubicle and most of the time her daughters were in the cubicle and they were actually doing a lot of the nursing care.
	Code A	Right, what in terms of what, what sort of things?
	Code A	They weren't lifting her or anything like that but they were you know erm they'd washed her and things like this because they were both there. Erm what happened was when she needed turning or anything like that erm we'd ask the daughters just to leave for a minute and then we..we'd do it but I didn't actually do any care...
	Code A	Right, okay.
29.30	Code A	...with Mrs RICHARDS.

	Code A	So and I bear in mind what you've just said, so I mean are you able to offer a comparison between her condition on the 30th when you last saw her and between the 17th and the 21st bearing in mind what you've said but....
	Code A	Right, on the..on the day she came back from Haslar which was the 17th...
	Code A	Yeah.
	Code A	... I was a day off it was Monday 'cos I'd been on duty at the weekend.
	Code A	Right, okay.
	Code A	On the Tuesday the 18th I came in on a late erm and as far as I'm aware she had been given oramorph or diamorphine that day and so she was peacefully laying in her bed.
	Code A	Okay, was she conscious or unconscious or?
	Code A	Erm I think she was sleeping a lot, I wouldn't say she was unconscious at that time at all...
	Code A	Right.
	Code A	...she was quite drowsy.
30.34	Code A	Yeah, okay but I take it from that really you're not in a position to say exactly...
	Code A	No.
	Code A	...what she was like because you had...
	Code A	No.
	Code A	...I mean you had no actual dealings with her?
	Code A	No.
	Code A	Okay.

	Code A	Obviously I was given reports on her condition.
	Code A	Right, yeah.
	Code A	And that's the only really way I know.
	Code A	Is that the handovers you have at the...
	Code A	Yes.
	Code A	...beginning and end of shifts...?
	Code A	Yes.
	Code A	Okay, who, I mean does Doctor BARTON tend to get involved in those at any time?
	Code A	Erm well there's usually a meeting erm Doctor BARTON gets involved on the rounds and there's a multi disciplinary meeting when the rounds occur...
31.12	Code A	Right.
	Code A	...Doctor BARTON's not in on our actual handovers every day but she is given a handover by the nurse in charge every morning of every patient.
	Code A	Right, okay so she's made aware of...
	Code A	So she's aware every day of every patients current condition.
	Code A	...Okay, is that...what about weekends, does she come in weekends or is that a different?
	Code A	Er sometimes she might be on duty at the weekend that yes the weekend is somewhat different but one of the GP's from the practice always come's in at the weekend.
	Code A	Oh right so it's covered by a doctor daily??

Code A Yes, it's covered every day, they always come in and they ask are there any problems today erm that I can do...obviously it's a sensible thing to do because things... you can get a little bubble of things that you need doing like drug change so it's silly to keep ringing them up to come in for that so that's what they do.

Code A That's so and obviously I take it from that then on that time Doctor BARTON who I understand is really the only one who can prescribe drugs?

32.21 Code A No the other GP's...

Code A Oh the other GP's but...

Code A ...all the other GP's can prescribe drugs.

Code A ...but certainly not the nurses or the clinical manager, it's got to be a doctor?

Code A No, no, no. It has to be written on the treatment sheet before we can give it.

Code A Okay and I take it that's an opportunity as well for nursing staff to bring to the attention of the doctor you know of so and so's you know the drugs that are affecting her in this way or they're not working...?

Code A What medica...yes if we feel somebody, say they're on a cardiac drug and we feel (inaudible) on the drug to bring down their blood pressure or something and their blood pressures dropped dramatically obviously you

know, every day she'll review any problem that we have, we monitor the patients but she will review any, any pro...and she will see anybody that we've got any erm problems with.

33.15 Code A Right, okay. This is another general question about how the hospital was sort of set up. I mean as I understand it, say the doctor comes in and it's a consultation between the staff and a sort of agreement is reached well we'll give this particular patient this course of treatment. If there came a point where you really did disagree with that, now this is a general question...

Code A Yes.

Code A ...and thought well I'm not happy about that because it's going to affect that particular patient in that way or whatever, for whatever reason, are you aware of any procedures in place in the hospital where you, you know where would you actually register your sort of...

Code A Right, I have a Code of Professional Conduct.

Code A Right.

