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RECORD OF INTERVIEW

Number: Y17

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

Person interviewed: Code A

Place of interview: PARK GATE POLICE STATION

Date of interview: 20/06/2000

Time commenced: 1414 Time concluded: 1459

Duration of interview: 45 MINS Tape reference nos.
(♦) 44/00/289213

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

Other persons present: Mr GRAHAM - Saulet & Co Solicitors,
Portsmouth

Police Exhibit No: LMC/CM/10 Number of Pages: 46

Signature of interviewing officer producing exhibit

Tape
counter
times(♦)

Person
speaking

Text

DC Code A

This interview is being tape recorded, I am DC
Code A the other police
officer present is....

DC Code A
DC Code A

DC Code A
Okay it is Tuesday the 20th of June, 2000. The

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time by my watch is 14.14. I'm interviewing
Code A please can you give
 your full name and date of birth?

Code A

Code A

DC Code A

Thank you and also present is....

SOLICITOR

Mr GRAHAM of Saulet and Co Solicitors,
 Portsmouth, Legal Advisor.

DC Code A

Okay. The 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. I must remind you that throughout the interview you are entitled to legal advice and we can delay the interview at any time for you to receive that advice so if your in any doubts about that just say so at any time. Okay I'm now going to explain why we've asked you to come down here today and just basically a summary of what we're trying to achieve. The Hampshire Police have undertaken an investigation into the circumstances of the death of Mrs Gladys RICHARDS on the 21st of August 1998 at Gosport War Memorial Hospital. The investigation centers around an allegation that Mrs RICHARDS was unlawfully killed as a result of a course of treatment that was embarked upon between the 17th and the 21st of

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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 the staff and general correspondence. As a result of this interview and several others further guidance will be sought from professional bodies and ultimately the Crown Prosecution Service on how we should proceed. Your solicitor has been provided with relevant material prior to this interview commencing. I must emphasise that you are not under arrest and you are free to leave at any time, your right to free legal advice in private extends throughout the period you are at the police station, okay. Now the next part is the caution, you do not have to say anything but it may harm your defence if you do not mention something which you later rely on in court, anything you do say may be given in evidence, okay. That's the caution, do you understand

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that?

Code A

Yes, I do.

DC Code A

Okay. As I've said to I think everybody who we've spoken to so far, there's quite a lot there, what I would try and emphasise is that there's no judgements going to be made by myself or DC Code A or anybody within the police force or CPS without having spoken to people who have got experience in the medical profession and also experience in the treatment of elderly patients, you know it's not a judgement we're able to make so it's not a case of us asking questions and getting answers we don't necessarily understand and making a rash judgement on that. It's going to be a carefully considered results at the end of the day.

3.44 DC Code A

Mine and Lee's role in this sort of enquiry is to establish fact...

Code A

...Yes.

DC Code A

...like as Lee said we're not in a position to query what drugs are issued, when they're issued, what for and who by or anything, that's not our department. We're just here to establish what people know and their roles and responsibilities during the course of Gladys RICHARDS time at Gosport War Memorial.

Code A

Yeah.

DC Code A

Okay, what I'd like to do first is just get some

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background about yourself in relation to the hospital and I just wondered if you could outline your experience and qualifications and how long you've worked at Gosport hospital.

Code A

4.30

DC Code A

Just within Gosport hospitals?

Well and generally if it's relevant, if you feel it is.

Code A

Well I trained as a nurse, I started in sixty seven as a staff nurse in the trauma unit, I got married by about nineteen seventy two I was a staff nurse in a mental hospital, I followed that by a stint on the medical ward and then I went into industries as a nurse for first of all Pye Telecom and then Sainbury's. Then we moved, I joined Gosport War Memorial on an elderly care ward as a staff nurse, I became sister of that ward, I left and had my son, I went back on night duty and I stayed on night duty for the astonishing amount of twenty years...

DC Code A

...Good grief.

Code A

...plus and I have just, I left night duty last October and took a post on days on the same ward as I've been on nights for the two previous years, so I've a wide experience throughout the War Memorial and worked in every department,(laughs) and that's it really.

DC Code A

(laughs) Okay, no that's great.

DC Code A

(laughs) That's it, that's a lot.

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DC Code A Yeah, right so in August ninety eight what were your duties?

5.40 Code A As the night duty staff nurse as an E grade, I was, I took charge of the ward, I also had a remit that er when the duty sister was absent to take charge of the hospital which involved doing minor injuries and overseeing the other wards.

DC Code A Right.

Code A And that was...but on that particular night I wasn't stationed on the ward as far I remember.

DC Code A Right, yeah I mean the dates obviously for this, we're discussing at the moment are the seventeenth and the twenty first....

Code A ...Yes, yes I believe I was on the night of the sixteenth which ran into the seventeenth after midnight I think if you look at the duty rota.

