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**RECORD OF INTERVIEW**

Number: Y7

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

Person interviewed:

Place of interview: Park Gate Police Station

Date of interview: 23/06/2000

Time commenced: 1147

Time concluded: 1224

Duration of interview:

37 minutes

Tape reference nos.  
(♦) 44/00/029740

Interviewing Officer(s):

DC

DC

Other persons present:

David ROACHE - Solicitor

Police Exhibit No: LMC/LMB/12

Number of Pages: 47

Signature of interviewing officer producing exhibit

Tape  
counter  
times(♦)

Person  
speaking

Text

DC	<input type="text" value="Code A"/>	This interview is being tape recorded, I am DC	<input type="text" value="Code A"/>
		<input type="text" value="Code A"/>	the other police officer present is....
DC	<input type="text" value="Code A"/>	DC	<input type="text" value="Code A"/>
DC	<input type="text" value="Code A"/>	I'm interviewing	<input type="text" value="Code A"/>
			please
		can you give your full name and date of birth?	
	<input type="text" value="Code A"/>		<input type="text" value="Code A"/>

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**Code A**DC **Code A**  
SOLICITOR

Thank you and also present is.....

David ROACHE, solicitor for **Code A****Code A**DC **Code A**

Okay, the time is 11.47 on the 23<sup>rd</sup> of...Friday the 23<sup>rd</sup> of June, year 2000, interview is being conducted at Park Gate Police Station. At the conclusion of the interview I'll give you a notice explaining what will happen to the tapes, okay. I'm now going to explain what, why we're here and what we're trying to achieve by doing this. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21<sup>st</sup> of 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 17<sup>th</sup> and 21<sup>st</sup> of August whilst admitted to this hospital. We are seeking to interview those members of the nursing staff who had a duty of care to Mrs 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 to the particular circumstances and issues that existed between those dates. I emphasise that this is a search for the truth and your account and answers will be carefully assessed in the light of information arising from other interviews with staff

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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 solicitors been provided with relevant material prior to this interview commencing and I must emphasise that you are not under arrest and you're free to leave at any time. Your right to free legal advice in private extends throughout the period you're at the police station, okay. Do you understand that? Okay 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. Now that's the caution, do you understand what that means?

2.28

Code A

Mmm, mmm.

DC Code A

You do, okay. Right, there's a lot there okay, couple of things from that I'd just like to re-emphasise that the first one is this interview is not to confront you about anything or make any allegations it's just to get an account and just to, for us to get an understanding as to the running of the hospital, what people's specific roles are and obviously where that fell into with Mrs RICHARDS, you know if appropriate what contact they have. We're not here to make any judgements or to make any decisions on what's right or wrong clearly because we've got no

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experience of either medical details or how a hospital runs or how you know what jobs are supposed to be done. Any decisions that are taken regarding this which will...some way off but hopefully we're getting towards a point where we'll you know we're gathering the evidence as quickly as we can, will be made by someone who is qualified to make those decisions and not by a police officer who's obviously you know going to make a snap judgement so it's a carefully considered path all the way through, and as I say it's just really just we'll basically ask you some questions and if you can answer them then fine you know. Okay do you understand?

Code A

Yes.

DC Code A

What I'd like to do first of all is basically just go over your role in the hospital in particular the time of August ninety eight. What your job title was, and what your responsibilities were and what that actually meant in the Daedalus ward, if you can do that?

Code A

Oh erm I'm a health care support worker and my job description is I'm there to assist the trained staff and that's what I do day to day.

DC Code A

Okay.

4.36

Code A

Always under supervision.

DC Code A

Right, so your (coughs) excuse me, were you at Daedalus ward in August 1998?

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[Code A] Yes I was, yep.

DC [Code A] Okay, so what would your, how would you assist the staff? What sort of things would you do?

[Code A] Erm, well we have teams and we all work on, in a team and erm we erm we just wash and dress and feed and clean and look after our patients.

DC [Code A] Patients, okay.

[Code A] Yeah.

DC [Code A] Now as I understand it the ward at Daedalus is mainly for the elderly?

[Code A] It's for slow stream rehab and erm and you know care of the elderly.

DC [Code A] Right, can you descri...explain what slow stream?

[Code A] Erm it's when somebody erm had a stroke or condition and erm they're not up to a fast stream and they've been assessed somewhere else...

DC [Code A] Right.

[Code A] ...and then they came, come to our ward because we're slower stream, we take things a bit more easy instead of being really intense we're slower, we're just slow stream, we slowly we have them you know at our own pace...

DC [Code A] Right, so just...

[Code A] ..you know..

DC [Code A] Yeah so they take a bit longer to...

[Code A] ...take a bit longer, yeah, yeah.

DC [Code A] ...and from there they'll go either home or...

