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RECORD OF INTERVIEW

Number: Y6

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

Person interviewed: WARREN, PHILIP JAMES

Place of interview: Cosham Police Station

Date of interview: 18/09/2000

Time commenced: 1724

Time concluded: 1753

Duration of interview:

29 mins

Tape reference nos.
(◆) 44/00

Interviewing Officer(s):

DC Code A / DC Code A

Other persons present:

Police Exhibit No: PPM/PJW/2

Number of Pages:

Signature of interviewing officer producing exhibit

Tape
counter
times(◆)

Person
speaking

Text

0.19

DC Code A

This interview is being tape recorded. I'm DC
Code A from Fratton CID and my
colleague present is.....

DC Code A

DC Code A

DC Code A

We're interviewing Phillip WARREN. Can
you give us your full name and date of birth
please?

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WARREN

Code A

Phillip James WARREN, Code A

There are no other persons present, the date is Monday the 18th of September the year 2000 and the time by my watch is 17.24. This interview is being conducted in the interview room at Cosham Police Station and at the conclusion of the interview I'll give you a notice that explains what will happen to the tapes. I remind you Phillip that you are still entitled to free legal advice and I'll just tell you now that you're under caution or this interview is going to take place under caution and the caution is, 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. Are you happy that you understand that caution?

WARREN

Code A

Yeah, no problem.

WARREN

Code A

Yeah, you're happy with that?

Yep no problem at all.

Right in relation to the legal advice. You are entitled to free legal advice and if you require legal advice then the interview may be delayed to obtain the advice. Do you want free legal advice at this stage?

WARREN

N Code A

No, no I'm fine, ta.

This right includes speaking to a solicitor on

RESTRICTED

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DOCUMENT RECORD PRINT

the telephone. Do you want to speak to a solicitor on the telephone?

WARREN
Code A
No, no I'm fine.

Right you've waived your rights to free legal advice. Do you want to give me any particular reason why you don't want a solicitor or you don't want to speak to one?

1.37 WARREN
Code A
I don't think it's necessary.

Fine. Just to confirm you're not under arrest, okay, you're free to leave the police station at any time you want...

WARREN
Code A
Yep

...alright...

WARREN
Code A
Hmm, mmm.

...and like I say any time you're not happy with what's going on we'll stop the tape and we'll let you do whatever you want to do.

WARREN
Code A
No I'm fine, no fine.

Right. You've come in for a voluntary interview under caution on tape in relation to the death of a lady called Gladys RICHARDS back in 1998 and the reason why we've asked you to come in is that we're talking to every person that came into contact with Mrs RICHARDS...

WARREN
Code A
Yeah

...just prior to her death. Now I think your role in this matter is that you were part of a two

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2.32 WARREN man crew who transferred Gladys from the Haslar Hospital to the Gosport War Memorial...
 Yeah that's right.
 Code A ...and that is your total involvement with this patient?

WARREN That's correct, yeah.
 Code A On the 24th of May this year you made a written statement to my colleague Code A Code A which I have in front of me now, I gave you an opportunity to read it prior to the interview. Is there anything you'd like to reflect on or comment on in relation to the statement that you've already made?

WARREN No, no it's exactly what we'd have done is what's written on the statement.
 Code A Okay, what I'm going to do is I'm going to read this statement for the benefit of the tape....

WARREN Yep.
 Code A ...and ask you to make any comment after that, all right?

WARREN Okay.
 Code A I am the above named person and I reside at the address stated overleaf. I am employed by the Portsmouth and Hampshire Patient Transport Services based at St Mary's Hospital, Portsmouth as a Leading Ambulance man. I am qualified as an ambulance man with a First Aid at Work certificate and qualified to lift and

