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RECORD OF INTERVIEW

Number: Y1A

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Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 18/07/2000

Time commenced: 1101 Time concluded: 1129

Duration of interview: 28 MINS Tape reference nos. (◆)

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

Other persons present: Mr GRAHAM - Solicitor

Police Exhibit No: LMC/JEF/36 Number of Pages: 24

Signature of interviewing officer producing exhibit

Tape counter times(◆)	Person speaking	Text
	DC Code A	This is a recommencement of the interview of Code A on the 18th July in the year 2,000, the time by my watch is 1101, Code A Code A can I remind you that you are still under caution which I gave to you at the end of the interview. Can you just confirm that we've not asked you any questions in relation to this

during the break where we've changed the tapes over.

Code A Yes, I confirm that.

DC Code A Right we were discussing, just prior to the break, Mrs RICHARDS and her condition and came to the belief really that she was very poorly and would possibly dying, and you based that on your experience of elderly care, as well as the difference in her between the first time you saw her and the second time. I just wonder, it may sound like we're repeating ourselves whether you could just go over what those differences were, what sort of things you can recall that sort of brought you to that.

Code A Well the 12th and the 13th she was definitely conscious at times, at night obviously people go to sleep don't they.

DC Code A Yeah.

Code A But you know she had woken up on the 12th very agitated and excitable, I'd been told that she'd been eating and drinking, she was, well she was actually able to take medication orally at that time on the first week that I knew her and, and on the second week she wasn't eating and drinking, she wasn't taking medication orally, she was just looking very different to the way she had the week before, just general appearance was, she was probably unconscious,

I can't say definitely she was unconscious, particularly on the first night, 18th, but I'm pretty certain, she died on the 21st, if she was conscious I can't recall it, I can't, at that time she wasn't taking anything orally and she was requiring more care.

2.38 DC Code A Is that not surely like an assumption on your part because she came back in on the 17th and I think the syringe driver was first administered on the morning of the 18th, so you would have seen that on the night.

Code A On the night of the 18th.

DC Code A Which no doubt she would have been sedated anyhow so I'm assuming that you wouldn't have seen her when she did come back in to make references to between the first and second week, would that be the case.

Code A What.

DC Code A I'm saying, you said that the first time you saw her she was eating and she was taking..

Code A Well no it would have been handed over to me that she had been eating and obviously when I cared for her overnight she was more responsive, the fact that she woke up and was shouting and screaming that first night.

DC Code A I think my colleague, Lee, asked you the question about what differences you remember between the first and second occasion, I'd have

thought on the second occasion that she would have been sedated, so therefore you..

Code A I have to be honest I can't remember, I mean I've gone and read things and know that they must, because you know I've read it, you know other people's accounts and some of the things I've written.

DC Code A Yeah.

3.52 Code A But if I actually as I say right at the beginning I don't recall what this lady looked like.

DC Code A We appreciate that it is 2 years ago.

Code A And erm, sorry I'm going really by what was written about her and what I wrote about her and what I did for her.

DC Code A You mention what you've been able to read about her, what actually have you referred to, what notes are there that you've looked at, obviously.

Code A The entries that I made which were not a lot but just, you know..

DC Code A Would that be the actual nursing notes we have here, copies of this.

Code A In the care plans, yeah. You know I had to look at this to see exactly what medication I did give.

DC Code A That's the prescription record isn't it.

Code A The prescription chart.

DC Code A Now I understand on nights your role if different to that of day turn, notes and you've mentioned

the care that you'd look after patients, what duties do you work, what hours do you do.

Code A Quarter past 8 in the evening I would have come on and left at half past seven, quarter to eight in the morning.

5.14 DC Code A Would you normally get involved with things like feeding and supplying drinks.

Code A Yeah I'd give somebody a drink if they wanted one, if they needed one.

DC Code A In the ward are there set times for meals, generally.

Code A Yeah, well obviously breakfast, lunch, supper but you know patients have things in between, things that are brought in by relatives, relatives have regular drinks.

DC Code A But in terms of, the night turn night would you ordinarily get involved in a, you know meal time, having to generally feed every patient.