[Code A] Home or to a erm nursing home or wherever.

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DC  Okay. So you work under supervision then from the  
...  
 We do.  
DC  ...from the staff nurses?  
 Yes, yeah.  
DC  Okay so do you have any input into administering  
drugs at all?  
 None at all.  
6.07 DC  None at all.  
 None at all.  
DC  Okay. Do you have any training that side of it?  
 Erm I have just completed a drug book which is now  
just been brought in on our ward, Philip BEED our  
Ward Clinical Manager and with the trained nurse  
we went, we go through certain drugs so in time of  
shortage we can erm check certain controlled drugs  
but we have to have this book to prove that we do  
know...  
DC  Right  
 ...what we're doing, how we check them.  
DC  Sorry has that come in recently now or recently in...?  
 About erm about a year.  
DC  About a year but at the time in '98 that was it no  
drugs at all?  
 No, no.  
DC  Would you get involved in feeding and ....  
 Feeding  
DC  ...and providing drinks and...

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Code A

Code A

Yeah.

DC Code A

...general just general looking after the patients then...

Code A

Yeah.

7.03

DC Code A

...the welfare side of it?

Code A

Yeah, each, each pa, client has a chart you know a bed, at the bottom of their bed they have a chart and we go through that every day to see what has been done to them and we follow that on from the physio or the O-T and from our nurse in charge and we follow that on daily.

DC Code A

O-T is that Occupational Therapist?

Code A

Occupational Therapist, yeah.

DC Code A

Okay, I'm getting good at this (laughs).

DC Code A

(Laughs) Picking things up as we go along.

Code A

Yeah (laughs).

DC Code A

Right if I, what I've got here is obviously the records for Mrs RICHARDSON...

Code A

Mmm, mmm.

DC Code A

...we've got what we understand to be the care notes, if you can just bear with me, just showing you the Daedalus ward nursing care plan for Gladys RICHARDS, is that the sort of thing you...

Code A

Yes.

DC Code A

...you would complete?

Code A

Yes, this is what we would do everyday.

7.56

DC Code A

Yeah.

Code A

This would be at the bottom of her bed and erm we

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check it every morning and then when we finished er what we do to the client we then fill in and say what's been done.

DC ( Code A

Okay.

Code A

But we also have a handover at the end of each shift so it's not only in writing but also verbally transfer it...

DC ( Code A

Say what's been done, yeah.

Code A

...so it's gets you know...

DC ( Code A

Okay.

Code A

...so everybody knows if this lady's had breakfast or lunch or and it you know if it's not here then it would be verbally, it's usually here.

DC ( Code A

Right, okay. So what you're saying there then is there are times when you would do it verbally and that would suffice?

Code A

It's always put in here everyday, everyday it's always put in her care plans.

DC ( Code A

Right, okay. I see so we've got ....

Code A

That one.

DC ( Code A

...they're broken down aren't they that one's nutrition?

Code A

Yeah, this is her bowels and you also have at the front there's several pag..this is bowels you see so you can have a quick look any time to see when this lady had her bowe..she didn't have her bowels open so you could check without going all through the notes when she's had her erm bowels open.

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DC [Code A] Now have you had a chance to look at what your duties were in that week, I mean the time we're looking at in particular...

[Code A]

I have, yeah.

DC [Code A]

...is between the 17<sup>th</sup> and the 21<sup>st</sup> of August?

[Code A]

Have you got it all out yet. Yeah, erm I was in early shift on the 11<sup>th</sup> of the eighth which I started at erm 7.30 and finished at 1.30, the 12<sup>th</sup> I was day off, the 13<sup>th</sup> I was a late shift 1.15 to 8.30, erm 14<sup>th</sup> I was the same I was a late shift, 15<sup>th</sup> and 16<sup>th</sup> I was day off, 17<sup>th</sup> I was in early shift, the 18<sup>th</sup> an early shift, day off on the 19<sup>th</sup>, 20 a late shift and 21<sup>st</sup> a day off.

DC [Code A]

Okay, alright. So I mean what we're looking at is the as I've said in the summary at the beginning between the 17<sup>th</sup> and the 21<sup>st</sup> of August when this lady Gladys RICHARDS was on the ward. Do you have any recollection of Mrs RICHARDS?

10.00

[Code A]

I do, yes.

DC [Code A]

You do?

[Code A]

Yeah.

DC [Code A]

Perhaps you could just go over what your perception of her was, in terms of her condition and anything that you recall about either her or any visitors to her?

[Code A]

Well you must remember that I'm an untrained staff, member of staff..

DC [Code A]

Yeah, I appreciate that.

[Code A]

...and you know I'm not, I can't say what was wrong with her because I'm not in a position to but what

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I've got from her is that she was a very poorly lady  
erm I believe she was suffering with senile  
dementia, she was 91, very frail and erm that's how  
I remember her.