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

handle high dependancy patients. I have been asked by Detective Constable **Code A** of the Hampshire Police to recall a patient transfer I was responsible for on the 17th of August 1998 when a Mrs RICHARDS was transferred from E3 at the Royal Naval Hospital Haslar to Daedalus ward at the Gosport War Memorial Hospital. On average we move between eighteen to twenty four patients per day, five days a week and I have calculated that I have moved at least nine thousand patients since the 17th of August 1998 and I have no recollection of moving this particular patient. However, I have referred to my job record sheet from the 17th of August 1998 and can say that the sheet shows that we moved a patient named RICHARDS on that date and it is listed as job 16. From the worksheet I can say that the person was collected from Ward E3 at the Royal Naval Hospital Haslar at 11.30 am and taken to Daedalus Ward at the Gosport War Memorial Hospital arriving at 12 o'clock midday. The sheet also shows ST alongside this patient which means she was moved by stretcher. This would have been on a canvas sheet which would have had poles and stays inserted making the canvas rigid, this is the only recognised method of moving a patient by

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

- stretcher. To have moved the patient from her bed to the stretcher we may have used a patch slide...
- 4.48 WARREN Pat slide.
- DC **Code A** ...which is where a smooth board is placed under the patient and under the bed sheet and then is slid sideways onto the canvas. There is no other method by which a stretcher patient would have been moved, I can also see from the job sheet that there were no complications experienced during the transfer as if this was the case it would have been noted on the sheet. On that date the 17th of August 1998 my crewmate was Assistant Ambulanceman Martin **Code A** I have today handed to the DC **Code A** my job work record sheet for that day which bears the identification reference PJW/1 and that's your statement dated the 25th of May, yeah?
- WARREN That's correct.
- Code A** What we have with us today is your job sheet record.
- 5.40 WARREN Yep.
- DC **Code A** Do you want to have a look at it, I mean do you recognise that as a job sheet that you would have filled in but.....
- WARREN Yeah
- DC **Code A** ...know that you can't remember that you filled

RESTRICTED

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DOCUMENT RECORD PRINT

WARREN that one in on that particular day.

WARREN No it's my job sheet because you can tell by the writing.

DC Code A Right. Having already given a written statement and maybe having time to reflect since giving that statement is there anything else that you think you could add that could help us, any memories you may have had of this particular patient?

WARREN No, we'd have done it by the book.

DC Code A Yeah

WARREN Erm the only way of the means I could have told is actually by me sheet er to say it was an extra job given to us and we shifted it at half eleven, got there by twelve, says transfer on it, says stretcher, we'd have played it by the book.

DC Code A Right. I'll also show you...it's another....it's a photocopy it's not the original of a Mainline Patient Transport Service request...

6.31 WARREN Yeah

DC Code A ...by the Flight Lieutenant EDMONDSON for Mrs RICHARDS and have you seen this sort of document before, is this...

WARREN Yeah I fill them in daily.

DC Code A ...Do you get these from the hospital and is that what you refer to regarding individual patient needs?

WARREN Yeah what would have happened is erm that

RESTRICTED

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DOCUMENT RECORD PRINT

would have been sent to the office...

DC Code A Yeah

WARREN ...and the office would have passed me it over the phone or over the radio and then I would have writ onto my sheet transfer details. I wouldn't have seen that document at all, they would have give me it over the radio but they would have read from that erm document....

DC Code A Right.

WARREN ...but on that actual document if you have a look it actually says travel in chair not stretcher...

DC Code A Yeah

WARREN ...so whoever booked it booked the wrong mobility but someone then has upgraded it afterwards by the looks of things.

7.18 DC Code A Right, so from what you're saying is then is by using the stretcher is that possibly a more safer...

WARREN It's a safer mode erm...

DC Code A ...and more comfortable for her?

WARREN ...and it's more comfortable for her, yeah.

DC Code A Can you just point out where it is upgraded?

WARREN Yeah if you have a look on here you've got four boxes...

DC Code A Yeah that's under mobility status.

WARREN ...that's correct, it's got walking, travelling chair, two man lift or stretcher...

RESTRICTED

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DOCUMENT RECORD PRINT

DC **Code A** Right
 WARREN ...The original booking shows it was booked as a travelling chair...

DC **Code A** Right.
 WARREN ...but obviously erm someone in their wisdoms upgraded it to a stretcher and then they've made it for as soon as possible on the time...

DC **Code A** Right, okay.
 WARREN ...up there so erm that's why I said to you it was an extra job given to me, if you have a look at my docket you'll see I've written my extra in whereas the rest are typed....

8.02 DC **Code A** Yeah.
 DC **Code A** Yeah
 WARREN ...so obviously someone's upgraded the job and then put it over the air on the radio...

