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## DOCUMENT RECORD PRINT

10.54. This interview is conducted at Park Gate Police Station, I'm interviewing [Code A], please can you give your full name and date of birth?

[Code A]

[Code A]

DC [Code A]

Okay, thank you and also present is....

SOLICITOR

David ROACHE, Solicitor for [Code A]

DC [Code A]

Right, okay what I'm going to do is just read out the screeder I should have.

1.10 DC [Code A]

(inaudible). I'd though you know it off by heart by now.

DC [Code A]

Yeah, I should do really.

DC [Code A]

No

DC [Code A]

(inaudible)

DC [Code A]

We're normally off the mark and up and running by now but it is like I've explained to you before it's a standard introduction for each interview which we have been reading so it's only fair that you get the same one but if need be we'll give it our best shot and get as close to the mark as we can.

DC [Code A]

Yeah, yes I think so, right, okay. Basically what we're aiming to achieve by these interviews is the Hampshire Police have received or making investigation into an allegation of unlawful killing of Gladys RICHARDS and on the 21<sup>st</sup> of August 1998 at Gosport War Memorial Hospital particularly in

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Daedalus ward. Now what we're seeking to do is interview all the members of staff who were on the ward or had some input with Mrs RICHARDS or certainly had a duty of care to Mrs RICHARDS in whatever aspect of their role is and obviously we're seeking to get an account from them, from those members of staff. What we're here to do is to basically obtain all the information and facts from those accounts, that will then be viewed by senior officers and Crown Prosecution Service and an independent medical expert, so no decision will be taken without consultation from a medical expert. It's not going to be a police officer who's got no knowledge of how these things work who's going to make a rash judgement about it so it's going to be a carefully considered process, okay. That's, that is basically it and basically all those, your answers will be transcribed and will form part of all the other correspondence that we'll get and all the other interviews that we obtain and that's basically why we're here is basically the allegation of unlawful killing, and it's basically to explain the treatment of Mrs RICHARDS. The next thing I'll do is caution you, You do not have to say anything but it may harm your defence if you do not mention when questioned

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something which you later rely on in court, anything you do say may be given in evidence, okay. Do you understand that caution?

Code A

4.14

DC Code A

Yeah.

Okay, right. That's sort of summarised as best I can, what I'd like you to do is if you can go over your role at Daedalus at the time. What your experience is in that role and what that role is, what it actually entails if you could do that for me?

Code A

Right, erm I worked on Daedalus ward for erm 2 years erm as a health care support worker and I've been a health care support worker for 10 years erm working at various nursing homes and hospitals erm, at Daedalus ward my role was to assist the trained members of the nursing staff in giving care to the clients and patients that we had...

DC Code A

Right.

Code A

...in our care.

DC Code A

Okay, Now as I understand you're not actually a trained, it's not a trained nurse as such so you're not able to administer drugs or prescribe drugs?

Code A

No.

DC Code A

Okay, and you're there sort of to ensure the patients comfort, is that a fair sort of...?

Code A

Serve tea and comfort.

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- DC Code A      Serve tea and comfort so that would be feeding, providing drinks, cleaning, bathing....
- 5.28      Code A      Bathing, toileting, washing, dressing, yeah.
- DC Code A      Yeah basically and on direction of the ....?
- Code A      Trained members of staff..
- DC Code A      Yeah
- Code A      ...and obviously using our own initiative to get on as well but yeah.
- DC Code A      Okay, alright. Now in relation to times when at the ward when you'd come across a particular problem for example somebody who was in pain or was in an awkward position or was clearly...there was clearly a problem, what would your sort of action be at that sort of time?
- Code A      If I wasn't able to make the patient comfortable on my own erm either by positioning or moving then I would fetch somebody to help me re-position or tell the trained members...
- DC Code A      Right
- Code A      ...of staff you'll have to administer pain relief as prescribed on their prescription sheet.
- 6.19      DC Code A      Yeah, okay, okay. Now as I understand it you're only I mean the dates we're looking at are between the 17<sup>th</sup> and the 21<sup>st</sup> August, now as I understand it you were only really on, on the 17<sup>th</sup> then you were off for the rest of the week?
- Code A      Yeah, well I was on holiday then for a fortnight.

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DC Code A Right, okay. What duties did you do that day?  
What hours?

Code A I worked 7.30 until 1.

6.40 DC Code A Okay and that was actually at Daedalus?  
Code A Yeah.

DC Code A Okay, right. Well have you got any recollection  
of Mrs RICHARDS coming in to the ward at  
that time?