Code A Er and if I disagree with any treatment er like a drug then I would actually say it, I do not wish to administer this drug erm if there was a problem with the ward manager about my decision I could always go to the senior management it's never happened to me.

34.28	Code A	Right.
	Code A	I have actually on one occasion been in a confrontation with a trained nurse about er putting a syringe driver up on somebody and I have actually said that I thought the criteria weren't appropriate at the time and there was a discussion and we agreed that we would hold that off.
	Code A	Right, okay so there...
	Code A	So I have got a right to refuse.
	Code A	So and what you're saying you've never felt the need to complain or to register your doubts with...beyond the doctor?
	Code A	No, no, no. Erm no serious drug well no drug like diamorphine or anything like that is ever, ever administered without the two trained people and the doctor all agreeing that that should be administered.
	Code A	Yeah so really it's not actually a sole decision it's ...
	Code A	And...yes and there must be a criteria to actually administer those things.
	Code A	Right depending on patient and condition and pain levels and stuff like that really, okay?
	Code A	Yes, yes.
	Code A	If the doctor prescribes like diamorphine and you thought well hold on a minute at a certain level and you thought well no, I don't agree

maybe the diamorphine yeah but not at such a high concentration you can make representation there and then and say hold on a minute doctor I think that's a bit OTT for the condition the patients in...?

Code A Yeah.

Code A ...And have a discussion and come to an agreement?

Code A And I don't even have to make that decision singly on my own it's always made by two nurses.

Code A Yeah, yeah.

Code A Okay, so okay. So there's sort of...the hierarchy of it is that the doctor will prescribe the drugs...

Code A Yes.

Code A ...based on sort of the consultation process and then it's left to the qualifying nursing staff to administer those drugs...

Code A Yes.

Code A ...at the prescribed levels at the prescribed times?

Code A Yeah.

36.25 Code A Okay, and I appreciate what you're saying with Mrs RICHARDS I think you say you had one sort of notice through the, through the (inaudible)...

Code A I was aware that she was there, I was obviously

seeing what was going on.

Code A Yeah and that she was peaceful?

Code A Yes.

Code A Do you recall during the time 17th to the 21st being present at any of these consultations regarding... where Mrs RICHARDS has come up?

Code A I had no apart from the discussion in the sluice or erm what Mrs RICHARDS daughter Mrs LACK said to me in the sluice...

Code A Yeah.

Code A ...I wasn't actually er present at any consultations with Doctor BARTON or Philip um Doctor BARTON, Philip and Margaret COUCHMAN were the one's that discussed her treatment because they were her erm ...

Code A Team dedicated to her?

37.18 Code A ...Yeah, they were her team...

Code A Yeah, okay.

Code A ...delegated to her, the only, the only time that I would ever erm, erm have any input with somebody who wasn't in my team would be that say like the evening of the 13th when I was solely in charge...

Code A Yeah.

Code A ...therefore I am their delegate for their patients for that evening.

Code A Fine.

Code A Okay, I just want to go over the syringe driver and how that works and what it's for basically, what it sort of aims to achieve, advantages of using it that sort of thing?

Code A Right, yes. Right but you normally give three drugs in a syringe driver, one is diamorphine for the pain, one is midazolam erm that's erm for anxiety or spasm and another one is to dry out the secretions er because if somebody is getting very frail, their swallowing reflex can become er difficult...

Code A Oh right.

Code A ...and erm you know the bubbling can be quite...

Code A Stressful.

38.41 Code A ...uncomfortable, yes.

Code A Okay and what are the advantages of using a syringe driver as opposed to...?

Code A It's a continuous, it's a continuous, it's...if you give injections they have a peak and then they have a wearing down time whereas if you put a syringe driver in with a continuous erm amount of medication then the person is held on that particular plateau all the time.

Code A Right, okay. Now I take it it's not just used for palliative care as I understand, are there other uses for the driver that you're aware of?

Code A Oh yes, there are other drugs that can be given

through syringe driver, yeah.

Code A Right so I understand for things like cancer patients....

Code A Yeah.

Code A ...or ...

Code A But there are other drugs as well that can be given...

Code A Yeah.

Code A ...but yes it's used very widely in the community because obviously it's quite a, a management, good management way of keeping people...

39.50 Code A And it's from what we can gather it sounds as though it's beneficial to the patient as well because it keeps them ...