DC [Code A]

Mmm, yeah I accept that your not a trained nurse...

[Code A]

No, I'm not trained at all.

DC [Code A]

...so you, so in terms of...you can't say...

[Code A]

I can't, no.

DC [Code A]

...and we'll perhaps make this clear for the tape, you  
can't say ....

10.49

[Code A]

What her condition was.

DC [Code A]

...what her condition was and comment on...

[Code A]

That's right.

DC [Code A]

...what drugs do...

[Code A]

That's right, nothing, not qualified at all in that field.

DC [Code A]

...you're not qualified to do that?

[Code A]

Yeah.

DC [Code A]

Okay, but in term...I mean do you recall I mean you  
mention there you believe she had senile dementia...

[Code A]

I believe she had senile dementia.

DC [Code A]

...How did you become aware of that?

[Code A]

Erm my memory of this lady is erm that we had, we  
couldn't communicate with her and she couldn't  
wash herself, she couldn't dress herself, she couldn't  
feed herself, she could do nothing for herself so we  
assisted her in everything full care...

DC [Code A]

Yeah.

[Code A]

...erm there was no chit chat you know normally

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- with our patients we can get up a rapport, find out about their past lives, there was nothing like that with this lady she was very, very poorly....
- 11.41 DC Code A Okay
- Code A ...you know and she screamed a lot of the time...
- DC Code A Right, okay.
- Code A ...she always you know she was very noisy.
- DC Code A Yeah. Now again I know you can't say what, what condition she had there but when she was screaming, what was the perception of the staff there and yourself, I mean was it that she was in pain or was it that it was a result of her dementia?
- Code A Erm I, I think a bit of both really, I mean someone cries out in pain don't they but they also cry out if they have dementia you know people do this so it was always treated with both thoughts...
- DC Code A Right
- Code A ...she always had the best of treatment from everybody.
- DC Code A Okay. Do you recall her two daughters?
- Code A I do.
- DC Code A Did you have any conversations with them at any time...
- 12.31 Code A I did.
- DC Code A ...throughout the time? I mean did they make any mention to you about any concerns they had about their mother?
- Code A The impression that I get, that sticks mostly in my

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mind is that they just used to go on and on about the nursing home and how badly treated she was there and erm how they were going to sue and this, that and the other and so...

DC Code A

Oh right.

Code A

...we got a quite a picture that erm the nursing home just wasn't up to their standard or wasn't good and that somebody had to go in and look after her all the time, I don't know, I don't know the nursing home at all so...

DC Code A

No

Code A

...this is just what ...

DC Code A

No, yeah

Code A

...feedback is what I got from them.

DC Code A

From them, yeah.

Code A

Yeah, yeah.

DC Code A

Was, as far as you're aware was there anything said to you from them regarding concerns they had with treatment she was getting either at Haslar or at Gosport?

13.17

Code A

Erm my, my feelings were I am quite shocked about this because...

DC Code A

Right

Code A

... I felt they thought quite highly of us and erm I felt we became sort of friends because when, when you nurse a patient you do become involved with their relatives...

DC Code A

Yeah.

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[Code A] ...and erm you spend all day or a whole shift with them and you do you know and I felt that they were very happy with us, I mean she even gave me a book on her mothers death she sent me a book you know for me to read.

DC [Code A] Oh right.

[Code A] Mmm.

DC [Code A] Was there any letter with it or anything?

[Code A] Yeah, I don't know if you're interested I actually bought it with me, that's the book and the erm letter.

DC [Code A] For the purpose of the tape because obviously, sorry it's a book The Truth and The Light, investigation of over three near death experiences and that was sent to you in the post was it or...?

14.11 [Code A] She actually left that on the ward for me, she left several books for several nurses.

DC [Code A] Okay, may I just read this out?

[Code A] Yes of course you can, yeah if you can understand it.

DC [Code A] Okay thank you. There's quite a bit here but I...

[Code A] Mmm.

DC [Code A] ...perhaps take a copy of this at the end...

[Code A] Yeah, yeah.

DC [Code A] ...if that's okay? But can you summarise what this, what the letter actually...?

[Code A] Well it's a bit of a story really erm...

SOLICITOR (inaudible)

[Code A] ...this lady erm is a spiritualist and erm, erm I study astrology so we had sort of like a common ground...

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DC Code A

Common ground, yeah.

Code A

...and er we got talking and erm she told me all about spiritualism as I was interested and she invited me to a couple of her meetings, I actually went to one and erm she told me some books that perhaps I would like to read you know if I was sort of more interested...

DC Code A

Yeah.

14.55

Code A

...and I said well I haven't and then she left me this book, she left Philip a book and I think she left several nurses who showed a sort of interest.

DC Code A

Oh right. Which lady was this?