Code A Erm vaguely I remember that she came back  
and she was erm taken into I think it was room  
4 erm and other people were assisting her and  
the ambulance crew to put her onto the bed and  
stretcher erm it was virtually lunchtime so I  
was helping the other members of staff to sit the  
other patients up and feed them their lunches...

DC Code A Right  
Code A ...erm from you know passing and erm you  
know after having given out lunches, I was  
aware that there was something going on in the  
room because I knew that she was in the wrong  
position from just feedback that was coming out  
of the room basically but other than that I had  
nothing to do with her care in that hour...

7.43 DC Code A Right, so just to summarise that you were  
helping with other patients in the ward but you  
were aware that there's from....

Code A Yeah.

DC Code A ...what other staff were saying to each other,

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okay. Can you remember what they were saying and who was actually involved in assisting there?

Code A

Erm I can't, I can only know from perhaps reading the statements...

DC Code A

Yeah.

Code A

...you know of the names of the people that were in the room, if I hadn't have read the statements I wouldn't have remembered...

DC Code A

Yeah.

Code A

...erm but I knew that there was a problem in moving her from the stretcher to the bed because there wasn't the proper equipment to do so and she was moved by the ambulance crew on two sheets.

DC Code A

Right, okay. Right one thing we're trying to sort of get to the bottom of is this, people have mentioned these sheets I mean what actually are they, are they bed sheets?

8.40

Code A

Yeah they were just bed sheets erm generally you're supposed to use a patslide which is like a sheet of perspex so to speak that is just eased under.

DC Code A

Right, so it's a rigid ....?

Code A

Yeah and it makes a bridge and then if you pull the sheets across it slides...

DC Code A

Right.

Code A

...so it makes the transfer from one place to

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another more comfortable for the patient...

DC [Code A] Yeah, yeah, okay.

[Code A] ...but this wasn't available at the time.

DC [Code A] Right, okay and is that something you actually saw her being transferred?

[Code A] No, that was something that I'd heard that she would, she had been moved on two sheets.

DC [Code A] Right, that's something you subsequently you heard?

[Code A] Yeah, yeah.

9.17 DC [Code A] Okay, right. Can you remember Mrs RICHARDS reaction during the transfer?

[Code A] No, I didn't, I can't say that I heard anything at all...

DC [Code A] Right, okay.

[Code A] ...sorry, the doors were shut, the curtains were closed...

DC [Code A] Yeah.

[Code A] ...just need to provide her with privacy and ...

DC [Code A] Privacy.

[Code A] ...(inaudible)

DC [Code A] Yeah, certainly, okay. I mean obviously what question I would ask you is could you hear her shouting out or in distress?

[Code A] No, I couldn't no.

DC [Code A] Okay, so and then you went off at one o'clock...

[Code A] Mmm, mmm.

DC [Code A] ...(Inaudible) if I remember rightly...

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	<b>Code A</b>	Yeah
	DC <b>Code A</b>	...on your duty sheet, yeah, okay. So during that time did you have any personal contact with Mrs RICHARDS?
	<b>Code A</b>	No, I have to say no I..you know it's two years ago and it seems a long time ago and I honestly if I popped in I don't remember...
	DC <b>Code A</b>	Yeah
10.04	<b>Code A</b>	...I don't (inaudible), I know that I didn't have any part of, the major part of her care in that hour.
	DC <b>Code A</b>	Yeah, okay and then obviously you were off for the...?
	<b>Code A</b>	Yeah.
	DC <b>Code A</b>	All right. Did you have any conversations in that time with her daughters, I don't know if you...?
	<b>Code A</b>	I don't remember in doing so no.
	DC <b>Code A</b>	Right, okay.
	<b>Code A</b>	Only recognise one of the daughters if I was to see them.
	DC <b>Code A</b>	Yeah. Did you actually see Mrs RICHARDS being brought into the ward, into Daedalus ward?
	<b>Code A</b>	I don't remember that, I don't remember her being wheeled up the passage...
	DC <b>Code A</b>	Right
	<b>Code A</b>	...but then as I say it was getting people ready

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for lunch and there was two dining rooms so you know I could have been right round the other end of the ward.

10.43 DC **Code A** Right, you may not have actually been in the ward at the time?

**Code A** Mmm.

DC **Code A** Okay. I'll just quickly show you a lot of it's not going to be relevant because you weren't there, but just, just a care plan for the 17<sup>th</sup> which I understand these are filled in at various times.