DC Code A Right.

Code A So I wasn't actually there on the night of the seventeenth but I worked into the seventeenth.

DC Code A So you worked there when she arrived back from Haslar midday on the seventeenth?

Code A No.

DC Code A No.

6.27 Code A No, I must have been, I can't remember what night I was on. Do you have my duty rota somewhere?

DC Code A It's the only one we haven't got.

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<p>[Code A]</p> <p>SOLICITOR</p> <p>DC [Code A]</p> <p>[Code A]</p> <p>DC [Code A]</p> <p>[Code A]</p> <p>DC [Code A]</p> <p>[Code A]</p> <p>DC [Code A]</p> <p>[Code A]</p> <p>7.22 DC [Code A]</p> <p>[Code A]</p> <p>SOLICITOR</p> <p>[Code A]</p> <p>DC [Code A]</p>	<p>You're kidding.</p> <p>The night rota.</p> <p>We have got access to it I mean...</p> <p>...She came back on the Tuesday, I'm trying to think of the previous week when she's admitted, I think I was there on the six...yes I do remember her being there because I remember she was in room three when she was initially admitted for the first night I ever, one and only night I ever saw her there...</p> <p>Is that when she initially came back from her hip operation?</p> <p>No, that was when, well that's when the hip operation had happened.</p> <p>Yeah.</p> <p>Then I had a..my pattern of working was I worked Sunday, Monday on one week and Sunday, Monday, Tuesday on the following week rolling round all the time...</p> <p>Yeah, right.</p> <p>...so I believe I was there on the night she came back from Haslar.</p> <p>Right.</p> <p>I believe.</p> <p>Which night are you talking about?</p> <p>Which is, I'm try...it's difficult isn't it.</p> <p>Well I think the first night she came back was the eleventh wasn't it?</p>
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	Code A	Yes, I was there the day she was admitted and then the following week that was the Tuesday, what night did she, I must have been there on the night she came back from Haslar.
	DC Code A	Yeah, as I understand it...
	MARJORAM	...I think so.
	DC Code A	...the seventeenth was a Monday.
	Code A	So I would have, yes it's a bit confusing, so I must have worked the seventeenth, eighteenth that particular...
	SOLICITOR	That was nights?
	Code A	That was at night, yes.
	DC Code A	And what is your night duty, what's the times?
	Code A	Oh quarter past eight 'til quarter to eight in the morning.
7.57	DC Code A	Okay.
	DC Code A	A full night.
	Code A	A full night
	DC Code A	Do you remember Mrs RICHARDS?
	Code A	No, not really I'm sorry.
	DC Code A	No.
	Code A	I've not got a clear, I can't see her face at all.
	DC Code A	No, okay. We are aware that her daughters were there from time to time throughout...
	Code A	...Yes
	DC Code A	...excuse me, throughout that week. Do you remember them being in the hospital?
	Code A	I don't really remember her daughters at all,

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most of what I remember is the things that were said on handover about each patient and really it's, it was just an ordinary old night really, it was...I don't remember the daughters staying, she may have stayed 'til late but I'm almost certain she didn't stay all night on that occasion.

DC **Code A**

On that occasion. You say about the handover do you remember anything being said specifically about Mrs RICHARDS on the handovers?

8.53 **Code A**

Not really I'm sorry you know it's a long time ago and obviously they tell you the background but they're telling you the background about twenty other people at the same time and it doesn't stand out particularly as anything abnormal.

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

Who would generally conduct the handover?

It's done between the senior nurse on duty from the day shift and the staff nurse and the two health care support workers who worked through the night so there are four of you in the room and the handover starts.

DC **Code A**

And is that how many you would have on nights ordinarily sort of three?

Code A

Yes, there were three of us usually unless there was a disaster or somebody went off sick and couldn't replace them but only three of us.

DC **Code A**

Generally so you supervise two?

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	Code A	Two health care support workers on the ward, yeah.
	DC Code A	Okay and as I understand it the health care or perhaps you can describe what the support workers, what their role is?
9.49	Code A	Well their role is to do basic nursing care under your instruction which do you want me to...
	DC Code A	...Yeah please do.
	Code A	...(inaudible), erm change patients beds, make them comfortable erm do pillows erm bedpans, toileting, undressing anyone and putting them to bed who needed to go to bed erm that kind of thing and that's really their job.
	DC Code A	Okay, so you mention your sort of general role but in terms of on nights...
	Code A	...Yeah
	DC Code A	...in terms of the patients you're looking after, what are your, sort of things you're expected to do on nights?
	Code A	Well you're really expected to continue in, continue their care and their care is obviously different at night to it is at day because during the night they're in bed whereas during they're not usually so that you really have lots of things to do like, make sure that you know their pressure areas are relieved, that they're positioned properly, that they're comfortable and this kind of thing that is you know different

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thing from sitting in a chair to lying in bed so in fact they really nurse quite differently at night erm I think what else do you do, well you have to oversee the treat..any treatment they have, you do the drug round obviously and you're responsible for the, for the drugs given to patients.