Code A

Mrs MACKENZIE.

DC Code A

MACKENZIE, okay right.

Code A

Mrs MACKENZIE and erm I felt we were all very, on very good terms you see.

DC Code A

Left on good terms?

Code A

Yeah, left on good terms.

DC Code A

Mmm, okay. Right I just want to get a bit more background about the wards and again I accept that your role is different to I mean we've been talking to staff nurses...

Code A

Yeah.

DC Code A

...this week, that is different but you may be able to comment on, on what actually happens. Now as I understand it's a ward where a GP comes in on a daily basis?

Code A

Yes.

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15.42 DC **Code A** Is that something you're aware of?  
**Code A** Yes.

DC **Code A** Okay, who was the GP on the ward who was  
responsible for the ward at that time?  
**Code A** Doctor BARTON.

DC **Code A** Doctor BARTON, okay. Now I am aware that, are  
you aware, sorry start again. Are you aware on how  
the medication and treatment is prescribed and  
administered, what actually..what the process is for  
that?  
**Code A** Erm I must confess very roughly because it's not  
part of my job and I don't get involved in that side  
of it...

DC **Code A** Okay.  
**Code A** ...you know, it wouldn't be discussed with me...

DC **Code A** No, I accept that but I mean is it something you  
would be aware of because it's happening on the  
ward?  
**Code A** Yes.

DC **Code A** So what would actually happen, I mean would  
Doctor BARTON come in on a regular basis?  
16.25 **Code A** Every day.

DC **Code A** She'd come in every day?  
**Code A** Sometimes more, yeah.

DC **Code A** Okay. Now would she see every patient or would  
she, how would she sort of assess the patients in  
terms of the treatment they were on?  
**Code A** It would be up to the staff nurse erm you know erm

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- 16.40 DC Code A they'd go all through the patients...  
 Yeah.  
Code A ...and erm they would go round and see what, which one's needed to be seen erm and go from there. I've never actually done that with Doctor BARTON or the staff nurse, I'm usually busy doing something else...
- DC Code A Yeah.  
 E Code A ...but Doctor BARTON is always on the ward in the mornings and if anybody needed medication change she would assess it and change it or you know treatment she was a very kind and caring lady was Doctor BARTON.
- DC Code A Okay so she was in on a daily basis?  
Code A Yes, she was.
- 17.10 DC Code A Okay, right so, do you know who was sort of I know, so Doctor BARTON deals with the...that side of it. Do you know who was sort of chiefly caring for Mrs RICHARDS or was there someone who was sort of....?  
Code A What do you mean?  
 DC Code A ...giving the I think there's a named nurse isn't there?  
Code A Yes, eve...erm we have teams on our ward and erm there's a team leader and every patient has a named nurse...  
 DC Code A Right.  
Code A ...and I can't tell you who Mrs RICHARDS' was...

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DC Code A Okay.

Code A ...I can't remember, I probably did at the time but I can't remember now...

DC Code A Yeah, okay.

Code A ...but every patient has a trained nurse as her care nurse.

DC Code A Right and what, how does that work then, what's the thinking behind that to have a...?

Code A Erm you become more personal...

DC Code A Right.

Code A ...you know, you do the erm, the trained nurse will do the, the write up, this would have been done by Margaret COUCHMAN so Margaret COUCHMAN was obviously Gladys RICHARDS' named nurse...

18.06 **Code A** Right, okay

Code A ...and er Margaret would have so many of us working under her and her team and if you're on duty you look after your patients, it's a one to one, it's more personal isn't it...

DC Code A Yeah.

Code A ...because everyday you'd be looking after your team.

DC Code A Yeah, so it's a bit more of a personal contact?

Code A That's right, yeah.

DC Code A But as I understand it obviously when there's rest days, days off and ....

Code A Of course.

DC Code A ...responsibility just falls to the ...

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[Code A] That's right, that's right to the next one.

DC [Code A] ...to another nurse to...Okay. Right now as we understand it, if we...we want to go over to the sort of feeding and drinking side of it. Is it just a case of..I mean what's the situation when someone is unconscious as we believe Mrs RICHARDS was in the last few days?

19.02 [Code A] Well if she was unconscious you can't feed and, because they would choke wouldn't they...

DC [Code A] Right okay.

[Code A] ...if someone's not swallowing or opening their mouth you can't feed anybody that would be...

DC [Code A] So in that case you would, you would make a...you wouldn't attempt clearly because...

[Code A] ...you wouldn't attempt to feed them, no.

DC [Code A] ...because of the problems with choking?

[Code A] You'd probably cause more problems, yeah.

DC [Code A] Okay.

[Code A] Well you couldn't feed someone who was unconscious.

DC [Code A] Yeah, yeah and again you're not qualified to provide drips or...?