DC **Code A** Right so if it's travelling chair...
 WARREN Yep it would have had TIC alongside it.
 DC **Code A** ...It would have had TIC but you would use T...
 WARREN ST is stretcher
 DC **Code A** So your one at 16 RNH, is that RNH?
 WARREN Yeah Royal Naval Hospital, Haslar.
 DC **Code A** At 11.30 going on from there, you've got it over the radio as ST?
 WARREN As a stretcher, yeah it's been upgraded someone's obviously upgraded it...

DC **Code A** Right, yeah.
 WARREN ...for someit erm that won't if you read their

RESTRICTED

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DOCUMENT RECORD PRINT

mobility and special such, there's something wrong with their knee so that's why whoever's took the booking is decided she can't bend her knee...

8.37 DC **Code A** So therefore...

WARREN ...so they've made her a stretcher....

DC **Code A** Right

WARREN ...so we've transferred her onto a stretcher.

DC **Code A** Well that makes sense then because like you say it's got in there that the books marked for mobility such as travelling chair and in the special instructions box it's got mobility with knee immobilised in splint in situ....

WARREN Yeah

DC **Code A** ...which I take would mean that if she had that in situ she's she couldn't travel in a chair.

WARREN Got a long legged splint on, she couldn't bend her knee, she couldn't go in a chair so she's had to go by stretcher...

DC **Code A** Right

WARREN ...and that's what we've done, they've upgraded the job to stretcher.

DC **Code A** Right if there was a problem with the transfer i.e. there's an accident you drop your end of the stretcher or something...

WARREN Yeah

9.12 DC **Code A** ...or something happens what's the policy or the procedure that you take?

RESTRICTED

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WARREN

First thing you do, you inform the office obviously erm straightaway because if there's any injuries you've got to put it in the accident book, everything then gets put onto your worksheet erm depending on if you've injured a patient whether you've got to take them to casualty or you carry on with the journey...

DC **Code A**

Right

WARREN

...but then that's entirely up to the crew how you play it because obviously if it's a minor injury we can deal with it, if it needs entinox or oxygen then obviously we would refer it to a treble nine and then we'd get it into casualty.

DC **Code A**

Right

WARREN

Erm but everything would be documented on the actual worksheet, everything goes on there.

DC **Code A**

Right.

DC **Code A**

Could I just ask you just to explain to me that you get like your job record sheet for that day...

10.01 WARREN

Yep

DC **Code A**

...would, yeah we'll deal with Mrs RICHARDS' movement. You get told over the radio this is the one that's in addition to one you've been given in the morning no doubt...

WARREN

Yeah

DC **Code A**

...You get told over the radio that you've got to go to Daedalus, go to ward E3 collect Mrs RICHARDS and take her to Gosport War

RESTRICTED

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DOCUMENT RECORD PRINT

Memorial?

WARREN

Yeah

DC Code A

Can you start from what happens when you arrive at the hospital, at the Haslar hospital, what you do, what your policy is when you park up and you go and get your patient, what do you do?

WARREN

Well what we do, we pull into Haslar obviously whatever ward we're going to, we get the cot ready erm obviously take it up on the ward erm that's the stretcher with the blankets, the pillows etc. We then go and book in at the nurses station erm obviously because you can't just walk on the ward and pick any old patient up, erm we'd ask what patient it would be and the nurse...it's normally a Corporal then takes you to the bed of the patient, points out what belongings she'll have, any tablets, any ointments and all her belongings and valuables normally then what will happen is we will move the bed out, move the cot alongside the actual bed, we would then ascertain whether we're going to use a pat slide or we need to put her on a canvas and use poles and stays. Poles and stays are used only if erm a jobs really awkward 'cos it's the safest method of transferring someone over erm if the patients in pain or anything like that you see what you do

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DOCUMENT RECORD PRINT

you take the headboard off the bed, then you lower the patient so the patients flat then you'd put a canvas underneath, then you'd put the poles in, the stays in, put the cot alongside the actual bed and then I'd go one end, my partner would go the other end and we'd just lift the patient straight on over to the cot and then you'd remove the poles and the stays, you'd then put straps on the patient 'cos you've got safety bars on the side of the cot, they'd go up, blanket her, lower the cot down erm and then you'd just take the patient off after you've checked with the sister or the matron whoever it is on the ward, make sure you've got the tablets and everything like that and any personal belongings.