11.16 DC **Code A**

Code A

DC **Code A**

Code A

Yeah, okay.

Which you do.

Who's responsible for prescribing the drugs and the treatment?

Well the drugs are prescribed either by a GP, by Doctor BARTON, clinical assistant or by Doctor LORD the consultant and a GP would be called in if we had erm if a patient suddenly fell ill or yeah, and we couldn't you know Doctor BARTON wasn't there and call the consultants and you know at night kind of thing but, but that's how you sometimes it's health call and sometimes it's the Gosport practice.

DC **Code A**

Code A

DC **Code A**

Code A

Yeah, as I understand health calls like a duty...?

...It's in Havant somewhere, its the health call.

I think it's Havant Road, Drayton.

Yeah and you get them in and they'll come and see everybody who's experiencing difficulties in any way.

12.05 DC **Code A**

Yeah, okay and you would refer to the notes in order to ensure that the treatment...

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<div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	...Yes.
DC <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	...prescribed...
<div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	...Yes
DC <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	... you're complying with?
<div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	Yes, yes.
DC <div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	<p>Okay. You are aware that Mrs RICHARDS was ultimately put on a syringe driver which I think occurred on the eighteenth. I wonder if you could just talk us through the syringe driver process, what benefits it has, how it works you know just a general overview?</p> <p>It's a, it's a good and erm it's a good method of giving analgesia to a patient erm it, it, you put it under the skin with a needle and it's strapped down er otherwise the patients will probably be having intramuscular injections every four hours which is distressing them, and painful for them that's the way it used to be done, it works basically as a pump, you have erm, you can have lots of different drugs in it that work in different ways erm because the patients on a syringe driver it does not necessarily mean that their deaths imminent. I believe syringe drivers came from (inaudible) called ambulatory syringe drivers and cancer patients use them for pain relief and actually walk round with them on their body and that's really where I believe that they came from, so it's a good method of</p>
<div style="border: 1px dashed black; padding: 2px; display: inline-block;">Code A</div>	

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giving certain drugs to people to control symptoms, to relieve distress and also to relieve erm patients tend to fill up in the chest as the heart fails, they can't clear the water from their body and they get bubbly and because they're bubbly I don't necessarily think it means they've got a chest infection, it means that their heart doesn't work terribly well and it relieves that distressing symptom and you know the drugs of choice are really dependant on what symptoms the patients showing, the main drug is diamorphine...

DC **Code A**

...Right.

Code A

...which is given erm in varying doses depending on you know you start with a, there's a whole pain regime that's laid down really erm which is a bit simplistic I think if it depends where you're coming into the pain regime, you know how severe the patients suffering is.

14.53 DC **Code A**

Okay well perhaps we'll move onto that then. We've got here Mrs RICHARDS health record.

Code A

Yes.

DC **Code A**

And I'm just going to show you the prescription...

Code A

...Yes, drug record.

DC **Code A**

...the drug record and we've got obviously various drugs here not all given at the same time..

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Code A ...Yeah.

DC Code A ...I just wonder if you could talk me through
whi..as we understand it there were four drugs
loaded onto the driver on the...

Code A ...Yes.

DC Code A ...I think it was the eighteenth it started and
diamorphine, haloperidol, midazolam and
hyoscine, I'm getting good at this now aren't I?

DC Code A Yeah you are because originally we couldn't get
out heads around (inaudible) our tongue around
that one.

Code A Haloperidol...

DC Code A Laughs

DC Code A Haloperidol

Code A Several names it's known as a ...

DC Code A ...Oh don't confuse us

Code A ...no but you find that people have it in
(inaudible) all drugs have erm a chemical name
and also manufacturers brand name...

DC Code A ...Yeah.

Code A ...so you find that haloperidol could be
manufactured at several names

DC Code A Okay, I just wonder if you could us through the,
these four drugs and what they do?

Code A What they do firstly, diamorphine is a major or
the major player in what's called analgesia or
pain relief erm it's street name is heroin erm
and it's a, it's an artificial derivative of the

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poppy, pain killer, excellent drug of choice has side effects which are respiratory, depression works on that area of the brainwave, depresses your explorations unfortunately (inaudible) otherwise it's excellent. Haloperidol is used for patients who are demented and it's a sort of er calming drug almost but it's used mostly for them you know we don't, it's not used in general medicine, I think it's used for people who are erm what can I say, how can I say, er mentally distressed I think really would be the word I can...

17.27 DC Code A

...Having read some of the statements I think people have referred to them being noisy?

Code A

Yes.

DC Code A

Does that make them, is that...?