Code A No, no wouldn't actually feed meals to anybody.

DC Code A But you'd supply drinks if and when.

Code A Yeah, if I think at the week-ends, if you work nights, week-ends at night you don't have anybody to do the late night drinks which are usually about 9 o'clock, so we would, the night staff would do them then but during the week they generally have their drinks by the time we came on.

DC Code A How many of you actually work on the ward,

overnight, generally.

Code A One trained staff and 2 health care support workers.

DC Code A So 3 of you.

Code A Actually on the ward, yeah, and then you've got a duty sister or senior staff nurse who sort of floats round the ward.

DC Code A Oversees the whole.

Code A Yeah any problems you contact her and ask advice and she can check drugs, she comes round regularly to make sure everything is okay on the wards.

6.48 DC Code A In terms of, in terms of water, feeding and drinking, what times, and this is a general question for all patients, on what occasions would you not offer food or drink to a patient, or are there occasions where you wouldn't.

Code A There are some patients who have swallowing difficulties or may develop swallowing difficulties so you'd, patients that might choke or cough so then you would not give anything but seek advice or get dietician or speech member or therapist or doctor to see that person. They might have problems with nausea, vomiting, they might not want to eat or drink.

DC Code A Right, okay.

Code A The might not be able to because they're semi-conscious, it wouldn't be safe to give a drink to

a semi-conscious person, they maybe wouldn't swallow it properly.

DC Code A — Are there times when there's other means of getting fluid into a particular patient.

Code A — Yes subcutaneous, we don't do intravenous therapy at the War Memorial because if you give intravenous therapy for anything you need a doctor on site in case of adverse reactions, you can give, on occasions subcutaneous infusions and fluid.

8.07 DC Code A — In terms of doing that are there times when that would be, would not be necessary to give a patient fluids through a subcutaneous route, if they were unconscious for example and unable to take fluid.

Code A — You would, it would be considered, I have looked after patients that have, unconscious patients that have had subcutaneous fluid replacement, when somebody is very poorly, erm, and they may have cardiac or lung problems they can actually start putting, getting fluid on their lungs and you might then consider not giving any extra fluid because that could just make the problem worse. This would be in failure, you know heart failure mainly, then it would affect the lungs as well.

DC Code A — And that would be regardless of whether it was oral or subcutaneous.

Code A Yeah, you would, well you would reduce fluids maybe, or stop them altogether if somebody was in that condition.

DC Code A If someone was dying, and this is another general question, we've got a patient who is dying, who is clearly being given a comfortable, sort of pain free death, but would it be wise to try and hydrate that patient.

9.39 Code A If this patient is comfortable and not in distress then it wouldn't necessarily be considered but, I mean I've looked after patients that have had subcutaneous infusions and others that haven't had fluid replacement, erm, I don't actually make that decision myself, that's a doctor's decision whether or not this patient should have subcutaneous infusions.

DC Code A That's the next question I was going to ask.

Code A The doctor would look at the patient's overall condition and decide whether it was appropriate.

DC Code A Right, so it's the doctor on the, whoever is responsible on the ward at that time.

Code A Yeah, yeah, you wouldn't start the subcutaneous infusion with anything without a doctor's prescription.

DC Code A But have you come across previously patients who are dying where you wouldn't have a, they wouldn't be hydrated in any way, because of the fact that they are dying.

	Code A	Sometimes, sometimes they may have an infusion and when it becomes apparent that they are actually dying and, and, if, if, with an elderly person if you do get system shut down it invariably affects, eventually their heart and lungs and it can be withdrawn, depending on the condition of the patient and whether there's anything to be gained by giving them the extra fluid.
11.08	DC Code A	I'll just go through the notes here we have, which is the care notes, in general. I wonder if you wouldn't mind reading from there, the 17th down which is Doctor BARTON I believe.
	Code A	Doctor BARTON's writing, goodness me, what on the 17th.
	DC Code A	Yes.
	Code A	Re-admission to Daedalus from RHH Haslar hospital, oh close reduction under sedation, that was reduction of the dislocated hip, it was put back into place, remained unresponsive for 20 something, is it 24 hours or 20 hours, now appears peaceful, plan, continue Haloperidol, that was to keep her calm, only give Oramorph if in severe pain, see daughters again, that was her plan to see daughters again, right 18th, do you want me to carry on.
	DC Code A	Yes please.
	Code A	Still in great pain, I suggest, I can't read that.