12.00 DC Code A

I don't mean to stop you there but do you take any documentation or paperwork with you about the patient?

WARREN

Yeah we take any notes erm x-rays that's what I mean when I say when we ask for tablets and things like that, you ask for the notes, the x-rays, any documentations normally there's a transfer letter...

DC Code A

Yeah

WARREN

...there is always a letter goes with the patient on a transfer.

DC Code A

Right.

RESTRICTED

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DOCUMENT RECORD PRINT

WARREN And it's normally from the sister of the ward to the sister of the ward that we're just about to take it on so the sister then will know i.e. whether the patients got bed sores or the patients irritable, noisy anything like that so they can then decide what type of ward she goes into.

DC **Code A** Okay but I think that was decided prior to you leaving Haslar weren't it which ward to take her to?

WARREN It would have most probably would have been, yeah erm because of the lady being immobile she'd have most probably gone into a side ward on her own or something.

DC **Code A** Right, okay then so we take her from Haslar, we load her into the ambulance...

12.50 WARREN Yeah

DC **Code A** ...you get to Gosport War Memorial, what's the policy or procedure's that happen (inaudible)?

WARREN What we do then, we go in, book her in to reception, there's always a reception on every ward you go to. We hand over TTO's notes, x-rays...

DC **Code A** TTO's whats that?

WARREN Tablets, that's all tablets and ointments. Then you ask the sister or the staff...it's normally the staff nurse that's in charge what ward she's going in or what room she'll be going into.

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

Erm if they put her in a side ward what we normally do then is go and clear the ward erm er the bed area to make sure we can get the cot in alongside and if we got to we'll move the bed out so we can get the patient alongside before we can pull and stay her over or pat slide whichever.

DC Code A

WARREN

Right

We always go by what the staff nurse would want or the sister would want erm if they say oh no we can't get a pat slide in here 'cos not a lot of hospitals got pat slides erm so it might have been canvas poles and stays which means we'd have to take the headboard off the bed, move the bed out and then we'd ...I'd just like I say take one end, my partner would take the other end, we'd have to...obviously she's got a safety straps on, we'd undo them and it's a straight lift over, remove poles and stays, the canvas always stays on the ward anyway so we wouldn't have to move her off the canvas and they'd just throw that in their, their own sluice.

14.07 DC Code A

WARREN

DC Code A

Right, so what would happen if at your destination point that i.e. Gosport War Memorial...

Yep

...you go into the small private ward which is where Glad...I appreciate you said you can't

RESTRICTED

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DOCUMENT RECORD PRINT

remember in your statement this particular patient and what ward she was taken to. What would happen if you went into a ward like a, I presume it's a small room like this...

WARREN

Yeah

DC Code A

...and you've got the bed tucked away nice in the corner there...

WARREN

Yep

DC Code A

...What would happen there? How would you move her from the cot so to speak ...

14.33 WARREN

Well in any room like that 'cos obviously they're are a load of small rooms, what you do you move the furniture outside the room and then you move the bed to the middle of the room and then you manoeuvre the stretcher vehicle, the stretcher itself, the cot alongside the bed and then we would still pull her on over or the only other way you can do it is we pull the bed out so far so at least a nurse or meself or someone can get the other side of the bed, then we would use a pat slide to, to pull her over from one side, we'd make the cot the same size as the bed...

DC Code A

Yeah

WARREN

...and then you'd have two people one side of the cot, two people the other and you would gently pull over on the canvas...

DC Code A

Right

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DOCUMENT RECORD PRINT

WARREN ...So it's a straight, straight pull, straight from
one cot straight into the bed.

DC **Code A** Are there any occasions....

WARREN But that's very unusual I will say that.

15.15 DC **Code A** ...It is?

WARREN Yeah

DC **Code A** Are there any occasions where you move a
patient from your cot to the designated bed at
the hospital where there's no medical staff
there?

WARREN No.

DC **Code A** None?

WARREN No.

DC **Code A** No, so there's...

WARREN There would always be a nurse there because
otherwise you wouldn't know what bed you
were going to put her..