Code A

If somebody's noisy, or they're mentally distressed or it can be quite noisy without being so but erm somebody who is severely demented can scream and cry and be inconsolable even...

DC Code A

...Right.

Code A

...and sometimes the drugs used you know for that, to make them calm again and that's the drug. Hyoscine erm it's used a lot in surgery, it dries secretions erm as I say it, it stops the erm the bubbling erm and it's really given almost as a comfort to people who find it very distressing to have the pain relief, they've to have their

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respirations depressed because the respirations want something else put in to, so that we can breathe better without distress. Midazolam it's related to valium and that's another calm me down drug really.

18.48 DC **Code A**
Code A
DC **Code A**
Code A
DC **Code A**
Code A

Okay. Those four together then...
...Yes.
...loaded onto the driver at the same time...
...Yes.
...is that a combination that's usual?
Yes, yes it's usual, yes it could be, there could be other drugs but in like erm cycloscine which is an anti nausea if somebody's feeling very sick and use lots of drugs in combinations but that's fairly, probably if you weren't mental you didn't have haloperidol, if you were sick you might have the cycloscine you know it's taken as a, it's a judgement made on a patients medical condition.

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

Yeah, okay. Obviously we've got the various amounts here of drugs prescribed...
...Yes, yes.
...diamorphine is between...
...Yes
...forty and two hundred is it milligrams...
...Milligrams, yes.
...and if I can draw your attention to the amounts actually administered which...

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	Code A	Yes.
	DC Code A	...if you agree with me they all remain at forty?
	Code A	Yes so she wasn't being increased the pain was controlled obviously by what was being given to her.
	DC Code A	Okay so the amounts there on the four, on a scale you know of...
	Code A	I see the hyoscine was increased but yes that's fine, it's nothing.
	DC Code A	...okay are they particular high, what I'm saying are they high doses or particularly low doses or somewhere in the middle?
	Code A	They're very low doses really, you know to be fair, they're not, they're not huge doses, I mean we get people with them with a hundred and twenty in them and of diamorphine over twenty four hours but that's minimal to be fair...
	DC Code A	Mmm, okay.
	DC Code A	Mmm
	Code A	...it's not erm...
	DC Code A	And as I understand it in relation to diamorphine the forty to two hundred means it's a...
20.40	Code A	..Yeah.
	DC Code A	...gives the nurse discretion to...
	Code A	Yes.
	DC Code A	...to up the dose if...
	Code A	Yes, mmm, mm.

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DC Code A Code A	...if it's apparent that (inaudible) Yes, if the patients are not being erm if the pain's not being controlled you can increase it, you can also stop the driver take it all down and start it all up again with increased doses of drugs in it.
DC Code A Code A	Oh you can. Yeah.
DC Code A Code A	Right, okay, because I understand it's on a twenty four hour..?
Code A DC Code A Code A	It's on a twenty four hour cycle. But you can actually...
Code A DC Code A Code A	...Yeah, yeah. ...take it off and start again?
21.16 DC Code A Code A	Yes, yes you know supposed they haven't put hyoscine in it, you could stop it all and add it. Okay.
DC Code A Code A	But you'd start again, you'd just stop it all and start again, you don't put things in a syringe that things have been in the syringe before, do you understand me.
DC Code A Code A	Yeah. You don't top it up, you just take it all away and start it up again.
DC Code A Code A	Okay, obviously these drugs are related to oral as well?
Code A DC Code A	Yes. Can you just have a quick look through and see

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if there's any that you've administered throughout...?

Code A

...I obviously gave this lady oromorph.

DC Code A

Okay

Code A

And I was (inaudible) on the eighteenth because that's my signature.

DC Code A

Right, I just for the purpose of the tape I'll describe, it's the eighteenth of the eighth at...what's that...?

Code A

..oh twelve thirty

DC Code A

...oh twelve thirty...

21.58

Code A

Twelve thirty am I mean (laughs)

DC Code A

Oh right, twelve thirty am.

DC Code A

Half past midnight?

Code A

That's it.

DC Code A

Half past midnight.

DC Code A

Half past midnight that's got it, got five mls?

Code A

Yes.

DC Code A

And that's your si...?

Code A

...That's right

DC Code A

Squiggle.

DC Code A

Yeah, squiggle there?

Code A

That's my signature, yeah.

DC Code A

Okay, and I take it at the time that's what Mrs RICHARDS was...?

Code A

...Prescribed as here.

DC Code A

..prescribed, which is the oromorph?

Code A

Yes.