DC Code A — Right.

Code A — I can't read that, I suggest sub-cut Diamorphine, Haloperidol, Midazolam, I will see daughters today, generally Doctor BARTON will discuss syringe drivers, she wouldn't just start it without discussing it with the daughters. I will see if possible, I mean sometimes if the patient needs it and you can't contact somebody then you might have to start it anyway and then talk to the relatives..

DC Code A — But generally she'd..

Code A — I will see daughter today, something make comfortable, I can't read that word I'm afraid, much more, this is the 21st, much more peaceful, needs Hyoscine for rattly chest, she was obviously getting quite a few secretions there, this entry is..

DC Code A — The 21st which..

Code A — I don't know who that is, condition very poor, oh that would have been a staff member I think, yeah, pronounced dead at 2120.

DC Code A — Why would, the reason for Doctor BARTON explaining the syringe driver, what reasons would she take to speak to the daughters.

Code A — Well I think she likes to explain, not just to the daughters but for anybody, she likes to, I've been with her when she's talked about syringe drivers, she goes through why she thinks a

syringe driver is necessary and erm explains exactly what a syringe driver is and what drugs she's going to use and why she's going to use them and erm, not to get their permission but just to let them know that she feels or to, to tell them that she feels that this is appropriate for that person, invariably there's no problem but you do get some people that as soon as you start talking about morphine and syringe drivers they do get upset and panicky about it, so, she's excellent at explaining what she wants to do for a patient and why she wants to do it and erm I have great respect for Doctor BARTON. I know you don't want any opinions about her but.

DC Code A No, I mean this is, you know your opportunity to.

Code A Well I know her very well, I've worked with her, not, not, when I was on nights I didn't come into contact with her a great deal but now that I work on days, since I've been with her a lot, going around, seeing patients with her, discussed patients, discussed the implications, she's an excellent doctor I think.

15.22 DC Code A Do you want to go over, erm the bartel, ADL index and the water low pressure sore, prevention treatment policy. Just looking through that can you comment on the sort of

condition Mrs RICHARDS was in.

Code A She's got a low Bartel which means that she was not able to do very much at all for herself, she needed help with most activities of daily living.

DC Code A What sort of score, I mean 3.

Code A Three is low, it's very low.

DC Code A Very low.

Code A Somebody that's quite independent can do quite a bit for themselves, may need just a little bit of help, you would expect to have a Bartel of 9, 10, 11 or higher, that is very low, meaning that this lady was, you know, not able to do very much at all, without a lot of help.

DC Code A Obviously on the other side we've got the...

Code A That's assessing how at risk somebody is from damage to their skin, erm as regards their pressure areas, whether they would need to be on a special mattress to prevent skin breakdown, whether they need regular monitoring, regular moving, re-positioning.

16.43 DC Code A These water low pressure sore prevention policies, are these for most patients that come to the ward or are these for specific patients.

Code A All patients have these and we try and do, well we try and assess within 24 hours because we obviously need to know how we're going to nurse them to prevent the breakdown of their skin.

DC Code A So this wouldn't be drawn on for somebody who was going to be bedridden for days.

Code A Yes you do one because somebody that's bedridden, well if somebody is bedridden it's probably because they are in very poor health, you would need to make sure, if they were going to be in bed for any length of time that they weren't going to develop pressure sores, you would need to know, you would need to decide whether they needed a special pressure relieving mattress, they might already have wounds, you'd want to make sure that they didn't further deteriorate, erm, everybody is assessed on admission for their, how at risk they are and breakdown of skin, anybody laying in bed, in an ordinary bed for any length of time, not moving, would develop a pressure sore in vulnerable areas like heels, secrum, bony areas, elbows, back.

DC Code A So going on that policy Mrs RICHARDS then was very susceptible to.

Code A A high risk yes, a very high risk, so she would have been on an air mattress, a special pressure relieving, the pressure is never the same in any area because she wasn't able to move around a lot herself.