[Code A] I'm not qualified at all.

DC [Code A] No, okay.

[Code A] No.

DC [Code A] Right. This is a general question and not one specifically for Mrs RICHARDS but if there was a problem you were concerned that perhaps you felt

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that they should be taken on fluids but they weren't or there was a problem with the patient, what would you do? Who would you go and see to...?

19.49

Code A

A trained member of staff, whoever was in charge that day you would go and report to that trained member of staff.

DC

Code A

Yeah, okay. Now we've noticed on the, we've served Mr ROACHE with the copy of the enquiry findings prior to the interview which I understand you've seen?

Code A

Yes.

DC

Code A

And there's an entry relating to yourself on the 17<sup>th</sup>?

Code A

Yeah, yeah.

DC

Code A

Have you had a chance to look at that?

Code A

I have, yes.

DC

Code A

Okay and I think it relates to Mrs RICHARDS being in an awkward position in bed, do you recall that?

Code A

Yes I do and I actually have to contradict her statement...

DC

Code A

Right

20.28

Code A

...because erm Code A that's health care support worker and I were on duty the morning she came back and erm we heard her before we saw her because she was, she was making a lot of noise and we went to meet her and we sort of held her hand and you do, you chatter, come on now you know and what's up and things like this and try and comfort her. She was in room 3 on our ward and we'd got

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the bed ready for her, it was pulled away from the wall, you couldn't put a person in bed with the bed up against the wall it's impossible so the bed would have been pulled away so two people can get one side and two people the other...

DC **Code A**

Right.

**Code A**

...the headboards, the headboard comes off and you can transfer her, that's always practised erm the ambulance men brought her in and said she'd been like this from leaving Haslar and I think they were quite upset....

DC **Code A**

On that point when they brought her in, what was she brought in on?

**Code A**

...well this is it you see, at the time when she was coming down the ward I didn't know what she was on it was only when they took...we closed the doors, drew the curtains, and they took the blanket off her I realised that she was not on a canvas, now I knew that this lady had gone off with a erm broken neck of femur or suspected because I'm not in a position to say what she....

21.48

DC **Code A**

Yeah

DC **Code A**

Yeah

**Code A**

...erm so you do not bring a patient on two sheets, the lady was on two sheets usually have a canvas because it's more...

DC **Code A**

Okay can you just tell us about when you said there was no canvas beneath her I mean...

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Code A No.

DC Code A ...me and Lee are not familiar with what, what (inaudible) is that a stretcher of some description or...?

Code A It is, it's like a stretcher, it is a stretcher and erm usually the canvas is put on the patient at the other hospital which in this case was Haslar...

DC Code A Yeah, okay.

Code A ... when the ambulance crew come along they'd put two poles in and then been able to transfer her far easier...

DC Code A More comfortable.

Code A ...more comfortable then on two sheets.

22.26 DC Code A When you say two sheets, I mean me and Lee get the vision like it's two bed sheets, they've got one blanket each end and she's all wrapped up (inaudible)...

Code A No it's two sheets erm it's two sheets, one sheet, two sheets the lady's in the middle and they grab each corner two at the top, two at the bottom and then lift her over.

DC Code A And then just lift her over.

DC Code A So effectively she's in a position where she wouldn't be laid flat, she could bend in the middle?

Code A That's right, well she would, she would be flat but I mean you can imagine if you're on a sheet it would dip wouldn't it...

DC Code A Yeah.

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DC Code A Yeah

Code A ...and I would not, I would not move her, I would  
(inaudible)

DC Code A So we appreciate you're not qualified but in your  
experience...

Code A In my experience that was all wrong...

DC Code A ...would you say that was the wrong method to move  
the lady?

23.01 Code A ...that was definitely the wrong method...

DC Code A Okay

Code A ...to have left a hospital to have and come to our  
hospital.

DC Code A You were present when she came back in then?

Code A Yes, yes.

DC Code A Right, okay.

Code A And the ambulance men were full of apologies but  
my remem, mem, remember of this is that they said  
that Haslar didn't have a canvas so that's all I can  
remember is them saying that Haslar didn't have a  
canvas.

DC Code A Who was present with you at that particular time?

Code A Staff erm health care support worker Code A,  
we were working together that morning and we...

DC Code A Right.

Code A ...and on seeing this erm I went erm straight to my  
staff nurse, that was Chris CARROHAR at the time,  
Chris JOICE now and erm I told her you know that  
this lady arrived she's obviously you know

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something's wrong and she's not got a canvas and my memory, I can't remember Chris was doing something, Chris was either catheterising someone or doing the wash up and as I was talking to Chris, Margaret COUCHMAN, staff nurse COUCHMAN came on the ward and Chris said can you tell, get Margaret to deal with this, straightaway I went and told Margaret. Margaret came straight to room 3, the lady was now on the bed and erm I think the ambulance men were you know just going and Jean and I said to Margaret look you know we're not happy about this, we were just not happy about how she's come and Margaret agreed and Margaret COUCHMAN straightaway straightened her leg and erm that is my memory of it and we covered her up and then went off and done something else.