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	DC	Code A	And that's some doses there?
		Code A	Ten milligrams in five mils.
22.26	DC	Code A	Okay, I know you've said already that you can't remember a great deal about anything about Mrs RICHARDS but I'm still going to have to ask various questions about it.
		Code A	Yeah, yeah.
	DC	Code A	Can you remember the effects that had on her at the time? Whether that dose was sufficient?
		Code A	I think erm that at the time presumably that er she'd had it earl..why had she had it, where had she bee...she'd been in Haslar that I can remember erm I don't like to really say but I rather think that it was difficult to administer it orally, I think that's where erm people spit it back at you and that kind of thing erm and I'd like to point out that it was given at an unusual time so she was obviously in pain because it was, it wasn't given at a time when I would have been doing...
	DC	Code A	...Pretty bad.
		Code A	...the drug round you see...
	DC	Code A	...Yes, that's
		Code A	...so I've given it at half, in the middle of the night kind of thing and the drug rounds done about ten o'clock.
23.39	DC	Code A	So it's fair to say that, so that's an unusual time...

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Code A

..Yeah

DC Code A

...generally to ?

Code A

Well it's not unusual but it obviously means to me that the woman was in pain and I was giving her something for it, it wasn't done at a..it was something that had cropped up during the course of the shift, she was obviously making some kind of (inaudible).

DC Code A

Okay.

DC Code A

Would that have been there I appreciate it's recorded there and the fact that she's been given pain relief, would the fact that your attention was drawn to her because she wasn't plainly recorded anywhere?

Code A

Yes erm

DC Code A

Could there be written down Mrs, you know Mrs RICHARDS in pain?

Code A

No I think actually I put something like in the notes oromorph ten milligrams in five mils at present and that was about as far as I got with it other to say that I did record it on the nursing notes that I'd given her.

DC Code A

Okay, can you just have a look through the others just to see if there's any there?

24.36

Code A

(inaudible) that's just because she was constipated.

DC Code A

That's the lactulose?

Code A

Lactulose it's just a, it bulks it up and this is

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obviously a regular drug that, that she...

DC Code A

That's er haloperidol

DC Code A

Haloperidol

Code A

...haloperidol that was something that she was on anyway I believe, this was the oral morphine really which they, you know it's written in it's obviously four hourly and then sometimes they write like they have here, at ten o'clock at night that she obviously she didn't need it then so it wasn't given but it was given here, you have to write it in two differ..it was given here at half past twelve in the morning so she was obviously not in pain when I went round with the drugs at ten...

DC Code A

...Right

Code A

...but she obviously was later.

DC Code A

Yeah.

25.28

Code A

And in fact it had really been given in a sort of a out of hours type way really.

DC Code A

Okay.

Code A

And that's all I (inaudible)

DC Code A

In relation to the four drugs which were administered by the syringe driver, are you aware of any potential adverse side effects it could have had on Mrs RICHARDS health just purely the drugs together as a combination of two, or three or four of them at all?

Code A

No, not adverse, no.

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DC **Code A**

No. What about regarding the drugs licences, are you aware of whether they're licenced or unlicenced for subcutaneous use?

Code A

Well they're obviously licenced because to get an unlicenced drug is a, is a procedure...

DC **Code A**

No, I think..sorry..as far as I'm aware certain drugs are licenced to be administered in certain, used in certain routes either orally...

Code A

...Oh I see

DC **Code A**

...yeah

Code A

I see you mean you, you wouldn't give lactulose into a muscle is that what you're trying to tell me (laughs).

DC **Code A**

I'm hoping you'll tell me.

26.38

Code A

No you wouldn't, you'd have a nurse, yes there's as far as I am aware and...

DC **Code A**

...They are licenced for subcutaneous use?

Code A

...they can be given subcutaneously.

DC **Code A**

Right.

DC **Code A**

Okay. In relation to the four of them and I appreciate you weren't on duty in the final...

Code A

...No.

DC **Code A**

...couple of days but taking them as they are are you able to say whether that's, those combination of drugs indicate that the person they're being administered to is someone who's dying or you know very ill and close to death or is there other scenarios where that wouldn't be

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the case?

Code A

Well there are but in this case I believe that they were administered to Mrs RICHARDS to make her less distressed and more comfortable.

DC Code A

Okay. On the night she did, you were on duty when Mrs RICHARDS was there did you, can you recall any signs of her dementia or any times when she was calling out?

27.51 Code A

As far as I recall I think that on her initial admission she seemed to call constantly and was distressed and mentally distressed and obviously erm where she'd had the hip done it's very painful, it's very brutal what's done to them in theatre, to see it done is pretty awful really, these frail old ladies and it's, you need to be a big strong chap to get the hip back in.

DC Code A

On the date that you had...I think was it the last time she had the oromorph, was that the...

DC Code A

No, that's the second to last.

DC Code A

...the second to last time, you obviously gave it to her because you believed she was suffering some kind of pain?

Code A

Yes.

DC Code A

Would, did anybody come and try and find the source of the pain or was it..

Code A

...Well yes

DC Code A

... assumed it was the hip operation?

Code A

Well we always try..