DC Code A In terms of when you're on nights and completing the contact records, which I

understand is completed by the trained staff generally.

Code A Mm hm.

DC Code A Am I right in saying that.

Code A Yes.

18.36 DC Code A Would you tend to fill in the buff ones here or do you have a separate one for nights.

Code A We've got, no, if there was general care, a care plan is, you know, personal hygiene, (inaudible) bowels, all that kind of thing are in the care plans and these are just if anything that needs to be recorded really.

DC Code A If you wouldn't mind having a look through, see if there's anything relevant to yourself there.

Code A That's my entry there.

DC Code A On the 19th.

Code A (inaudible) that's in the care plan. Daughter Jill stayed the night with Glady's, grandson arrived in the early hours of the morning, he'd like to discuss grandmother's condition, see I can't remember that at all but that's obviously what happened, I recorded it at the time.

DC Code A So grandson wanted to discuss it with Doctor BARTON or Philip BEAD.

Code A Yeah.

DC Code A And I would have handed that over when I handed over in the morning.

19.39 DC Code A Can you recall anything about that conversation

		or..
	Code A	What me actually saying it.
	DC Code A	Yeah.
	Code A	No, no, not at all.
	DC Code A	Is there any others.
	Code A	Nope.
	DC Code A	Okay, nearly there now, and then onto the nursing care plan, I understand that you have separate headings, depending on..
	Code A	That would be regarding her sleep, how well she slept and any problems in the night that we encountered, I don't think I wrote anything in those. What's this, personal hygiene needs, I've written there oral care given frequently and then that entry on the 19th, nightie changed and washed, re-positioned, apparently pain free during care.
20.38	DC Code A	So those 2 there, 18th and 19th.
	Code A	Yeah.
	DC Code A	Is yourself, okay, is there any others that, that's on the personal hygiene one, there's the constipation one.
	Code A	No, nothing on..
	DC Code A	Would you generally fill this in on nights.
	Code A	If she, if she had a bowel action yes.
	DC Code A	But if it..
	Code A	Especially when they're on drugs like morphine because constipation can be a problem, well

constipation is a problem with elderly people.

DC Code A Okay, and for the nutrition, would you, as a night time.

Code A Well, might do but I haven't written anything there, I wouldn't necessarily record that I'd given somebody a drink.

DC Code A right, okay, why would that be.

Code A Well because you know if you recorded everytime you gave somebody a drink during the day you'd be making hundreds of entries wouldn't you, people have sips and..

DC Code A Okay, just going through here, on the action, the nursing care form, is there any entries that are relevant to you on this one.

21.54 Code A Yeah, there's a line there.

DC Code A 13th and the 14th.

Code A Yeah, Oramorph at 2100, slept well, at that time, that 1 dose of Oramorph was obviously enough to keep her comfortable because I didn't repeat it, erm, x-ray tomorrow morning, just wrote that because that's what was handed over to me, some pain in right leg, hip this morning. Probably, I mean just before handover we go round and make everybody comfortable, sit them up or move them or whatever and erm either I would have noted that she was maybe having some pain or it would have been reported by one of the Health Care support workers, if

she was with this lady, I'd have thought if she was in pain she would have come and told me.

DC Code A Right, right, okay, is that you as well.

Code A Oh yes.

DC Code A On the 18th.

Code A Erm, yes this is the following week, is this, yeah this is the night Glady's now has a syringe driver.

DC Code A It just describes she's on the driver and..

Code A Yeah, I mean that would have been recorded in here somewhere or by whoever set the driver up.

23.08 DC Code A Okay.

Code A And recorded by Doctor BARTON in her notes.

DC Code A In terms of your experience as a nurse in the last, since 92 have you ever had any cause, in terms of any Doctor, who has prescribed a level of treatment where you've disagreed with it.

Code A Well, yes.

DC Code A And what's tended to happen on those occasions.

Code A I would, I would always go to my manager first, I, like for instance when I worked on the newborn unit, if something was prescribed I didn't agree with the dosage or the time or appropriateness of the drug then I would talk to my, my next in line manager and discuss it and then, we were lucky there we Doctors on the unit all the time so we would then query it with

the Doctor, no I have no problem with doing that.