Code A Yes it is.

Code A ...on that plateau that they don't come up on...

Code A Yes.

Code A ...I'm going to get my ache back, me pains are coming back, I'll have another injection and the rest of it. You mentioned those three drugs, the hyo, hyo...

Code A Hyoscine...

Code A ... hyoscine

Code A ... is the one that dries up the secretions...

Code A Diamorphine...

Code A ...and midazolam.

Code A ...midazolam. Those three doses are you aware

		whether or not they are licensed by the drug company for subcutaneous use?
	Code A	They are.
	Code A	They are, right.
40.19	Code A	Yes.
	Code A	Right.
	Code A	There are some drugs that aren't licensed erm that have to have a special erm they have to be specially agreed to.
	Code A	By?
	Code A	But not those they are very common drugs.
	Code A	Right.
	Code A	Erm I believe, I believe the pharmacist and the consultants have to agree to use those.
	Code A	Right and are you aware I appreciate you're probably not qualified to tell me but are you aware of any adverse side effects those trio of drugs administered together or ...
	Code A	No.
	Code A	...two you know with each other may have (inaudible)?
	Code A	You mean are there any contra-indications?
	Code A	Er
	Code A	No they usually go very well together, there are some drugs that don't go well together...
	Code A	Yeah.
41.08	Code A	...erm there could be very rare occasions when somebody might be allergic to something but

I've never known it with those three drugs.

Code A Okay.

Code A Okay. I think what we'll do now is go over the notes we have here, what this is is Mrs RICHARDS health record at the time. (going through papers) I just wonder if you wouldn't mind having a look through just to see if there's any entries that are relevant to yourself and whether you can...because some of the writings even worse than mine.

Code A I just want to point out that here that on the 11th Doctor BARTON's impression that she was a frail, demented lady.

Code A Mmm, that's on...

Code A That's Doctor BARTON's writing.

Code A That's Doctor BARTON's assessment when she...

Code A Yes.

Code A ...was that when she was admitted?

Code A After the operation?

42.15 Code A No this is when she first...yes after the...

Code A After the operation and prior to dislocation? If you've got any representations you want to make you can just mention it and ...

Code A Oh no this is what Doctor BARTON's written about the day after so that pertains to me, where her hip was displaced.

Code A Right, okay so that's on the 14th although

there's as you say there's nothing on the 13th...

Code A Yes.

Code A ...the explanation...

Code A ...Well the doctors, nurses can write in patients notes...

Code A ...Right.

Code A ...okay but they, not unless it's absolutely essential, yeah.

Code A Okay, like this one is a history sheet isn't it?

Code A Yes this, this, yes.

Code A The way it looks is Doctor BARTON is...

Code A Mostly the Doctors write on the history sheets.

Code A ...Okay and that's an explanation of the circumstances...

Code A That's right, following that, the ...when she is found on the floor.

Code A Yeah.

Code A Right so that would be, that would be pertaining to when I was on the evening before to me.

Code A Just to let you know you're going to hear a high pitch noise in a minute that's just an indication of the tape that's going to run out so we may have to stop very shortly.

Code A Okay. That is the sum (inaudible).

(Buzzer sounds)

Code A There it goes we've got a couple of minutes.

Code A This is my entry on the contact record that she

was found on the floor at half past three and that I had checked her and there was no apparent injury and that I hoisted her, okay.

Code A Mmm, mmm.

Code A Then in my entry at half past seven where I found she had pain in her hip, it was internally rotated and I contacted Doctor BRIGGS and that's erm the daughter was informed.

Code A Okay and that was when she came in?

Code A That's, that's the evening of the 13th when she was found on the floor.

Code A Oh right.

Code A That is my only entry in her...

Code A Yeah.

Code A ...in her... these are the nursing notes...

Code A Yeah, I'm with you yeah.

Code A ...yeah and the other thing, there's no entry for me any further to here erm there is one...

Code A So on those notes you only write on those notes if there's something pertinent to say?

Code A Yes.

Code A Yeah something relevant to the patient?

Code A Yes you don't just write for the sake of writing.

Code A Yeah

Code A Can we stop there then and then we'll go on afterwards. We're going to conclude the interview, take a short break, change the tapes, the time by my watch is 14.31, turning the

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recorder off.

END OF TAPE