DC Code A

When you say straightened her leg, what sort of position was her leg in?

Code A

Her leg was bent now I would not straighten this leg, I am not in a position to know what I'm doing...

DC Code A

Uhh, uh.

DC Code A

Yeah.

Code A

...I'm not trained to move that lady's leg, Margaret COUCHMAN is a trained member of staff she came straight along and she straightened the leg, she put a pillow in between erm Mrs RICHARDS leg.

25.01 DC Code A

Obviously you were concerned about the position of the leg, was the position of the leg unnatural or was

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it...

Code A

It was bent.

DC Code A

...what unnaturally bent or...

Code A

It was bent up, my memory of it is that the foot was up by the knee so one leg was straight and the other leg was...

DC Code A

It's almost like half of sitting with your legs crossed sort of thing.

Code A

...it's like a figure four really, can you imagine what I mean...

DC Code A

Yeah I know what you mean.

DC Code A

Yeah, yeah I'm with you, yeah.

Code A

...and, and you know from my experience I know that isn't right.

DC Code A

And I take it you were aware of the reasons of her return from Haslar?

Code A

I do, yes I do.

DC Code A

Especially with the broken...

Code A

The broken neck of femur, yeah.

DC Code A

I'm glad you said it.

25.35

Code A

(laughs) But erm but straightaway Margaret COUCHMAN came and sorted this lady out and erm and that's all I can remember of that because I think I went off and did something and another thing that she says, is that I, that two care assistants told Mrs LACK what had happened, now that is not true, I'm not in a position to tell any relative, it's not my job, I'm not allowed to do...

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DC [Code A] No.

DC [Code A] No.

[Code A] ...to, I can if a trained member of staff has told me what to say if like a phone call and they say oh tell them they've had a very peaceful night or they're up and dressed, I can then....

DC [Code A] Yeah

[Code A] ...repeat but it wouldn't have been my job to have erm to have told her.

DC [Code A] Sorry going back to the...on that point and going to the patients contact sheet, theres, I believe there's an entry on there which refers to the point we've just raised on, which has been added there. Do you know who added that entry there?

26.38 [Code A] Erm that's Chris JOICE, and this is Margaret COUCHMAN, it looks like Margaret COUCHMAN I really can't say erm...

DC [Code A] But just for the tape, there's an entry underneath there the date 17<sup>th</sup> of the 8<sup>th</sup> '98 and it says no canvas under patient, patient transferred from....

[Code A] (Inaudible)

DC [Code A] ...(inaudible)

[Code A] That's one sheet I couldn't...

DC [Code A] right

[Code A] Yes, I don't know, I wouldn't, I didn't do this.

DC [Code A] Okay, what's the significance of the pillow between her legs? What does that achieve?

[Code A] Well helps to keep the legs apart so they don't rub

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you see because you get, you can, pressure sores can set in very very quickly...

DC [Code A]

Right

[Code A]

...and we put the pillow in and also to keep the leg from turning either way, you know it's got a bit of support, yet it's not harsh is it, it's not something...

DC [Code A]

No, okay

[Code A]

...so the pillow would be put there to erm to keep the leg straight and to stop the ...

DC [Code A]

Yeah.

[Code A]

...rubbing.

27.43

DC [Code A]

Just having a, looking at these nursing notes, now if you, you just notice and again this is a general question over the systems that used. I've got the nutrition one...

[Code A]

Yeah.

DC [Code A]

...nursing care plan up now if you look here on the evaluation I take it this is where all the entries should be put?

[Code A]

That's right.

DC [Code A]

Now she came in on the 17<sup>th</sup> and there's no entry until the 21<sup>st</sup>, is there any reason why there would be gaps there, I mean obviously we've got here on the 21<sup>st</sup> no food taken and I'm not sure who signed that?

[Code A]

That's erm [Code A] that's [Code A] erm she's erm a ...

DC [Code A]

[Code A]

[Code A]

... [Code A] ...