DC **Code A** No I mean the actual physical movement from
her to there to the bed, is there always
somebody next you know supervising or
overlooking or....

WARREN Yeah there's nine times out of ten...

DC **Code A** Yeah

WARREN ...there are times when the nurse's are busy and
they say "Oh can you put her in there lads"...

DC **Code A** Yeah

WARREN ...and we do it...

15.47 DC **Code A** You do it?

RESTRICTED

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DOCUMENT RECORD PRINT

WARREN Yeah

DC Code A Right

WARREN But it would then depend on what the bed is and things like that you know if it's an awkward job straightaway you'd have your back-up the nurses there because you'd have to have a nurse there to help you slide her over or you...especially is she's got a catheter on, you'd ask the nurse to hold the catheter plus you'd lift her over so the catheter don't get caught so it would be very rarely and if this lady was in a poorly state you can guarantee there would have been a Staff nurse there.

DC Code A Mmm, well what about if on occas...on an occasion where there wasn't any medical staff in the ward there...

WARREN Yep

DC Code A ...and after the transfer from the cot to the bed it may have been obvious that the patient was in some form of discomfort or pain...

WARREN We'd have gone straightaway and got the Staff nurse.

DC Code A ...Is that what you do..?

16.29 WARREN Yeah, straightaway.

DC Code A ...You don't try and sort it out yourself?

WARREN No, no, no because once we, we get a patient on a ward our responsibility finishes we're under the direction of the Staff nurse or the

RESTRICTED

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DOCUMENT RECORD PRINT

Sister.

DC Code A Right, so as soon as you step into...
 WARREN The only time she's my responsibility is all the
 time she's in the ambulance.

DC Code A Right
 WARREN But once we walk on a ward she automatically
 becomes the responsibility of the ward Sister.

DC Code A Right, has there ever been an occasion where
 this has happened where there has been
 problems between transfers, where you have
 had to report something to Staff nurses or
 medical?

WARREN No

DC Code A No?
 WARREN No

DC Code A No, clean bill of health in your....
 WARREN Yeah it's, it's such an easy job...

DC Code A Yeah

17.04 WARREN ...you'd be surprised just transferring someone
 over to a bed it's, it's not as hard as people
 think it is...

DC Code A Right
 WARREN ...especially if you've got the right equipment
 and we always carry it anyway you know it's
 just a simple little job even if it's a tiny little
 room what you can do you see erm you can
 take the bed out into the corridor and transfer
 people in the corridors if it's awkward so the

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

size of the room don't even matter because if they can get a bed in there you can get a stretcher in there.

DC **Code A**

Yeah

WARREN

You know it's that simple and all them beds have got wheels on them and all the beds if there's a fire or something got to be pushed out of that room so you know if it had been an awkward job we'd have done it in the corridor you know there's always loads of room in the corridor and then it would have been in front of the nurse's station anyway so there wouldn't have been any problems with that job and we'd have put it on our sheet anyway, You know we always put on it even if we get into trouble with the nurse, if a nurse gives us grief over TTO's or something like that we always write it on the sheet 'cos there's always backlashes on jobs you see.

18.03 DC **Code A**

It's your own like rear safeguard is it?

WARREN

That's right if there's any problems it always gets put on the sheet even if it's a telling off or you didn't bring this or you didn't bring her TTO's or you've forgotten her cardigan, even if it's a cou...you know they say "Oh you've forgotten her cardigan" it would go on there, patients cardigan missing.

DC **Code A**

Just to protect your own backside?

RESTRICTED

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DOCUMENT RECORD PRINT

WARREN That's right, you've got to cover your back every time see.

DC **Code A** Right

DC **Code A** I was going to ask you about that. You mention in your statement no complications...

WARREN Yeah

DC **Code A** ...just to describe what complications you would come across and in Mrs RICHARDS case which I appreciate you can't remember...

WARREN Yeah

DC **Code A** ...one of the things that was mentioned was when she was being brought back she was shouting, doing a lot of shouting which is not clear why she was shouting. Bearing in mind the condition of patients and if...particularly in some cases where they're either senile...

18.51 WARREN Yeah

DC **Code A** ...or they're displaying signs of pain would that be something you would...