**Code A** Mmm, mmm.

DC **Code A** Could you just have a quick look just to see if there is any entries that are relevant to you on the 17<sup>th</sup>?

**Code A** Just from here or/

DC **Code A** Yes, please.

**Code A** (Looking through documents) No, none at all.

DC **Code A** None at all?

**Code A** No.

DC **Code A** Okay, that's fine, just one more thing in relation to the...now this is Gladys RICHARDS health record I'm showing you for the purpose of the tape. I have what's called a Bartel....

**Code A** Mmm, mmm.

DC **Code A** ...ADL Index. Is this something generally you would refer to in your role?

**Code A** Yes, we did.

11.59 DC **Code A** You would do, okay and what actually does this

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cover?

Code A

It tells you how well or how unwell, erm well not so much well but how much a patient can actually do for themselves and the higher the number, i.e., 10 or 20 is how well they are considering some people have a Bartel of nought.

DC Code A

Right, which is totally dependant?

Code A

Yeah.

DC Code A

So 3 then, a total score of 3 and it would indicate...?

Code A

That she was very dependant on other people.

DC Code A

Right, okay and this side is the water flow...

Code A

Water low pressure score.

DC Code A

...water low pressure score, sorry, prevention treatment policy so..?

Code A

Yeah, erm these are mainly filled in by the trained members of staff or generally always filled in by trained members of staff...

DC Code A

Right.

Code A

..erm on admission and I know these were done weekly.

DC Code A

The Bartel's done weekly is it, yeah?

13.06

Code A

The Bartels should be done weekly, I think these are just a one off but then I'm not sure exactly how.

DC Code A

Right, do you know what this one would tend to indicate, the water low pressure?

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[Code A] Yeah, if erm there's got a high score they're at risk of developing pressure and will need to be monitored.

DC [Code A] Okay, so I mean twenty plus is a very high risk and she scored...

[Code A] And she's twenty seven, yeah.

DC [Code A] ...twenty seven, okay, all right. On your return have you ever had any conversations with the two daughters since?

[Code A] No, not, I've seen the daughters since.

DC [Code A] Okay, are you aware of any other sort of conversations the daughters have had with any other members of staff or anything significant that they've done?

[Code A] I'm only aware that they've made the complaint.

DC [Code A] Yeah.

[Code A] Erm and that was dealt with by erm I believe at the time Sue HUTCHINS who was the hospital manager or nursing manager.

DC [Code A] Right, yeah okay but there's nothing specific in relation to individual members of staff...

14.11 [Code A] No.

DC [Code A] ...that you're aware of?

[Code A] Not heard of any, any one particular member of staff having been complained about.

DC [Code A] Yeah, okay.

[Code A] Not aware of that at all.

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DC **Code A**

Well not necessarily complained about more of being spoken to by the daughters or having conversations with the daughters?

**Code A**

No, I haven't even seen them around.

DC **Code A**

Okay. (inaudible) other questions, they just popped out of my head again. Oh yes, yeah, see I mean just to summarise that part on that day. Are we saying that you're not really able to say whether you actually saw Mrs RICHARDS that day?

**Code A**

Yeah, I would say that I never saw her...

DC **Code A**

Right, okay.

**Code A**

...erm because the hour that I was there I understand she arrived back about ten to twelve....

DC **Code A**

Yeah.

14.59

**Code A**

...I mean from about half eleven you know twelve we start sitting the patients up for break...lunch and then you know dish the lunches out...

DC **Code A**

Right.

**Code A**

...erm and so I, I would say that I didn't see her...

DC **Code A**

Okay.

**Code A**

...in that time.

DC **Code A**

Did you see her the previous time she was there?

**Code A**

Yes.

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DC **Code A**

You did. What was your impression of her?

**Code A**

Erm she, the first time I saw her she did walk a few steps with her erm zimmer frame...

DC **Code A**

Right.

**Code A**

...erm obviously it's a long time ago and I can't remember specific dates but erm the day she actually fell and was re-admitted back to Haslar the following day I actually found her on the floor.

DC **Code A**

Oh you found her on the floor, right. Could you just go over the circumstances of that?

**Code A**

Yeah erm she, as I walked past her room and she wasn't in her chair and so I was obviously you know a bit troubled by that because she obviously wasn't supposed to be up and walking around on her own erm and I went into the room and she was sat on the floor as if she'd tried to get up and fell to the floor. She hadn't, she wasn't fallen over in a heap, she was sat as if she'd missed the chair....

16.20 DC **Code A**

Yeah, yeah.