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DOCUMENT RECORD PRINT

DC **Code A**
Code A

28.55 DC **Code A**
Code A
DC **Code A**
Code A

DC **Code A**
Code A

DC **Code A**
Code A

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

29.40 **Code A**
DC **Code A**
DC **Code A**

Yeah

..and really before you, you know try to make somebody comfortable before you raced in with a lot drugs to be honest...

...Yeah.

...and I think she was in pain.

Right so that would have been the course of act...you'd have tried to re, re-position her first? Well, we'd re-position her, we'd try and give her a drink and other things you know, perhaps a cup of tea you know you sort of you know when you talking about giving major analgesia you do look at the whole situation each time.

Do you recall trying to re-position Mrs RICHARDS?

Not really, I can remember the room she's in on her initial admission and I can remember the room she was in on her second admission but Mrs RICHARDS I can't see her face at all, it's, I just can't I'm sorry.

Yeah, no.

You say she was in room three the first time?

Yes, I can.

And what was the room in second time she was there?

I think she was in room four.

Room four.

Okay.

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DOCUMENT RECORD PRINT

Code A

Opposite the nurses station so she could observed, well she could be observed anyway but...

DC Code A

...But is that the sort of policy that the ward may have, that the more....

Code A

...Well yes if it's somebody...

DC Code A

...not risky patients but the more ...

Code A

...Yeah

DC Code A

...what's the word I'm looking for.

Code A

Poorly

DC Code A

Yeah, the sicker people get put nearer the nurses office so you can keep, be easier to keep an eye on them?

Code A

Yes, although we are mostly on our feet erm if you stop to write notes and things you stop at the nurses station and its eas you know you can sort of keep an eye on the two rooms opposite the nurses station which is usually...

DC Code A

...Are they isolated from the rest of the ward then are they?

Code A

No, no it's all in the ward, have you not been to the ward?

30.26

DC Code A

No.

Code A

No, it's divided into four beds, I think we've got three four beds, one six bed and the rest are single rooms.

DC Code A

Oh right, so the three and four are they multi occupancy?

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	Code A	Yeah.
	DC Code A	Yeah
	Code A	Yeah you know they (inaudible - laughing)
	DC Code A	Sounds like bedsit land don't it
	Code A	They're divided into men and women as well
		it's not mixed but yes you do put the poorly
		ones nearer your post because you're there
		answering the telephone that kind of thing.
	DC Code A	Okay, right so we've covered the drugs and
		we've covered the fact that they would be
		prescribed either by the GP Doctor BARTON
		or...?
	Code A	Yeah, well she's the clinical assistant actually to
		Doctor LORD although she's the Gosport GP.
	DC Code A	Right, okay.
	SOLICITOR	Can I just ask a question on the drugs?
	DC Code A	Yeah.
31.26	SOLICITOR	It's a question they've asked you about, the
		hyoscine...
	Code A	Yes
	SOLICITOR	You said was giving the gurgling sound?
	Code A	The secretions
	SOLICITOR	The secretion, if you look at the record not the
		syringe driver you see it was increased from
		two hundred to four hundred?
	Code A	Yes.
	SOLICITOR	What would that indicate?
	Code A	It would indicate that her heart was failing and

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that the secretions were probably building up.

SOLICITOR
Code A

So the noises were getting louder?
Yeah she could maybe developing a chest infection, in fact it's put in really erm before people do start this awful gurgling.

DC Code A

Mmm,mm, and as we've been explained before that the, that one of the reasons isn't solely for the patients benefit which it is...

Code A
...Yeah.

DC Code A

...it's for the relatives as well so they don't get distressed over the noises the patient makes.

32.10 Code A

Yes, although...

SOLICITOR

...The nurses would have heard, probably heard the gurgling sound doing this course of treatment?

Code A

They could well have done, yes.

SOLICITOR

Mmm, that's it thanks

DC Code A

Okay and how are the...obviously so whoever prescribes this course of treatment...

Code A

Yes

DC Code A

...how do they review it? How regularly do they review the treatment to see it's effects and ...?

Code A

Well it would be reviewed daily and at any other time that you felt it may have caused concern.

DC Code A

Right.

Code A

So...

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DC Code A

...So on an, as been explained to me previously on a night shift...

Code A

...Yeah

DC Code A

...if something happened which caused you concern you'd contact health care, health call?

Code A

Whoever, you would actually ring the number of Doctor BARTON's surgery...

DC Code A

...Oh right.

Code A

...and they'd get one of her partners if they were doing the call or you may be referred to health care.

33.02 DC Code A

Right and during the day time obviously Doctor BARTON?

Code A

Came in every day.

DC Code A

Okay

Code A

To see them and review them.

DC Code A

And review them, okay. I'm aware this didn't happen in this particular case but this is just a general question over hospital procedure I'm after. If there was a time when you were concerned about treatment prescribed by a particular doctor, and you'd made representations to that doctor and you know they'd fell on deaf ears basically...