WARREN If she'd have been in pain we'd have known and we'd have reported it straightaway to the Sister who'd be there on the ward.

DC **Code A** Okay

WARREN Erm that is one, I mean say if a patients got dementia you do know the difference between the patient in pain and a patient that's just dementia erm if a patients got dementia it's not there fault that they're screaming there head off

RESTRICTED

DOCUMENT RECORD PRINT

so you just totally switch off to it. I know that seems awful but what you do, you just let them carry on because it's the nature of their ill. If a persons in pain it's entirely different because that person knows what they're talking about and they can say to you look my hips hurting, look my knee's hurting I'm in a lot of pain here and then you deal with it straightaway and you say where is it hurting erm can you explain what's happened and say if she's not senile you would know straightaway.

19.45 DC **Code A**
WARREN

You'd report that to?

As soon as you get in to the nurse, you'd report it to the Sister.

DC **Code A**
WARREN

Would you record that as well?

Yeah it would be on my sheet, it would erm 'cos then we'd have turned round and say well I think this lady should have gone qualified and would have needed entinox.

DC **Code A**
WARREN

You say you put it on the sheet, just referring to your sheet. If you had a problem...

Would have put PTO, would have gone on the back and we'd have reported it straightaway...

DC **Code A**
WARREN

Right

...erm to me manager when I got in.

DC **Code A**
WARREN

So it would have gone on the rear of that sheet?

Yeah it would have gone on there and it would have had the job number, the patients name....

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

20.13 DC Code A And any problem (inaudible)

WARREN ...and it would have had the time...

DC Code A Is that even down to a lost cardigan, you'd put that on the back?

WARREN Yeah and we'd have taken the name of the nurse that I'd already reported it to...

DC Code A Right

WARREN ...you know we'd have said look I'm sorry we've had a problem with this patient.

DC Code A Yeah, okay just another quick one you mentioned there about dementia and pain. What would be the difference as far as you're aware of someone who is dementia and just shouting out...

WARREN Well a patient with dementia shouts out anything erm they call for their mum, they call for their dad, erm they just scream erm it's a high pitched scream they scream, the person in pain it's a different type of scream and it's a help, Oh help me my legs hurting, oh I'm in a lot of pain here and they feel it every bump you go over and Gosport Road ain't the best in the world, if that lady had been in pain she'd have told us, you know she'd have said look I'm in a lot of pain here.

DC Code A So if there had been shouting and you'd..I appreciate you can't remember but if it had been down to as far as you're concerned

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

21.10 WARREN

dementia then you wouldn't have recorded it because it's something what...

No with dementia patients bless them, they don't know what they're doing erm and a lot of them scream and it's just their illness and it just one of them things you sit there and you say all right Bert, all right, not a problem because you've always got their name on the forms anyway, on their notes erm like Ethel, Bert whatever it is and you just sit there and you talk to them, you can talk about anything with a patient with dementia, you try and just get their interest, just to take their mind off of it 'cos a lot of dementia patients don't want to be moved from what they call their safe havens you know like if they've been on a ward a long time they just don't like being moved but a patient that's being transferred now if she's erm got all her marbles you know we just talk about anything family, friends just to take their minds off the journey so if they're in pain you'd know straightaway 'cos you can see it on the face, you can see when a person's in agony they winch and if they winch you turn round, you all right my darling, you got a problem and you ask them there and then because don't forget if it's a one to one you're actually sat there talking to the patient you know it's as easy as

RESTRICTED

RESTRICTED

DOCUMENT RECORD PRINT

- 22.18 DC Code A that. You'd know if a person was in pain.
 In relation to Mrs RICHARDS just to let you know one particular nurse that we've spoken to and she has got a memory of Mrs RICHARDS where a lot of them haven't because they're like yourselves, she's one of many patients that have gone through the system...
- WARREN Yeah
- DC Code A ...and we do appreciate it's two and half years ago now, in fact it's not that long is it?
- DC Code A August '98 so just over two years.
- DC Code A Yeah so it's just over two years ago.
- WARREN Yep
- DC Code A But one particular nurse recalls that after Gladys came into the ward and she was placed in her bed, she became aware that she was in some form of discomfort and when she pulled the blanket back she describes that her right leg was tucked under her left leg like a figure four and that was what....she got the nurse, the qualified Staff nurse out and together they straightened the leg out and that eased the pain. Is there any way that you could maybe explain that could possibly have happened as a result of the transfer from the cot to the bed?
- 23.17 WARREN Yeah, I was going to say.. I'm could totally say it wouldn't have happened...
- DC Code A Yeah

RESTRICTED

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DOCUMENT RECORD PRINT

WARREN ...because the stretchers erm and the canvas's are, they're only about eighteen inches wide...