**Code A**

...erm so I asked her is she was in pain and she didn't really respond erm so I went and fetched the other well the trained nurse that was on duty and we then lifted her back into the chair using the overhead Wessex hoist...

DC **Code A**

Right.

**Code A**

...that erm when you move people from bed to

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chair and ....

DC Code A

Do you remember who that nurse was?

Code A

...Yes it was staff nurse Code A

DC Code A

Code A okay, all right. Do you know what happened from there, I mean she was put back on the chair?

Code A

We, she was checked out by the nurse and erm there didn't appear to be any apparent injuries erm Mrs RICHARDS wasn't screaming or shouting in pain or anything at that time so we sat her back in the chair erm then I'd obviously seen her throughout the afternoon but I believe her daughter came back, she had some more visitors so they tended to be caring for her so to speak....

17.21 DC Code A

Yeah.

Code A

...erm and then when we put her into bed in the evening I don't really know what time it was perhaps about half seven, eight erm she did appear to be in pain and erm a lot of discomfort....

DC Code A

Right, okay.

Code A

...and we noticed that her leg was, her foot fallen inwards which is an indication of erm a hip problem...

DC Code A

Right.

Code A

...and erm so then it was up to Jenny who called the doctor and whatever else happened from

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there really.

DC **Code A**

Yeah. Was there any conversation you had with the daughters about that or aware of in relation to what had happened?

**Code A**

Erm I don't think because it's not particularly our role to be telling you know of falls and things, it's, it's mainly down to the trained member of staff...

DC **Code A**

Right.

**Code A**

...so anything like that obviously we try to be helpful and answer questions for families but anything relating to erm falls or medicines and things like that you know we used to sort of refer them onto the trained member of staff...

18.29 DC **Code A**

Yeah.

**Code A**

...because you know if we told them anything wrong then....

DC **Code A**

It would cause a problem, yeah...

**Code A**

....yeah.

DC **Code A**

...because as far as they're concerned you are a nurse and...

**Code A**

Yeah

DC **Code A**

...start contradicting each other...

**Code A**

Mmm, mm that's right, yeah.

DC **Code A**

Were you aware of any conflict over what should happen to Mrs RICHARDS, whether she should be left in the chair or put in the bed?

**Code A**

What during the afternoon ....

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DC Code A Yeah, yeah.

Code A ...erm no, not really. I wasn't asked to put her back on the bed or anything like that.

19.02 DC Code A Okay, was there anybody who felt that she should be in the bed as opposed to on the chair that you were aware of?

Code A Not that I'm aware of erm no.

DC Code A Okay and you can't recall the daughters having any conversation with you about the fact she'd fallen?

Code A No...

DC Code A Did they say anything to you about it?

Code A ...no, they might have said but I really can't remember.

DC Code A No, okay. How easy was it to tell if Mrs RICHARDS was in pain or discomfort?

Code A Erm I don't really think it was that easy erm considering she had popped her hip out erm when she had fallen and she wasn't complaining of pain at the time...

DC Code A Yeah.

Code A ...erm you know but we're you know we're not mind readers we can't actually...

DC Code A No, okay. Was there other problems that would tend to cause you or the nursing staff difficulties in detecting whether she was in pain or not?

20.03 Code A I think possibly down to erm her Alzheimer's

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and you know it's hard to...

DC Code A

Right, okay. What form was that taking? How was that affecting her to cause her...?

Code A

...erm she couldn't really in my view she couldn't really communicate adeq..you know as to....

DC Code A

Yeah

Code A

...what she really, really wanted, she probably knew what she wanted but actually getting it over to what, to us what she wanted which was difficult for her.

DC Code A

Right, okay. Would she cry out and stuff like that or if she was in pain?

Code A

Yes, I think so erm but then like I say not all the time because when she was on the floor she wasn't.

DC Code A

She wasn't doing so, yeah, okay.

DC Code A

After the fall were you privy to any conversation regarding about the next course of action to take like x-rays and referrals back to Haslar or anything?

Code A

Erm because when she fell and I believe because she wasn't you know screaming out in any pain and it didn't appear to have done any damage at the time of the fall...

21.18 DC Code A

Yeah.

Code A

...erm and when we lifted her back into the chair she, she seemed relatively well you know

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considering she'd had this hip operation anyway erm I know when we put her back into bed and her foot was a bit rotated inwards and Jenny decided that she would call the doctor....

DC [Code A]

Yeah.

[Code A]

...erm I know it was a few hours afterwards erm...

DC [Code A]

Did the doctor come out to you or was it advice over the phone?