Code A

...Yeah.

DC Code A

...and the treatment persisted, are you aware of any procedure in place that you would be able to go and register your concerns with?

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Code A

Yeah, well yes you could either go, which I would do in the first place, I would go to the ward manager and say that I wasn't happy with what was happening and you could take it up with your college of nursing who have representation for you.

34.07 DC Code A

Right

Code A

You know so if you really felt very strongly about something that was happening you know there are people that you can talk to about it.

DC Code A

Yeah, okay.

Code A

But not in this case (inaudible)

DC Code A

No, have you ever had a problem?

Code A

No I haven't.

DC Code A

Never had a concern in the hospital I presume?

Code A

Not, no, no, no, not to ...

DC Code A

Okay.

Code A

...I'm trying to think.

DC Code A

Okay. On the, as I sa..I appreciate your as I mean I'm asking questions when your, you've already told me that your memory of Mrs RICHARDS isn't great but in relation to the treatment she was on when you were present not the syringe driver later on but when you were present, what were your, what did you understand about the appropriate treatment? What did you think it was set to achieve for her?

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- 35.05 Code A I think it was set to erm principally to make sure that she had no pain and that she suffered the minimal distress in her illness.
- DC Code A Were there any times from the seventeenth that you recall where she got out of bed, you know she was helped out of bed or got out of bed?
- Code A Not during the night shift as I recall, no.
- DC Code A No, okay. Was there any times you saw her being supported to walk or going to the toilet or to the commode or..?
- Code A No.
- DC Code A No.
- Code A No.
- DC Code A Okay.
- DC Code A You mentioned there that they (inaudible) to ease her pain, distress through her illness. Are you aware of anything particular that Mrs RICHARDS was suffering from, I appreciate she's ninety two, she's had major surgery, she's deaf, she can't help herself anything like that but is there any particular illness that you're aware of that she was suffering from?
- 36.02 Code A Dementia.
- DC Code A Dementia.
- Code A Mmm.
- DC Code A Okay. What problems may, would her dementia have caused to the staff in terms of diagnosis and in dealing with her?

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Code A

If it's possibly erm it's sometimes very difficult to tell the difference between you know if somebody's making a noise why are they crying so loud erm she did cry a great deal I believe but it does make it difficult because they can't answer questions that you're asking them, you know they can say anything really, you know and cause it is difficult but there are signs that people are in pain that outweigh signs that they're in dementia you know. I mean if something hurts you'd probably find that they're holding it if it's their head, or their arm or people tend to guard the part they've hurt erm so really I suppose that she was obviously I think there is a difference between the sort of cry of someone who's dement, you know who's really demented and somebody in pain, people don't cry a great deal in pain I don't think but you'd probably find that they were holding, it's a difference, it's not a wailing, it's a sobbing if you've hurt yourself dementia they wail and you know it's different really, it's difficult to sort of describe but I mean I don't you know, I don't really recall her wailing so much.

37.58

DC

Code A

On those, going back to the course of treatment that she was put on, the combination of the four medicines would that have sedated her sufficient enough that she wouldn't be

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conscious at all throughout that time?

Code A

Uhh, well it depends. She wouldn't have been, shouldn't have been or wasn't rendered deeply unconscious, she should have been rendered pain free.

DC Code A

Sorry deeply sedated so she's not able to sit up and try and converse with anybody or ...?

Code A

I don't believe this, I don't (inaudible) on this but...

DC Code A

...If you don't know, you don't know.

Code A

...well I do but I don't recall her having a conversation and the purpose of it is to ease her pain not to render her unconscious erm she may well have been very drowsy erm the whole idea of it was to keep her on a plane so that she was comfortable it wasn't to, to you know it's not cause to...

39.03 DC Code A

...Knock her out?

Code A

..No, though it may well have done but it, it, it's not why it's put up, it's not put up to, to sort of knock people unconscious and render them you know incapable or anything.

DC Code A

Okay. Just want to go through the various notes that we have here. First one I'll show you which is still forms part of the Gladys RICHARDS notes are the contact records. If we take it from the seventeenth, I wonder if you wouldn't mind having a quick look through see

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if there's any...

[Code A]

DC [Code A] ...This is when she returns.

[Code A] ...yeah, relating to you from the seventeenth of August.

[Code A] Right (looking through documents). That's all quite normal nothing in there that's untoward.

DC [Code A] Is there any that's (coughs) excuse me, that you've completed?

[Code A] No I didn't obviously nothing happened to her overnight to warrant that I wrote in there.

40.31 DC [Code A] No, okay.

[Code A] I just must have made a note on her nursing notes.

DC [Code A] In relation to the nursing notes are they kept with her medical record or are they kept...?