DC **Code A** Yeah

WARREN ...so if a person had a figure of a four say...

DC **Code A** Yeah

WARREN ...the leg would have been poking out over the bar and it would have been poking out so you could see it, the foot would have been showing whereas on a stretcher when you're transferring someone over they've got to lay flat and straight, any movement like you can't even pick a patient up if they're laying sideways because it's the nature of the canvas.

23.51 DC **Code A** Right, what about after the patients been put into bed and the poles or whatever it is are removed?

WARREN She would have still been straight...

DC **Code A** Yeah

WARREN ... because when we're like when we're transferring her for a kick off there's a strap that goes over the legs and a strap goes over the waist and it's safety straps so they would have stopped her moving...

DC **Code A** Yeah

WARREN ...erm...

DC **Code A** And they're on until she gets (inaudible)...

WARREN ...until we get moved over erm and as I say the canvas is that narrow and the stretchers that

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		narrow if she'd have bent her leg it would have poked out the side...
	DC Code A	Right
	WARREN	...erm for one thing she would have hit the wall of the ambulance one side and the other side of the ambulance it would have come out in the open and the way the blankets are wrapped round them she wouldn't have been able to get her leg out anyway.
24.38	DC Code A	I think what I'm trying to get at is (inaudible)...
	WARREN	When we transferred her over onto the bed...
	DC Code A	...You moved her from the cot to the bed and you remove the canvas from underneath her to one side?
	WARREN	No we don't move the canvas.
	DC Code A	You don't?
	WARREN	We leave the canvas there....
	DC Code A	Oh right.
	WARREN	...What will happen is when we put her into bed if the canvas is staying all we remove is the poles and stays...
	DC Code A	Oh you just leave it....
	WARREN	...and the canvas stays there for the nurses to do at their leisure.
	DC Code A	Oh right.
	DC Code A	What are the stays?
	WARREN	It's two bars, it's two solid bars with two holes

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in them and what happens is they go one at the head end and one at the foot end, it stops the bars from collapsing when you pick someone up.

25.11 DC Code A Oh right so (inaudible)

WARREN It's two solid, they're rigid bars with just two holes in them that the poles actually slide through and it will stop the canvas from folding up...

DC Code A Folding up, right, okay.

WARREN ...Yeah that's all it's for.

DC Code A Well that's blown my theory then because my theory was that she's put into bed with the canvas, I thought you guys had to remove the canvas and take out the stays...

WARREN No, no

DC Code A And maybe when you slid it from underneath her it could have caused her leg to come in?

WARREN No

DC Code A No, no problem.

WARREN No the canvas is only about I suppose eighteen inches wide max.

DC Code A Yeah

WARREN Yeah it's erm if I can get you one I'll get you one for your evidence if you like....

DC Code A No

WARREN ...They're not that wide

25.44 DC Code A I don't think so...

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WARREN ...You know it's the width of a...you get a wide person on it and they're actually over the sides of it....

DC Code A Oh right

DC Code A Yeah

WARREN ...so a thin person can sit on it quite comfortable or lay on it quite comfortable.

DC Code A Just one thing some members of staff if I remember rightly have mentioned that it appeared like it was a sheet being used from the stretcher to the bed?

WARREN No the canvas is actually white...

DC Code A Right

WARREN It's a white canvas and it would have been a like we call a draw sheet over the top of it which is 'cos the canvas is erm rough if you like. What would have happened is you would have had the canvas and you would have had what they call a draw sheet on top of it which is just a normal white cloth but that stays with the canvas anyway...

DC Code A Okay.

WARREN ...That's just for comfort of the patient...

26.33 DC Code A Yeah

WARREN ...but the canvas is actually white in colour.