DC Code A Right, okay, have you ever had any problems with, with Doctor BARTON in anything she's prescribed, or any treatment that's been prescribed from Doctor BARTON.

24.23 Code A Not that I can recall, no, if I'd, say I was the staff nurse going round with her, now that I work days I might say oh so and so has been on this medication for, cos I mean she does rely on feedback from us, how somebody is responding to a particular medication, erm you know, she's not responding very well to this, or this seems to be having this side effect or, and then she might change the medication or reduce it or stop it or try something else, whatever.

DC Code A So you, or the nurses there act as her eyes and ears a lot of the time.

Code A Mm.

DC Code A Come back to it decisions are made, you have handovers don't you as well I understand from nights to earlies.

Code A Yeah, obviously you have to hand over what's happened with each patient, you go through, you know with each patient anything that's happened on your shift.

DC Code A Any recollections of conversations about Mrs RICHARDS during these handover times.

Code A No, not that I can recall in particular.

25.25 DC Code A We are aware that some members of staff received some books from the daughters, did you ever receive any correspondence at all.

Code A I received, now I'd forgotten completely about this and it was when somebody else said to me oh did you get one of the books from one of the daughters and I thought yes I did get a book, I can't imagine it would by anybody else that gave it to me but it was, I can't remember, I haven't got it now, I can't remember, it was some sort of spiritual thing I think, I didn't read it anyway, I mean it was hanging around the house for while and I thought I'll get rid of this now, I'm not interested in this.

DC Code A Did you receive any sort of notes with it, any letters.

Code A I suppose there would have been, I can't remember one but I should imagine there probably was a note but I couldn't tell you what it said.

DC Code A Who actually sent it, or gave it to you.

26.24 Code A I think it would have just arrived on the ward, it wasn't sent to my house, I've never had anything sent to my house from anybody, if, on the odd occasion I've received a card from a relative or a patient which would come to the ward.

	DC Code A	So who actually sent it to you though.
	Code A	What which daughter.
	DC Code A	Yeah.
	Code A	I couldn't say.
26.47	DC Code A	We're also aware that some members of staff went to a spiritualist meeting, was that..
	Code A	Oh my.
	DC Code A	Were you aware of that.
	Code A	What that they'd gone.
	DC Code A	Did you ever get asked.
	Code A	No, don't think so, can't recall anyway.
	DC Code A	Did you perceive the book to be a gift, a thank you gift, do you get a lot of presents from relatives you know to say thanks very much for everything you did.
	Code A	Erm, generally people give presents to the whole ward and cards to the whole ward, on occasion, I think the only thing I've ever received is a card.
	DC Code A	What for you in person.
	Code A	Yeah, and in particular now I'm working on days I'm the named nurse for a certain number of patients, I have my own patients so I mean if a patient dies or if they're discharged I might get either a card from one of them or one of the relatives to say thank you to me personally but generally anything that is given is given to the whole ward, chocolates, coffee, flowers

sometimes, it's usually for the whole ward, for all the staff.

DC Code A And that's as like a token of gratitude.

Code A It's just like a thank you, it might be when a patient leaves, sometimes things turn up afterwards, maybe a patient has died and relatives want to show their appreciation of the care that somebody received.

DC Code A Right, wrapping up now, is there anything you'd like to add, anything you'd like to say.

DC Code A Look, when he says that, I mean you can say anything you want, I mean he said after the interview they had things that said about Doctor BARTON if there anything you want to say in relation to what you're here for then please say it.

Code A I have every faith in Doctor BARTON, I know her well and I've always agreed with everything she's said, I can't remember disagreeing with anything she's said, I've been with her when she's talked to relatives and she's talked to patients and she's very honest, says what she thinks, asks people what they think and the staff on Daedalus ward I know them all well, worked well with them, good relationships with them.

DC Code A Is there anything you'd like to clarify, anything that you've said that you feel we don't understand.

Code A No I don't think so.

DC Code A I shall later explain the tape recording procedure, the time by my watch is 1129 and I'm turning the recorder off.