DC [Code A]

[Code A] (laughs)

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- 28.32 [Code A] I nearly said T...
- DC [Code A] Yeah is, circumstances where that wouldn't be completed?
- [Code A] Well erm we are a very busy ward and erm sometimes if erm if things haven't changed they might not write it in...
- DC [Code A] Makes sense don't it no point writing for nothing.
- [Code A] ...you know if you're really busy and if it's, if nothing's changed you can actually...
- DC [Code A] Yeah.
- [Code A] ...it's only when something changes, there should be, we usually put in everyday, I can't answer that question for you I'm afraid...
- DC [Code A] No, I know you can't answer on speci..you know but just a general, it's just a general question...
- [Code A] But sometimes when we're really very busy erm these things happen.
- DC [Code A] Yeah.
- [Code A] But if it's, as I said to you earlier always, always in a handover things are verbally....
- DC [Code A] Verbally done so people are aware of any change.
- 29.19 [Code A] ...In the morning when we go on duty and when we leave duty, we're always handed over, twice, twice a shift you get and if a Doctors been on the ward and things change you're always told about it straightaway.
- DC [Code A] Okay so the last time, the last day you would of had any dealings with Mrs RICHARDS would be the

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20<sup>th</sup>?**Code A**Erm yes, the 20<sup>th</sup> I was a late shift on the 20<sup>th</sup>.DC **Code A**

Can you recall what sort of condition she was in then and again I know you can't comment on what...?

**Code A**

Can't remember, I cannot remember.

DC **Code A**

Can't remember?

**Code A**

There is nothing there at all.

DC **Code A**

Okay, okay. What is your, what is your last memory of Mrs RICHARDS?

**Code A**

She was a very poorly lady.

DC **Code A**

Okay. Was she conscience..

**Code A**

No

DC **Code A**

... conscious at the time? No.

**Code A**

No

DC **Code A**

And again I know you're not qualified but did you pick up from qualified members of staff or from your own perception, I mean was she dying?

**Code A**

Yes.

30.26

DC **Code A**

Okay, and where did, how did you come to that conclusion?

**Code A**

Well I don't know, I, just call it years of experience...

DC **Code A**

Years of experience, yeah.

**Code A**

...you know, you know when erm when somebody's...

DC **Code A**

Okay

**Code A**

...no-one knows when deaths going to happen but

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you know that...

DC **Code A**

I mean how long have you been working on ward?

**Code A**

10 years.

DC **Code A**

10 years and how long have you been a health care support worker?

**Code A**

12 years.

DC **Code A**

12 years. Has that all been with elderly care or has that been...?

**Code A**

No the first two years with erm outpatients department at St Mary's which is clinics...

DC **Code A**

Yeah

30.57

**Code A**

...and then I came to Daedalus, I came to er Gosport when it was the old hospital and ...

DC **Code A**

Yeah and it's changed.

**Code A**

...that's was 10 years ago, yeah.

DC **Code A**

But that's 10 years of being involved in elderly care?

**Code A**

Elderly care, 10 years and I've you know since I got married you know NVQ in care of the elderly so...

DC **Code A**

Yeah so it's a, it's a, is it fair to say it's a sight that you've seen on many occasions?

**Code A**

Yes.

DC **Code A**

Okay, was it ever explained to you or did you ever yeah, was it ever explained to you what she was dying of?

**Code A**

It probably was at the time but I cannot remember, I mean...

DC **Code A**

Okay.

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	<b>Code A</b>	...you know it's a very busy ward and it's a long time ago but it probably would have been.
	DC <b>Code A</b>	Would have been explained to you....
	<b>Code A</b>	Yeah, yeah.
	DC <b>Code A</b>	...you are involved in, I know you're not involved in discussing medication...
31.50	<b>Code A</b>	No.
	DC <b>Code A</b>	...or treatment...
	<b>Code A</b>	No.
	DC <b>Code A</b>	...but in terms of the updates and the welfare of the patient and what's happening with them you would be involved in that?
	<b>Code A</b>	Yeah.
	DC <b>Code A</b>	Well you'd need to be wouldn't you so...
	<b>Code A</b>	Yeah.
	DC <b>Code A</b>	...to avoid doing things you didn't need to do?
	<b>Code A</b>	That's right, yeah.
	DC <b>Code A</b>	Okay. Right.
	DC <b>Code A</b>	Part of your responsibilities, would they be if Mrs RICHARDS was conscious, would they, would that involve helping her, moving her around the ward at all?
	<b>Code A</b>	Oh yes.
	DC <b>Code A</b>	It will?
	<b>Code A</b>	Yes.
32.23	DC <b>Code A</b>	Are you aware of any visits by a physiotherapist to see Mrs RICHARDS regarding the mobilisation after the operation?