DC Code A And that stay's in situ with the patient?

WARREN Yeah that would have stayed in situ, it goes to a laundry when they're finished with 'cos you're

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not allowed to use it once a patients been on it see.

DC [Code A] Oh right so it's a once only thing you transfer one patient on it then (inaudible).

WARREN On it and then it goes down to the laundry (inaudible)

DC [Code A] So you've got no reason take the canvas out to use it for another patient?

WARREN No, no that's right, that's what I said...

DC [Code A] Yeah

WARREN ...when we transfer her over the canvas and the draw sheet...

DC [Code A] Stay where they are?

WARREN ...would stay where it is, yeah.

DC [Code A] Right, okay, yeah. I don't think I've got anything else to ask, no Lee's shaking his head for the tape. No.

27.10 DC [Code A] Again with complications would you record things like if you didn't have a certain bit of equipment that you needed for example?

WARREN We wouldn't leave the hospital without the equipment erm I know it sounds daft and all that but without it you can't do your job and you do a vehicle check every morning and you check physically to make sure you've got your poles, your stays, your canvases, draw sheets, blankets, pillows you've got to do a sheet in the morning 'cos as you say there's nothing, you

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look you know a mug really if you turn up and you haven't got the equipment and you can't do the job 'cos we didn't know if we were doing that lady from a home address or from a ward, the wards most probably got it on there but you go to a home address and you got to admit her you've got to have the right gear to do it with otherwise it's a job you can't do and then it's a reprimand for not turning up with the right equipment. Makes you look incompetent anyway.

DC Code A

We're going to kill two birds with one stone here, we have got another piece of information that we've been asked to find out, who actually employs you? Who is your employer?

28.13 WARREN

I work for Hampshire Ambulance now but erm...

DC Code A

At the time sorry?

WARREN

At the time was erm Portsmouth Hampshire and Patient Transport Services which was the hospital, the hospital trust.

DC Code A

Oh so the Hampshire Hospital Trust?

WARREN

Yeah it's the hospital trust.

DC Code A

Right it's a sub-division of the trust itself then?

WARREN

Yeah and Patient Transport was actually won from...well the contract was lost by Hampshire Ambulance and most of the personnel on there were ex Hampshire Ambulance personnel that

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had to transfer over like meself, I've been Hampshire Ambulance all me life well you know since me working days.

DC Code A

Who do we speak to? Where's your main office then for the ambulance, for the transfer, patient transfer people?

WARREN

It's done at St Mary's.

DC Code A

At St Mary's?

WARREN

Yeah

DC Code A

Right, okay that's saves us a bit of hunting round. Right I don't think there's anything else we need to ask. Is there anything you'd like to add or anything you'd like to clarify, anything you want to say that you think we may have heard, misunderstood?

29.09 WARREN

The only thing that I would like to say is erm if there would have been a problem with that erm I can assure you Daedalus ward would have been in touch with our office straightaway.

DC Code A

Yeah

WARREN

Erm you know if there would have been a problem with that nine times out of ten a ward would have reported us...

DC Code A

Yeah

WARREN

...they'd have turned round and said your lads ain't done this job right, your lads ain't done that or they haven't brought a bit of equipment back or they've borrowed this. If there'd have

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been a problem that day I can assure you the hospital would have contacted our boss that day.

DC **Code A**

Right. On another point were you ever spoken to post Mrs RICHARDS death about anything about the transfer?

WARREN

No

DC **Code A**

About this particular transfer?

WARREN

No

DC **Code A**

So the first time you'd ever been spoken about the transfer is myself on the phone...

WARREN

When you turned up, that's correct yeah.

DC **Code A**

...and the statement when you gave to **Code A** **Code A** ?

WARREN

That's right, yep.

DC **Code A**

Right, okay because just to let you know there was an investigation two years ago about this....

WARREN

Oh

DC **Code A**

...but you were never, you were never spoken to about it?

WARREN

No

DC **Code A**

No okay all right then. Right, I'll have to ask you again is there anything else you'd like to add or clarify?

WARREN

No, no I'm fine.

DC **Code A**

Brilliant okay then, we'll draw the interview to a close, the time by my watch is 17.53 and I'll turn the tape recorder off.

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Page 34 of 34

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