[Code A] They're kept separately on the ward.

DC [Code A] Are they?

DC [Code A] I think they're at the front actually

[Code A] These are the nursing notes and those the back ones these ones are the medical records.

DC [Code A] So have we got a copy of the nursing notes?

[Code A] There the nursing notes.

DC [Code A] Oh sorry.

[Code A] They also, well they divide into two, you have the nursing notes kept in the office and these the care plan that you devise individually for each person.

DC [Code A] Person.

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DC Code A

Okay. Would you mind having a look through those as well just to see if there's anything relating to you? Take your time on it there's no...

41.16

Code A

...Re-admitted, that's me, forgot to sign it.

DC Code A

Right so that's just for the purpose of the tape...

Code A

...Yeah

DC Code A

...seventeenth of August ninety eight re-admitted seventeenth of August ninety eight, oromorph ten milligrams...

Code A

...five mils

DC Code A

...five mils at...

Code A

...present

DC Code A

...at present. So that means that that's what she's...

Code A

...That was the analgesia that I gave her on that night.

DC Code A

Okay, right.

DC Code A

Sorry I got the impression that she came in at half twelve on the seventeenth?

Code A

She must have come in at lunchti...usually came at...

DC Code A

...Lunchtime

Code A

...they're mostly admitted by about lunchtime, we tend to admit in the morning and discharge in the afternoons.

DC Code A

So the first entry you got to put on the nursing notes then was when you came on duty which

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would have been after...

42.09 DC **Code A** No, this is the night nursing plan.

Code A Oh sorry.

SOLICITOR (inaudible)

Code A Yeah these are the night nursing notes, the day nursing notes are different...

DC **Code A** (inaudible)

Code A ...because of the, sorry...

DC **Code A** ...No that's alright. (laughs)

N **Code A** ...because you have an individual it's difficult, each patient this is because of the, it should be poor dietary intake and it's to try and make some record of what people have eaten, that's just one of the samples and you'll find there's lots of constipation (inaudible) but the night nursing is literally how they, how you deal with them during the night.

DC **Code A** Okay, can I summarise this so I understand it.

Code A Yes, yes.

DC **Code A** So for nights you have a nurse care, a nursing care plan form...

Code A ...Yes.

DC **Code A** ...which you detail what you've done...

Code A ...yes.

DC **Code A** ...at various times but during the day time they have specific....

Code A ...For each indivi

DC **Code A** ...headings to work under.

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DOCUMENT RECORD PRINT

	Code A	Yes that's right, although you're following these as well at the same time...
	DC Code A	...But you would record it on here?
	Code A	...it should really be called a sleep plan I think...
	DC Code A	...Right.
	Code A	...would be better.
	DC Code A	Yeah.
	Code A	You know, think.
	DC Code A	Right, okay no that's fine, I understand that, okay. So when you would have done that which would have, which was at half twelve?
	Code A	Yeah.
	DC Code A	I take it that you endorsed it and just put on for the purpose of the record that she was...
	Code A	...Having oromorph at that time, yeah.
43.28	DC Code A	And in Daedalus as well she actually come back.
	Code A	She was re-admitted, yeah.
	DC Code A	Okay.
	DC Code A	On these notes here if they for getting MrsRICHARDS, if somebody who'd come back from Haslar with a hip operation came back onto the ward and she was reasonably okay even if she'd had a major operation, would there be a form in here, I mean this one here's got nutrition, it's got constipation and I think there's for hygiene as well isn't there or something...?

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DOCUMENT RECORD PRINT

Code A
 DC Code A
 Code A
 DC Code A
 Code A
 DC Code A
 Code A
 DC Code A
 Code A
 DC Code A
 Code A

Yes.
 Personal hygiene, would there be a record of physio or anything like that?
 What you..
 ..For any...
 ...yes you should record that in the nursing notes (buzzer sounds), if somebody was going to have physio erm we are allowed to ask the physio to see them without a doctor, you don't need a doctor to get a patient to be seen by a physio, this is the ruling at the moment whether it was in place then I wasn't on days.
 Right so if somebody came back after a hip operation would it be general that the physio would be arranged for for their exercise and ...?
 Well not, depending on the patient...
 ...On the patient, yeah.
 ...but erm you'd, I myself if I had somebody admitted tomorrow who'd had a hip done I would ask our physio to just look at them.
 Right.
 to just make sure that you know and then you would have to go on depending on how well you were going to mobilise them obviously some people come back and they're already you know on their crutches and on their way and other people come back and they're just never going to do anything at all and you know and all

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DOCUMENT RECORD PRINT

stages in between.

SOLICITOR

In your experie

DC Code A

We're coming to the end of the tape here so I think we better...

DC Code A

Yeah, we'll halt, we'll stop it there I think. We going to take a short break to change tapes, the time is 14.59. I'm turning off the recorder off.

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