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Code A	I really can't remember.
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	No?
Code A	No.
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	Okay.
Code A	I really can't remember.
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	I saw on your duty sheets that you were around or you had some dealings on the ward on the 11 <sup>th</sup> was it, which I think is...?
Code A	Yes.
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	And that's the first day she ever came to Haslar? To Gosport?
Code A	To the War...yes, yes.
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	Again we're relying on your memory here, are you able to say whether there was any difference in Mrs RICHARDS condition as of her first visit to the Gosport War memorial on the 11 <sup>th</sup> and then her second, her return visit on the 17 <sup>th</sup> after she'd gone back to Haslar for the re-manipulation of the hip joint?
Code A	I really can't remember, there's no recollection on the 11 <sup>th</sup> , the only reason that the other day is very in my mind because...
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	Yeah, of the transfer.
Code A	...of the transfer...
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	Right
Code A	...you see but I can't remember this lady coming on board at all I can't say.
DC <span style="border: 1px dashed black; padding: 2px;">Code A</span>	Fine

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DC **Code A** Okay. Just bear with me a moment. So just a couple of other points, you in your role wouldn't fill out the contact record which I've got here?

**Code A** If there was something that had happened involving an untrained nurse we would put, we would write it in here under supervision erm I can't give you an example because nothing comes to mind now....

DC **Code A** No  
**Code A** ...but if something happened erm we would then write it in and you know be...

DC **Code A** And you'd make the appropriate...

DC **Code A** Would you sign it or would the?

**Code A** Yeah, I would sign it or someone would sign it and then you would be a trained member or Philip would be there, but I mean I have never ....

34.15 DC **Code A** So it's like an event log more than anything else?

**Code A** It is, yeah.

DC **Code A** It's a case of if something happens involving the patient it would be recorded?

**Code A** That's right.

DC **Code A** Could you just have a quick look through just to see if there's any entries that are relevant to you, I don't think there are but...

**Code A** No there isn't I think I've been through this and I'd erm...

DC **Code A** Right.

**Code A** I'd say that's the only one that I was involved with and you see straightaway I referred her to Chris



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CARROW who again went straight here and erm no,  
no.

DC **Code A**

Just one more, couple more questions. We are aware that Mrs RICHARDS had been put on a syringe driver, at any time did the daughters make any representation to you or any other members of staff complaining about the, that use of the driver or the drugs?

**Code A**

Not at all.

DC **Code A**

Use of the driver?

**Code A**

No.

DC **Code A**

Okay

**Code A**

As I said I became quite familiar with especially Mrs MACKENZIE and I was under the impression they were very happy with everybody, I mean she thought Philip was wonderful and in all her stay I had never got any impression as I said she phoned me at home, she sent me a book and a letter, I went to one of her meetings and nothing erm up until a certain telephone call erm did I have any idea that she was dissatisfied.

DC **Code A**

Would you be happy to let us know the content of the phone call that (inaudible)

**Code A**

You'd have to bear with me because I can't remember word for word....

DC **Code A**

No

**Code A**

...but during one phone conversation she actually started telling me lots of personal things about

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herself and I started getting a different picture of this lady and again it's only personal view and erm I started getting a bit worried about where we were leading and she told me she had an ongoing dispute with a neighbour over land and how she wasn't going to let it go and she wasn't talking to her daughter and the only contact she had with her daughter was I believe through a solicitor, then she had an ongoing dispute with her sister over some stones in the will and then she started saying that she thought Doctor BARTON wasn't a good doctor and that's when I because to me Doctor BARTON is absolutely wonderful, I wish she'd treated my mother, I'd be very happy with her treatment, she's caring, she's kind, she's sensitive, she's lovely, she's a good caring doctor.

DC Code A

SO up until that point then although this must be weeks after Mrs RICHARDS died...?

Code A

Yes, it is, yeah.

DC Code A

...She made no representation to you whatsoever...

Code A

No.

DC Code A

...about that she was unhappy with her mothers treatment?

36.46

Code A

No and then I told Philip straightaway the next day because the phone call bothered me because it does bother you, you know it's quite oh god you know this isn't right and I told Philip and Pat WILKINS who's our senior staff nurse and Philip said to me I

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think it's best you don't have any contact with her for the time being, that's when I knew that there was a problem, that's when I was told that there was a problem and he said perhaps you shouldn't have any more contact with her and I haven't had.

DC

Right, fine.

DC

And this was some time after Mrs RICHARDS actually died this conversation?

I really can't put a time limit because as I said I didn't take any notice ...

DC

No.

DC

But the books and the telephone call...

The book was on the ward.

DC

...were post death, post mortem.

Yes that was left to me as a gift for caring for her mother.

DC

Yeah

And quite a few of us got them and thank you for everything you know and now this.

DC

Yeah

DC

Okay. Is there anything you want to add, anything you feel you want to say regarding this?

I don't think there is, is there (inaudible)

SOLICITOR

Not that we discussed unless anything else occurs to you at all.

No.

DC

Okay, is there anything you've said that you'd like to clarify, you feel warrants further explanation, feel

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we haven't quite understood it?

**Code A**

I don't think so, no.

DC **Code A**

Okay, right I'll hand you a notice explaining the tape recorder procedure which is in (inaudible) notes. The time by my watch is 12.24 and I'm turning the recorder off.

END OF INTERVIEW

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