[Code A]

I think he eventually came, I'm not entirely sure because it was getting late, I don't know if he turned up after we went home because our shift ended at eight fifteen.

DC [Code A]

So are you aware of any arrangements that were made that day regarding x-rays or doctors visits or..?

[Code A]

No I think what I know is what I was told and that was that the doctor came and decided to keep her comfortable at the War Memorial overnight because the x-ray department at the War Memorial is shut after five o'clock and it would have meant taking her back down to Haslar for another x-ray.

22.31 DC [Code A]

Mmm and that in itself was a bit of a traumatic experience for somebody like her, the transfer..

[Code A]

I would imagine so, yes, yes...

DC [Code A]

Yeah

[Code A]

...so they decided to leave her overnight and

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keep her comfortable from what I can remember and x-ray her at the War Memorial the next morning to save the journey to Haslar.

DC **Code A**

Yeah, okay. I think that covers everything for now really. Is there anything you'd like to add?

**Code A**

I don't think so.

DC **Code A**

Okay, I mean just to summarise your contact with Mrs RICHARDS was at best minimal really in that second period...

**Code A**

Mmm, in the second period, yeah.

DC **Code A**

...and the first period you obviously...

**Code A**

Yeah, I think I was there for 2 or 3 days on her first admission...

DC **Code A**

Yeah.

**Code A**

...and then...

23.22 DC **Code A**

Going back to that first admission, I mean me and Lee have been on a bit of a learning curve since we've been involved in this enquiry and we appreciate now that part of the nursing care plan, going back to Mrs RICHARDS notes but you've got a page here for nutrition, you've got another page here for constipation, and I think that's it, refers to her bowel movements...

**Code A**

Yeah

DC **Code A**

...and another page here for her personal hygiene. You did mention the fact that you remember seeing her mobile using her zimmer frame, am I right in saying that if a person was

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to be put on a course of physio or exercise, sort of programme by the hospital there ought to be a page in here for mobility?

Code A

There should be, yeah.

DC Code A

There should be. Are you aware after the first admission, post the actual operation itself whether any arrangements had been made to re-mobilise Mrs RICHARDS at all?

Code A

That would have been the whole point of being at the War Memorial.

DC Code A

To recuperate?

Code A

Mmm, mm, yeah.

DC Code A

So but you're not aware that any arrangements were made for her to ....?

Code A

Erm when...

DC Code A

...to be exercised?

Code A

...yeah, when erm there admitted, like patients are admitted the nurses fill out appropriate erm care plans for the patients erm the physio one and the occupational therapy one would have probably been filled out by the physio's and occupational therapist, respectively you know for their, so whether they didn't get to do that or...

DC Code A

So the physio and the occupational therapist would do the assessment themselves it wouldn't be the...

Code A

Yes.

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DC **Code A** Are they not referred to, are they not like directed by I believe Doctor BARTON the doctor who's in, like got overall control and over Mrs RICHARDS, would she have to refer her to the ....?

**Code A** No that would have been done by the nurse who erm admitted her I would have presumed...

DC **Code A** So is that like would that be a matter of course really for them to come and assess...

**Code A** Yeah.

DC **Code A** ...Mrs RICHARDS about how they feel, a suitable programme of exercise or re-mobility should be?

**Code A** Yeah.

DC **Code A** Yeah. Okay.

DC **Code A** When you remember seeing her walk on the zimmer frame, what was the purpose of the walk?

**Code A** I think her daughter wanted her transferring from I think she may have been sat in a wheelchair...

DC **Code A** Yeah.

**Code A** ...and she'd been brought back from the lounge to her room....

DC **Code A** Right.

**Code A** ...because her family were visiting and so they took her back to her room and then wanted her transferred obviously from an uncomfortable

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wheelchair to a more comfortable armchair.

DC [Code A] Right and they would have done that using a zimmer frame, it wouldn't have been like a hundred yard walk from one end of the ward to the other...

[Code A] Oh no, it would have just been a transfer.

DC [Code A] ...Right a couple of yards?

[Code A] Couple of steps.

DC [Code A] Yeah.

DC [Code A] Okay, anything else. Is there anything you'd like to add?

[Code A] No.

DC [Code A] Is there anything you'd like to clarify, anything you've said that you or you want to explain further?

[Code A] No, I think I've explained myself well.

DC [Code A] Okay, I'll hand you a notice explaining the tape recorder procedure, the time by my watch is 11.20 and I'm turning the recorder off.

END OF INTERVIEW

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